Abstract

LAMONICA, LAURA TRIPP. Becoming a Worker-Mother: Understanding the Transition. (Under the direction of Dr. Julia Storberg-Walker.)

There has been a dramatic increase in the number of women who both work and mother into the workforce in recent years. The patriarchal structure of the typical U.S. organization is based on rational-economic models and the “economic man” model of worker. This structure systematically disadvantages women who work and mother. The HRD function within organizations can feed the patriarchal status quo of the organizations within which it exists by adopting the rational decision making model to formulate and develop policies that require performance at all costs. There are few studies that look specifically at women’s transitions in becoming worker-mothers. Literature typically has focused on perceptions of workplace policies and programs designed to assist work-life balance and of those who use those programs.

The purpose of this exploratory, grounded narrative inquiry is to examine the experiences of primiparous (pregnant for the first time) women as they negotiate pregnancy and exit of and planned re-entry to the workplace around the birth of a first child. The conceptual framework for the study is radical feminist theory. The framework has at its core a belief in patriarchy as the basic system of power on which all human relationships are structured and arranged. Male oppression and dominance are recognized as the most fundamental form of inequality, superseding and preceding both classism and racism. Radical feminism recognizes that only the elimination of patriarchal structures will end the oppression of women.
Five women, pregnant for the first time and working in very different contexts, shared their experiences as they navigated pregnancy, birth, maternity leave, and a return to work. Data analysis was based on the work of Mishler (1986) and Hatch (2002).

The study found that the co-researchers exhibited little to no awareness of the impact of the patriarchal structure of the workplace on their experiences and decisions. The dominant performance orientation of HRD and organizations permeated not only these women’s working lives, but their personal lives as well, impacting their ability to enjoy and value their maternal role. Further, the patriarchal structure of the workplace increased the risk that women who encountered physical complications during pregnancy, birth, and postpartum would be forced to leave the workforce. The radical feminist framework of the study is limited in its ability to account for the dissonance between women who make different choices regarding work and mothering.

The study findings have important implications for HRD, including a need to open HRD to critique, question the masculinist structures of work and the way that HRD supports that structure, and reduce or replace HRD’s dominant performance orientation.
Becoming a Worker-Mother: Understanding the Transition

by

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Dedication

This dissertation is dedicated to my husband, Joal, and my babies, Ava, and Maggie, who sacrificed so much for me. I love you.
Biography

Laura LaMonica has been a training professional since 1994. She holds a B.A. degree in Mathematics and Psychology from East Carolina University and a M.Ed. degree in Training and Development from North Carolina State University. Laura is employed as an Instructional Designer with D.P. Associates, Inc., a training and service support firm. Her office provides training support to VMAT-203, the AV-8B Harrier pilot training squadron aboard Marine Corps Air Station Cherry Point, NC. Currently, Laura resides in Stella, North Carolina, with her husband Joal and their two children, Avariella and Magnolia.
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Chapter 1: Introduction

Over the course of the twentieth and twenty-first centuries, the number of women—and mothers—in the paid labor force has increased dramatically (Spain & Bianchi, 1996). According to recent data, 59% of women over sixteen are in the labor force, accounting for 46% of the total employed population ("Women in the Labor Force: A Databook," 2005). Nearly two-thirds of mothers with children under age three were employed outside the home in 2003, up from about 42% in the 1980s and 50% in the 1990s (Coyne, Coyne, & Lee, 2004).

Despite this influx of women and mothers into the workforce and the enactment of anti-discrimination legislation, policies, and practices, U.S. organizations have been viewed as maintaining a patriarchal workplace structure based on what many scholars call the “ideal male work model” (J. Acker, 1990; Keene & Reynolds, 2005; Kossek & Lambert, 2005; Ranson, 2005; Williams & Cooper, 2004). This persistent and unquestioned model worker “starts to work early in adulthood and works, full time and full force, for 40 years without a break, taking no time off for child bearing or child rearing” (Williams & Cooper, 2004, p. 849). He—for this worker is clearly male—centers his life on his job, “while his wife or another woman takes care of his personal needs and his children” (J. Acker, 1990, p. 149).

This standard pattern of “normal” has remained very much alive at home, as well, even as women have moved in greater numbers into the workplace. The traditional, white, middle-class pattern of male as head of household and principal breadwinner, and woman as
homemaker has remained remarkably unchanged over the years. While research shows that male participation at home has increased slightly over the years, housework, childcare and child rearing, and emotional nurturing have persisted as the domain of women despite increased workforce participation (Apter, 1993; Hochschild & Machung, 1989; Lee, 2005; Spain & Bianchi, 1996; Zeitlin, 1989). Hochschild and Machung (1989) dubbed this dual responsibility the “double workday,” a “stalled revolution” in the women’s movement (p. 19).

Women’s responses to these restrictive and demanding circumstances vary. Women in the workforce have responded to the ideal male work model by attempting to be ideal workers as defined by this model, working long hours without breaks like their male counterparts for as long as possible (Bierema, 2003; Ranson, 2005; Spain & Bianchi, 1996). For many women, however, indefinite continuation of this pursuit is untenable. In increasing numbers, many women abandon adherence to the model, throwing caution to the wind, and become worker-mothers, a choice that is as personal and individual as there are women in the workplace (Lewis, Rapoport, & Gambles, 2003; Saltzstein, Ting, & Saltzstein, 2001; Spain & Bianchi, 1996).

Pregnancy, childbirth, and child rearing are all antithetical to the ideal male work model due to the very nature of their circumstances and demands. Pregnancy is a temporary condition, but it is the first and perhaps the most visible signal of a woman’s difference and inability to adhere to the ideal male work model. Up to 70% of pregnant women are affected
by nausea, vomiting, and fatigue. These symptoms can be severe, especially in first pregnancies and may contribute to reduced work performance and absenteeism from work (R. V. Johnson, M.D., 1994). Frequent prenatal visits may impact pregnant women’s work schedules. Childbirth itself necessitates still more time away from work in the form of maternity leave. Finally, child rearing responsibilities, usually the purvey of mothers, often disrupt women’s career paths for significant periods of time postpartum or otherwise conflict with their workplace responsibilities (Bierema, 1998; Bierema, 2001; Isaacharoff & Rosenblum, 1994; Phillips & Imhoff, 1997; Wentling, 1998).

With the temporary conditions of pregnancy and maternity leave behind them, many worker-mothers quickly return to work post-partum in an attempt to re-conform to the ideal male work model, putting in long hours much as they did prior to having children (Hill, et al., 2006; Hochschild, 1997). While these mothers work for a variety of reasons, including financial necessity and personal choice, they often experience difficulty in managing the “double workday” (Hochschild, 1997; Hochschild & Machung, 1989). As a result, these worker-mothers often sacrifice time with their families, experience a loss of sleep and leisure time, and struggle with feelings of guilt, being overloaded, and stressed (Arendell, 2000; Hochschild, 1997; Presser, 1995).

While many worker-mothers struggle postpartum to re-adhere to the ideal model of worker, to “have it all” (Apter, 1993, p. 115), others seek alternative strategies to cope with these difficulties, including accepting under-employment relative to their skills and
experience. Adaptive strategies include selecting or moving to jobs that allow easy exit and re-entry, such as clerical positions, leaving the workforce entirely, or “opting out,” and seeking part-time or other flexible work arrangements. Ironically, lower paying administrative jobs are less likely to provide the flexibility women need than management positions, creating a self-defeating strategy that serves to further marginalize these women (Spain & Bianchi, 1996). It is common for such women to lose pay, seniority, benefits, and job security (Albrecht, 2002; Armour, 2005; Wentling, 1998). This phenomenon contributes to job-market segregation of women workers into lower-paying occupations and the persistent, significant wage gap between women and men at all levels of profession (Isaacharoff & Rosenblum, 1994).

Women who opt out of the workforce completely to care for their children are often, though not always, those who have the financial means to do so (Arendell, 2000; Blair-Loy, 2003). These mothers often find returning to work after being away from the workforce a challenging prospect. Having left their careers for months or years, they have proven themselves unable or unwilling to conform to the ideal male work model. Most will return at a reduced capacity, often at a reduced salary and position, if they are able to return at all (Belkin, 2003; Blair-Loy, 2003; Hewlett & Luce, 2005). For many of these women, the price of opting out is not only economic, but also the loss of their career and connections to others (Edley, 2001; Higgins, Duxbury, & Johnson, 2000). High levels of distress and depression
and identity crises are all too common results for many of these mothers (Arendell, 2000; Blair-Loy, 2003; Medved & Kirby, 2005).

The cost to organizations that lose these women to jobs that allow easy exit and re-entry or part-time work, or who leave the workforce completely, is significant. Research estimates that the cost of hiring and training replacements for employees who quit voluntarily is approximately 50% of the worker’s annual salary (J. Johnson, Griffeth, & Griffin, 2000). Beyond that cost is the immeasurable loss of productivity attributable to the empty position and the learning curve of a replacement employee. The loss of intellectual capital, the tacit knowledge that disappears with a departing employee or is picked up by a competitor adds to the total cost of turnover (Stovel & Bontis, 2002). Other indirect costs such as morale, pressure on remaining staff, and possible diminished product or service quality make loss of such employees an expensive proposition.

Contemporary organizations, in an attempt to mitigate employee turnover and help women employees better “balance” their work and personal lives, implement work-family policies that offer flexible arrangements, such as flextime, part-time employment, and telecommuting (Apter, 1993; Blair-Loy, 2003; Caproni, 2004; Edley, 2001; Jennifer Glass & Riley, 1998; Hewlett & Luce, 2005; Hobson, Delunas, & Keslo, 2001; Lewis, et al., 2003; MacDonald, Phipps, & Lethbridge, 2005; Saltzstein, et al., 2001; Spain & Bianchi, 1996). These family-friendly policies are typically designed and implemented by an organization’s
human resource function, and are often touted in recruiting and marketing publications, such as *Working Mother Magazine* (Polach, 2003).

Some worker-mothers, seeking “the best of both worlds,” take advantage of these part-time work opportunities or other flexible employment arrangements offered by these work-family balance policies and programs (Higgins, et al., 2000; Spain & Bianchi, 1996; Webber, 2005). There is, however, a negative side to such interventions. Career women who work part time do not necessarily benefit from such an arrangement (Blair-Loy, 2003; Christensen, 2005; Higgins, et al., 2000; Rogier & Padgett, 2004). Rather, these women often express dissatisfaction with the arrangement, noting high role overload and family-to-work interference. Also, they perceive part-time work to stigmatize them and limit their advancement opportunities because they believe themselves to be “out of the loop” (Higgins, et al., 2000). Studies that examine manager perceptions of workers who utilize reduced or alternative work arrangements find that such workers do indeed experience negative career consequences when they use these arrangements (Rogier & Padgett, 2004). Other research supports the notion that simply offering “benefits” such as part-time work and telecommuting to women is not enough and, in fact, may make life more difficult for those women (Bierema, 2001; Howell, Carter & Schied, 2002; McDonald & Hite, 1998; Polach, 2003; Schreiber, 1998; Wentling, 1998). The issue is one of organizational culture. Many programs designed to enhance women’s career opportunities simply teach women to adapt to
and accept a secondary place in the existing power structure within an organization (McDonald & Hite, 1998).

On the surface, these work-family policies suggest that organizations are making efforts to provide a supportive and inclusive work environment for worker-mothers. However, these programs have been designed from a masculine perspective, viewing the ideal worker as a man (J. Acker, 1990; Keene & Reynolds, 2005; Kossek & Lambert, 2005; Ranson, 2005; Williams & Cooper, 2004). This fundamental perspective informs the identification of work problems, how they are solved, and how they should be minimized. Business units and organizational departments frame issues and decide what to do based on rational-economic models and the assumption of worker as economic man, a conceptual being who, with perfect knowledge, acts to advance his goals to maximize profits (Holton & Naquin, 2005; Nafukho, Hairston, & Brooks, 2004; Wang & Holton, 2005).

Work-family balance and integration policies and programs are usually the responsibility of the human resource function within organizations. Human resource development (HRD) was traditionally a function of overall human resource management (HRM), which includes recruitment, selection, and compensation. In recent years, HRD has emerged as a field in its own right, separate though integrated with HRM, and focused on educating, organizing, and developing employees. Work-family balance policies and programs are relevant to both the management and development components of human resources. However, because they at first glance seem to focus on the personal growth and
development of employees, these policies and programs are likely to fall under the purview of the HRD function of organizations. HRD as a field encompasses three major areas of emphasis: training and development, career development, and organizational development (Rothwell, 1996). Given a focus of HRD on the development of employees, it would seem a logical function of the HRD unit to advocate for and support women employees; however, “HRD theory and practice have historically aligned with corporate interests, oftentimes at the expense of workers with less clout and power” (Bierema, 2000, p. 282). Organizations value profitability. HRD, a unit which often finds itself fighting for credibility and value within organizations, has adopted a performance orientation based on a human capital framework that has increased productivity and subsequent corporate profitability as its goal (Bierema, 2000; Fenwick, 2004; Sambrook, 2004). This performance orientation aligns with and supports the ideal male work model in that it values the loyalty, performance, and commitment exhibited by a willingness to work long hours and overtime, day or night—an impossibility for most working women, especially worker-mothers (J. Acker, 1990; Hochschild, 1997; Keene & Reynolds, 2005; Kossek & Lambert, 2005; Ranson, 2005; Williams & Cooper, 2004; Zeitlin, 1989).

Given the patriarchal and capitalist structure of most U.S. organizations and the challenges associated with pregnancy and motherhood, it is not surprising that advances made by women in workplaces continues to lag significantly behind that of men (Bierema, 2001; Humphries & Dyer, 2005). Although women account for nearly half of the workforce...
today, they are still underrepresented in management, professional, and related jobs traditionally held by men, such as doctors, architects, and engineers (Spain & Bianchi, 1996; "Women in the Labor Force: A Databook," 2005). In 2003, nearly half of women workers are still clustered in sales, service, and administrative support positions compared to one fifth of male workers ("Women at Work: A Visual Essay," 2003). According to the U.S. Bureau of Labor Statistics (2005), women earned 80 cents for every dollar paid to men in 2005, and even today, women represent only 1% of CEOs in corporations (Stanley, 2002). The workplace context of today sustains this social inequality (Humphries & Dyer, 2005; Stanworth, 2000).

Women are not the only ones that suffer for this inequality, however. Organizations, too, pay a price beyond financial cost for their failure to recognize and adequately respond to the needs of worker-mothers. Virginia Woolf (1929) once mused of 16th century British literature, “why no woman wrote a word of that extraordinary literature when every other man, it seemed, was capable of song or sonnet” (p. 41). Such talented women surely existed. However, in the time of Shakespeare, it was a rare woman who was given the opportunity to write. How many lost novelists, suppressed poets, and muted Jane Austens, wondered Woolf, have been lost to us all because of the oppression of women? Oppression silences the voices and suppresses the contributions of the marginalized.

The world of sports offers an example of how removing barriers to the full participation of oppressed groups can revolutionize an industry. In 1947, Jackie Robinson
became the first African-American player to play on a major league sports team. His participation was preceded by segregation of sports teams into White and Negro leagues.

After Robinson’s historic breakthrough, integration of sports teams picked up speed, with professional basketball and tennis opening its doors shortly after in 1950 ("Black History Milestones: Jackie Robinson," 2010). Sixty years later, integration has done nothing short of revolutionizing the world of sports. Had African-Americans never been allowed to participate in integrated sports, might we have lost the magnificent contribution to basketball of Michael Jordan? The unprecedented talent and broadening of the sport of golf by Tiger Woods? This example begs the question: what of the contributions of worker-mothers who might do miraculous things if given the freedom to participate fully and without disadvantage in the workplace? What do organizations lose in the way of innovation and diversity of thought when this majority segment of the population is cut off from full and fair participation?

Bateson (1989) asserts that discontinuity in life, the kind of reconstruction and redirection of lives that women who mother experience, can be “a move from stagnation to new challenge and growth” (p. 8). Change and discontinuity are characteristic of the world we live in today. This fluidity and uncertainty, Bateson argues, is not a bad thing; instead, discontinuity builds in individuals who experience it strength, increased learning, resilience, and a creative potential that might have gone untapped otherwise. Such qualities can represent tremendous assets when transferred to organizations. Thus, the potential of what
women who mother have to offer organizations as employees should not be underestimated or ignored.

**Problem Statement**

The patriarchal structure of the typical U.S. organization does not serve women, particularly mothers. The structure is based on rational-economic models and the “economic man” model of worker—autonomous, independent, rational, and male. The HRD function, which should be expected to support and advocate for all workers, often is guided by this limited vision of the worker. Consequently, the HRD function can feed the patriarchal status quo of the organizations within which it exists by adopting the rational decision making model to formulate and develop policies that require performance at all costs. Worker-mothers, no matter their coping strategy, are thus systematically disadvantaged at work. As a direct result of attempting to “balance” work and family demands within this patriarchal structure, these women can suffer economic hardship, loss of career opportunities, loss of sleep and leisure time, depression, isolation, and feelings of being overloaded and stressed (Arendell, 2000; Blair-Loy, 2003; Hochschild, 1997; Hochschild & Machung, 1989; Isaacharoff & Rosenblum, 1994; Presser, 1995). The cost of the loss of these individuals and their full contribution to organizations is significant.

**Purpose**

Many women experience difficulty accommodating pregnancy, childbirth, and child rearing under the patriarchal structure of most U.S. organizations. Mothers who choose to
remain in the workforce after the birth of a child struggle to balance employment and parenting (Apter, 1993; Jennifer Glass & Riley, 1998; Hochschild & Machung, 1989; Lewis, et al., 2003; Spain & Bianchi, 1996). Others depart from the work force permanently or for lengthy periods as a result (Belkin, 2003; Blair-Loy, 2003; Hewlett & Luce, 2005; Isaacharoff & Rosenblum, 1994; Lyness, Thompson, Francesco, & Judiesch, 1999; Williams & Cooper, 2004). The purpose of this exploratory, grounded narrative inquiry is to examine the experiences of primiparous (pregnant for the first time) women as they negotiate pregnancy and exit of and planned re-entry to the workplace around the birth of a first child. Mies (1991) asserts that studying women at “structural rupture points,” or places in their lives when they are forging new identities, such as marriage, divorce, or birth, reveals aspects about them that might otherwise remain hidden. Additionally, first births are particularly stressful events for women, with many experiencing significant difficulties with lack of confidence and adjustment (R. T. Mercer, 2004). In this study, I intend to explore the patriarchal workplace context within which participants undergo the process of becoming mothers and the influence that context has on their decisions.

**Research Questions**

Four main research questions guide this study:

1. In what ways do women experience the negotiation of the transition of pregnancy, childbirth, and return to work?
2. What choices do these women make when negotiating this transition?
3. In what ways do these women perceive the patriarchal structure of the workplace and society to influence their choices?

4. In what ways does the patriarchal structure of the workplace and society influence the choices of first time mothers?

**Significance of the Study**

This study contributes both to scholarship and to practice in four key ways. First, this study contributes to the field of HRD by providing insight into how organizations are structured and how HRD supports that structure. The literature shows that organizations have attempted to develop and implement policies, under the purview of the HRD function, that facilitate the balance of work and family (Apter, 1993; Belkin, 2003; Blair-Loy, 2003; Caproni, 2004; Edley, 2001; Hewlett & Luce, 2005). However, these policies are under-and un-used, particularly by women (Blair-Loy, 2003; Christensen, 2005; Hochschild, 1997). Research regarding the effectiveness of such policies in improving worker productivity, morale, and retention is inconclusive (Jennifer Glass & Finley, 2002). This study can provide useful insight into the needs of worker-mothers and their perceptions of the workplace context during this transition period. Such information can help organizations, led by the HRD function within them, to create workplace structures characterized by effective and useful policies and programs that retain and sustain these valuable employees. As a result, organizations could see reduced cost of employee turnover and eliminate the loss of worker-mothers’ contributions to the organization. Inevitably, such changes may lead to the
Second, this research adds to feminist research already present in organizational science literature. In recent years, the landscape of literature in organizational science has broadened to include the work of feminist researchers such as Bierema (1998, 2000, 2001 2002, 2003, 2005), Fenwick (1998, 2000, 2003, 2004), and Calás and Smircich (1996, 1999). Traditional approaches to and theories about organizations failed to take into account gender differences; the work contributed by such feminist scholars has led to a gendered analysis of organizational structures and provides new insight into how organizations operate. This study intends to build on that strong feminist foundation.

Third, this research fills a gap in the literature regarding women’s transitions to worker-mothers. A thorough search of general databases including Google Scholar and Academic Search Premier, as well as education-specific databases, including Dissertation Abstracts, JSTOR, and PsychInfo, was performed using keywords “work,” “birth,” “childbirth,” “women,” “career,” and “pregnant/pregnancy” in combination. Few studies were found that look specifically at the women’s transitions in becoming worker-mothers. The literature on pregnancy and women’s careers is scarce, and centered primarily on the perceptions of organizations and co-workers about pregnant workers and on labor force participation (Brewster & Rindfuss, 2000; Gueutal & Taylor, 1991; Gueutal, Luciano &
Michaels, 1995; Halpert & Burg, 1997; Halpert, Wilson & Hickman, 1993; Lyness, Thompson, Francesco & Judiesch, 1999). Childbirth and postpartum literature typically examines factors influencing a woman’s decision to work following birth (Dex & Joshi, 1999; Klerman & Leibowitz, 1999; Lyness, Thompson, Francesco & Judiesch, 1999; Marshall, 1999; Yoon & Waite, 1994). While there is a wealth of literature regarding work-life balance, the studies that center on women’s experiences tend to focus on coping with conflicts between the workplace and home. There is a small but significant body of literature that focuses on women in higher education, academics negotiating motherhood, and professional careers as tenured professors. This research examines the choices that women academics make regarding whether to have children, timing and number of children, and how the structure of the workplace influences their family formation patterns (Armenti, 2004; Mason & Goulden, 2002, 2004a, 2004b; Mason, Goulden, & Wolfinger, 2006). Further, many of these studies look at the influence of higher education workplace context and policies on women’s experiences becoming mothers and managing roles as mother and worker (Ward & Wolf-Wendel, 2004a, 2004b, 2005; Williams, 2005). This study builds on the existing work-life balance literature and the literature focused specifically on women academics. The study examines mothers’ experiences making life decisions and responding to work-life conflicts as they become mothers, particularly in workplace contexts outside of higher education. The project is unique in that it proposes to follow women as they navigate the process, allowing for and capturing changes in women’s accounts over time as they are
able to reflect on their experiences (Wuest, 1995). This study differs in type from the majority of literature that captures a retrospective account of a woman’s past experience at a single point in time.

Last, this study acted as a form of consciousness-raising, providing an emancipatory outlet to participants as well as the researcher. Through this study, I nurtured an environment in which the women were free to voice the issues they faced during the process of becoming worker-mothers. In many ways, women in society are muted (Ardener, 1975). In this project, I provided the women an outlet to voice their thoughts, feelings, and perceptions and discover together issues of power and oppression affecting their lives (Brady & Dentith, 2001; Merriam & Caffarella, 1999; Reinharz, 1992). I believe this approach helped the co-researchers connect their personal experiences to the larger social context, leading to personal empowerment through consciousness-raising (Reinharz, 1992; Thompson, 1992; Wuest, 1995). For the co-researchers and certainly for me, this process was cathartic, in that it helped us gain an understanding of the realities of our lives during this time (Weiler, 1995).

**Conceptual Framework**

I have selected radical feminist theory as the conceptual framework for this study. Several key characteristics of radical feminist theory advantage it as a frame for this study over other, equally relevant and useful feminist theories.

While there are disparate strands of radical feminism, the framework has at its core, a belief in patriarchy as the basic system of power on which all human relationships are
structured and arranged (S. Acker, 1992; Jaggar & Rothenberg, 1984; Millett, 1970; Tisdell, 1995). Male oppression and dominance are recognized as the most fundamental form of inequality, superseding and preceding both classism and racism (Andermahr, Lovell, & Wolkowitz, 1997; Atkinson, 2000; Campbell & Wasco, 2000; Firestone, 1970; Ware, 2000; Willis, 2000). Radical feminism recognizes that only the elimination of patriarchal structures will end the oppression of women (S. Acker, 1992; Campbell & Wasco, 2000; Firestone, 1970; Millett, 1970). This focus on patriarchy as the root of women’s oppression provides a foundation for this research project, which examines ways in which patriarchy impacts and influences worker-mothers. “It is in studying patriarchy that we learn why it is women who are dominated and how” ((Hartmann, 1984, p. 180).

Much radical feminist writing has been directed toward the concept of “the personal is political” (Hartmann, 1984). This slogan captured the notion that women’s discontent arises from the system in which women are dominated, exploited, and oppressed and is not the isolated complaint of a few maladjusted and neurotic women (Friedan, 1963; Hanisch, 1970; Hartmann, 1984). The “personal is political” principle informs and influences this study in two ways. First, many scholars have asserted that the experiences of women in a male dominated workforce and with the ideal male work model are often seen by employers as issues of personal preference and choice (Blair-Loy, 2003; Lewis, et al., 2003; Spain & Bianchi, 1996). In this research project, I intend to demonstrate the ways in which women’s transition to motherhood is limited, molded, and defined by the broader political and social
setting; that is, by the organizational and larger social culture in which they live and work. Second, it is through the analytic method of consciousness-raising that early radical feminists were able to operationalize the “personal is political” slogan (Crow, 2000). The emancipatory nature of these consciousness-raising projects and the strong activist roots of radical feminist theory provide fertile ground for a research project that is for women, rather than just about women.

Radical feminist theory is the site of a strong literature base on mothering and motherhood (Arendell, 2000; Chodorow, 1978; Firestone, 1970; Rich, 1976; Ruddick, 1980; Snitow, 1992). Such writing has included calls for change in reproductive practices as essential to ending patriarchy, higher levels of male participation in child rearing, demands for better child care, and greater community responsibility for children (Chodorow, 1978; Daly, 1978; Dinnerstein, 1976; Firestone, 1970; Rich, 1976). This literature base provides a rich foundation from which to view and analyze the experiences of worker-mothers today.

**My Story**

It is my own personal struggle to transition from worker to worker-mother that led me to the choice of topic for this dissertation. I work in a masculine organization; the business was created and is managed by retired military men. Just one woman has joined the ranks of management in the 10 years I have worked here. Men hold the highest paid executive management, project management, and subject matter expert (SME) positions. Women appear only among the office automation specialists, instructional designers, quality
assurance representatives, and occasionally graphic artist and programmer positions. The organization is, like the military customer it supports, hierarchical and patriarchal.

When I became pregnant in my fifth year of employment with this company, I was in the midst of leading a project. Basic math told me that I would have to depart for maternity leave during the important final stretch of deliveries for the project. I attempted to conceal my pregnancy from my employer until I could not any longer, in spite of raging “morning” sickness that occurred throughout the day; I was fearful of my supervisors’ reaction to my news. My organization touts a “family first” philosophy, but I remained skeptical. I was one of only four women in my office, and I was unsure how my pregnancy would be received. My supervisors reacted positively to the news, assuring me the project would be handled during my absence. For the most part, this happened, although when I came back to work, I felt out of the loop. Even though I re-established email communication with my team just days after my baby’s birth, I felt disconnected from my co-workers and from the final delivery of the project. I felt as if all of the work I had done up until my departure was somehow inconsequential because I had not been able to see things through to the end. I acknowledge that this could be a misperception on my part, but that was how I felt.

Postpartum, I asked and was granted permission to return to work at reduced hours, down to about 30 a week, and telecommute two days a week from home. This arrangement felt at first like the best of both worlds, but I quickly sensed that there would be a price for my choice. When I was in the office, my co-workers referenced discussions that had taken
place when I was not there. I was not invited back to the annual project manager’s conference, even though I had been the year before and was “prepped” for a management job. I was no longer asked to travel, even though that had been a large part of my job prior to my pregnancy. Although I wasn’t sure I wanted to travel, it seemed significant to me that it was assumed that I wouldn’t consider it. Others went in my place: co-workers without children. While I used to feel a tight bond and strong camaraderie with my co-workers, that bond waned. I felt that I was regarded as the “lucky” one who “got” to work from home. The only other telecommuters in the office were the manager who approved the telecommuting arrangements and another female co-worker. I don’t believe this distinction was missed by anyone.

Four years later, I have had another child and I now work from home exclusively. I’ve come to expect and accept feeling out of the loop. Slowly but steadily, responsibilities that used to be mine have been phased to other people. I retain just a few core duties and otherwise “support” the team when needed. This support is needed most infrequently these days. I chat with one or two co-workers via email and our office messenger tool daily, but otherwise have lost the friendships I shared with other co-workers. When my supervisor was promoted to another position, I was not asked to replace him as project manager. I believe it was assumed I would refuse the job; I think I would have, but probably not for the reasons my supervisors assumed. A new, male manager, another military retiree, was hired. He disliked mine and my female co-worker’s telecommuting status and let us know frequently. I
think he has accepted our arrangement as unchangeable, but if he had his way, I believe we’d both work full time in his line of sight. I sense that somehow, in the office full time is the only “acceptable” way to work.

As I look back on my experience, I would not change my choices. I wanted children and was unwilling to give that up, no matter the cost to my career. I adore motherhood. Postpartum, I did what I felt I had to do to balance my work and my life. I acknowledge that I am lucky to have been afforded the part time and telecommuting opportunities that I received. But I also recognize that these things have not come to me without a cost. My career is stagnant. I don’t believe much is expected from me, and as a result, I am motivated to do little. I don’t know what my next step will be. My children are quickly approaching school age. Perhaps I’ll return to work full time, in the office, when they go to school. Or perhaps I’ll cut my hours further and home school my children. Maybe I’ll take my free time and update my resume and find a new job. Or maybe I’ll start my own business. While I’m not sure of my direction, I am sure that I cannot overlook how I have felt the last five years.

I don’t believe that my experience with patriarchy in my own organization is unique. The literature indicates that other women feel as I do regarding policies and programs that are supposed to be “family friendly” and promote work-life balance (Blair-Loy, 2003; Christensen, 2005; Hochschild, 1997; Rogier & Padgett, 2004). While I may not have been aware of how the patriarchal structure of my workplace was impacting my decisions at the time, in retrospect I believe surely such an impact was there. My feelings and fears about
work affected everything I did during that time—how I felt about pregnancy, when I told everybody, how long I worked pregnant, how quickly I resumed contact with the office postpartum, how long my formal maternity leave was, and in what capacity I came back to work. My motivation, then, in undertaking this project was to learn how my experiences compared to other women’s. The literature indicated I was not as unique and isolated a case as I felt. The impact of patriarchy on women’s careers and psyches seemed evident in my reading (Albrecht, 2002; Apter, 1993; Armour, 2005; Coyne, et al., 2004; Hochschild & Machung, 1989; Spain & Bianchi, 1996; Wentling, 1998). Yet, there was very little research that specifically captured women’s voices about the experience of transitioning away from and back to work as I had experienced. No research that I could find specifically sought women’s experiences with and feelings about the patriarchal structure of work. Further, there was a distinct absence of women’s voices in HRD literature. It is in this void that I hoped to situate my own research.
Chapter 2: Literature Review

Issues facing women who both work and mother have emerged from a changing workforce, a change due in large part to the entrance of women to the work world (Apter, 1993; Coyne, et al., 2004; Heymann, 2000; Pleck, 1977; Runte & Mills, 2004; Skinner, 1980; Spain & Bianchi, 1996; Zeitlin, 1989). In the twentieth century, the number of women in the paid labor force increased dramatically. Spain and Bianchi (1996) refer to these years as the “watershed decades for women” (p. ix), as they saw the introduction of a series of landmark legislative actions opening a range of jobs to women (Runte & Mills, 2004).

In 1963, Congress passed the Equal Pay Act, legislation that promised equitable wages for the same work, regardless of the race, color, religion, sex, or national origin of the worker (Berkeley, 1999; "Timeline of Legal History of Women in the United States," 2002). The next year, Title VII of the Civil Rights Act was passed, prohibiting employers from discriminating in employment decisions based on the same criteria. Executive Order 11375, issued in 1967 by President Lyndon Johnson, expanded affirmative action policy to cover discrimination based on gender (Berkeley, 1999; "Timeline of Legal History of Women in the United States," 2002). In 1971, the U.S. Supreme Court outlawed the practice of private employers refusing to hire women with pre-school children ("Timeline of Legal History of Women in the United States," 2002). The next year, after nearly 50 years of efforts, the Equal Rights Amendment was passed by Congress and signed by President Richard Nixon (Berkeley, 1999; "US Suffrage Movement Timeline, 1792 to Present," 1994). The
Pregnancy Discrimination Act was passed by Congress in 1978. This legislation protects pregnant women from being fired or denied a job or promotion because they are or may become pregnant. The policy also prevents pregnant women from being forced to take maternity leave if willing and able to work. In 1993, the Family and Medical Leave Act was signed by President Bill Clinton (Berkeley, 1999; Heymann, 2000; "Timeline of Legal History of Women in the United States," 2002). FMLA requires employers to provide twelve weeks of unpaid leave to care for children, parents, or a spouse. The policy applies to employers with fifty or more employees and to workers who have worked at least 12 months and 1250 hours in the prior year, effectively covering only half of all working adults (Heymann, 2000; Williams & Cooper, 2004).

Today, women make up approximately 46% of the U. S. workforce; at least 80% of them will become pregnant at some point during their working lives (Lyness, Thompson, Francesco & Judiesch, 1999). Women with young children are participating in the workforce in ever larger numbers. Percentages of mothers of pre-school aged children in the workforce have more than doubled in the last two decades. Nearly two-thirds of mothers with children under 3 were employed outside the home in 2003, up from about 42% in the 1980s and 50% in the 1990s (Coyne, et al., 2004). Women in the U.S. return to work sooner after birth than ever before (Barrow, 1998; Klerman & Leibowitz, 1999). The intersection of birth and work is inevitable and significant to women’s lives. Equally, there is an impact to the organizations that employ women, especially those who become mothers.
This literature review begins with an exploration of the women’s movement and the development of feminist theory. In this overview, a specific, in depth focus on the literature associated with radical feminism is provided in support of the selected theoretical framework for this study. Next, I review literature associated with women’s transitions to motherhood. The focus of this literature is examining how the experience impacts women’s identities. In the following section I examine issues central to women, childbirth, and work from the perspective of mothers. This segment includes a review of works that specifically look at women’s experiences as pregnant employees, choices, intentions, and subsequent decisions regarding continuing to work following birth, and factors that influence those decisions. To conclude this section, I review literature that addresses issues that impact women postpartum. The last piece of the literature review examines many of the same issues, but emphasis is on the organizational context in which women live these experiences. This section includes a review of organizational efforts to support or respond to issues facing worker-mothers, the success and failures of such efforts, and the underlying structures that support or compromise these efforts. Finally, I explore the role of the HRD function within organizations and critically assess its contribution to the story.

The Women’s Movement and Feminist Theory

The Concise Glossary of Feminist Theory (1997) defines feminism as “the identification of women as systematically oppressed; the belief that gender relations are neither inscribed in natural differences between the sexes, nor immutable, and a political
commitment to their transformation” (p. 76). There are many feminisms with different emphases and aims, rooted in national, ethnic, racial, and/or religious identities (M. L. DeVault, 1996; Howell, Carter, & Schied, 2002). While distinct, all feminisms share a focus on improving the status and opportunities for women in the U.S. and worldwide (Tisdell, 1995). “Feminists,” most simplistically, are people “who seek[s] economic, social, and political equality between the sexes” (Bierema & Cseh, 2003, p. 8).

Feminism should be distinguished from the women’s movement in general (Berkeley, 1999). The term “feminism” emerged in the latter part of the 19th century in France as a part of the European enlightenment (Andermahr, et al., 1997; Berkeley, 1999). It was not until the 1920s that the term became popularized in the United States; by that time, the women’s movement was well underway (Berkeley, 1999). Indeed, some women’s movements eschew the use of the term “feminism” for reasons including its association with the bourgeois liberal women’s movements in the U.S. and Europe, as well as charges of imperialism (Andermahr, et al., 1997). Still other women’s movements have mobilized under the term, sharing a goal of transformation of sex-based and gender-based social practices and processes (Andermahr, et al., 1997; Berkeley, 1999).

Since the late 1960s, in response to the emergent women’s movements in the U.S. and Europe, feminist theory has extended feminism into theoretical and philosophical ground, developed across disciplines (Andermahr, et al., 1997; M. L. DeVault, 1996). Feminisms articulated in academic discourse are varied, and include liberal, radical, Marxist,
psychoanalytic, black, socialist, postmodern, poststructural, cultural, postcolonial, third wave, queer, transnational, and others, depending on the source (S. Acker, 1987; Andermahr, et al., 1997; Campbell & Wasco, 2000; Howell, et al., 2002; Jaggar & Rothenberg, 1984; Lorber, 2001; Tisdell, 1995). Such rich variety in feminist theorizing represents new ways of looking at familiar concepts, as well as response to critique. All feminist theories, however unique, address women’s subordination to men, while differing in how they conceptualize that marginalization (S. Acker, 1987; Campbell & Wasco, 2000). To use a feminist lens, then, is to “look at the world from a woman’s perspective honoring the common experiences and histories of women in society” (Bierema & Cseh, 2003, p. 8).

Although distinct, academic feminist theorizing and the women’s movement have shared an interdependent relationship, each touching and informing the other. As such, feminist theories are best described in the activist and political context in which the women’s movement has developed. While recognizing the tremendous variety of feminisms that have been called upon in academic discourse, this review will focus specifically on several commonly referenced feminist theories, including liberal, radical, Marxist, socialist, psychoanalytic, postmodern, and third wave feminist theories.

First-wave feminism. Feminism’s “first wave” refers to the period beginning in approximately 1848 with Elizabeth Cady Stanton’s Seneca Convention, and spanning until approximately the early 1960s. The focus of the first wave of feminism was women’s suffrage; its conclusion is often linked with the passage of the nineteenth amendment to the
U.S. constitution granting women the right to vote. The term “first wave” was coined after “second-wave feminism” surfaced to describe a radical change in the feminist movement from women’s suffrage to other inequalities after the ratification of the 19th amendment in 1920 (Andermahr, et al., 1997; Berkeley, 1999).

Liberal feminism, generally associated with first-wave feminism, evolved from liberalism, a political philosophy that argues that all men are equal under the law, with no special privileges or rights (Lorber, 2001; Tong, 1989). The roots of liberal feminism can be traced back for centuries. In 1792, British author Mary Wollstonecraft (1993) argued for equality of the sexes in *A Vindication of the Rights of Woman*. Emerging during a period of industrialization in Europe, Wollstonecraft’s work vilified middle-class “ladyhood” as enervating for women, robbing them of the ability to make their own decisions and develop their powers of reason. Nearly a hundred years later, Harriet Taylor Mill and husband John Stuart Mill jointly authored essays in support of sexual equality and celebrating rationality (Tong, 1989). During that same time, Elizabeth Cady Stanton and Susan B. Anthony were beginning fifty years of collaborative effort to win women their economic, educational, social, and civil rights in the United States. Joined by others, including Lucy Stone, Victoria Woodhull, Lucretia Mott, and Sojourner Truth, these first-wave feminists fought for women’s rights to vote, own property, attend college, join professions previously closed to women, and keep money earned. With suffrage and many other women’s rights won in the early 1900s, there was a lull in the women’s movement until the publication of Betty
Friedan’s 1963 book, *The Feminist Mystique*. Friedan (1963) argued that the traditional role of middle-class mother and housewife deprived women of meaningful lives, causing emptiness and depression. The cure, she argued, was for women to work outside the home.

The theme that began with Wollstonecraft and that has been continued by these and other liberal and first-wave feminists is that physical sex is not relevant ground for denying equal rights to women. Liberal feminist theory, then, asserts unequal opportunity as the fundamental cause of women’s subordination. The roots of gender inequality are a lack of equal civil rights and educational opportunities. Women’s liberation will occur, according to liberal feminist theory, when we exist in a de-gendered society where women have the same legal rights as men and are free of oppressive gender roles. Liberal feminism calls for an end to the socialization of children as “masculine” and “feminine” by sex and strives to ensure that individuals are allowed to rise in workplaces and society based on talent, unhindered by sex discrimination. Since the 1920s, then, liberal feminist activities and politics have focused on gender-neutral child-rearing and education, as well as elimination of the “glass ceiling” and sex discrimination in professions and politics (Jaggar & Rothenberg, 1984; Lorber, 2005; Tong, 1989).

Debate exists within liberal feminist theory regarding whether women and men must be the same to be equal. Liberal feminism has been criticized for accepting male values as human values and encouraging women to conform to a male norm (Lorber, 2005; Tong,
A perceived devaluing of “womanliness” and pregnancy and childbirth has also brought forth criticism for the theory (Jaggar, 1983).

**Second-wave feminism.** The second wave of feminism began in the early 1960s. Two key works have been credited with launching second wave feminism: the aforementioned Friedan text in 1963, and earlier, Simone de Beauvoir’s *The Second Sex*, translated for publication in the U.S. in 1953. In her landmark text, de Beauvoir asserted that men characterize and define women in opposition to men, thus fundamentally oppressing women; men are the subject, women, the object or Other. As these texts penetrated American consciousness, by the 1960s many aspects of Western society came under fire concurrently. Feminists began examining the ways in which women are more socially disadvantaged than men, analyzing sexual oppressions women suffer, and offering a myriad of solutions (Lorber, 2005). Feminist theories and perspectives in this period became much more varied and diverse in comparison to the more unified liberal feminist framework of the first wave. Second wave feminism is most often associated with the rise of radical feminism.

**Roots of radical feminism.** Ignited by the work of de Beauvoir, Friedan, and others, radical feminism emerged in the late 1960s out of radical left politics and the overlapping protest movements of that era, including the student movement, anti-war movement, and the black freedom movement (Echols, 1989; Urmansky, 1996). Women, primarily white and middle-class, who were actively involved in these civil rights efforts in groups such as the Student Nonviolent Coordinating Committee (SNCC) and Students for a Democratic Society
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(SDS), found themselves dominated by men who were uninterested in challenging sexual inequality. Their involvement, however, provided these women with an opportunity to develop skills and work in roles unlike the traditional housewife role to which most were accustomed. Additionally, volunteering and participating in the struggle against racism and experiencing male chauvinistic attitudes first hand, enabled these women to begin to examine their own situation, recognize and organize around their own oppression, and define the terms of their struggle (Echols, 1989).

Recognizing the need to organize separately from men and the other civil rights groups in which they participated, radical women began forming meeting groups. In these first women’s liberation groups, including such groups as the Westside Group of Chicago, D.C. Women’s Liberation, New York Radical Women (NYRW), Gainesville Women’s Liberation, and WITCH (Women’s International Terrorist Conspiracy from Hell), debates swirled around whether to focus only on women’s issues, how the groups should be organized, and exactly who or what constituted the “enemy.” By early 1969, two distinct theoretical positions emerged, creating a divisive, often corrosive wedge within and between groups; women participants referred to each other as either “politicos” or “feminists.” Politicos believed that women’s oppression derived from capitalism. They remained committed to the larger political movements of the time and viewed their organizing as an important addendum to the left. Politicos were, in short, Marxist feminists. (This viewpoint will be discussed in more detail in a subsequent section.) Feminists were the earliest
incantation of radical feminists. Unlike politicos, feminists asserted that male supremacy and later, men, along with capitalism form the root of women’s oppression. These women criticized the left’s subordination and disparagement of the women’s liberation effort and argued for an independent women’s movement.

A second important issue surfaced as a source of division among these early women’s liberation groups: the source of women’s behavior in relationship to oppression. Many politicos believed that women complied with the system of male dominance because they were conditioned to believe that they must. Most radical feminists rejected this theory because they felt it implied that women were accomplices in their own oppression. Instead, many feminists tended to subscribed to what they called the “pro-woman line,” which asserted that women deferred to their subordination out of powerlessness and self-preservation rather than passivity. While the lines of these divides were fuzzy, with women from both sides agreeing with and criticizing both points of view on each issue, the splits were significant and caused the women’s liberation movement difficulty in defining their early efforts.

Consciousness-raising, a significant contribution of radical feminism, emerged from the early feminist New York Radical Women (NYRW) group. In this analytic method, women came together to discuss and share their personal experiences. These groups also enabled women to build skills such as public speaking, meeting management and organization, and writing. The purpose of consciousness-raising was to help women become
aware that the personal struggles they experienced were, in fact, social problems affecting all women. The technique enabled radical feminists to build and characterize the principle of “personal is political” (Crow, 2000; Hanisch, 1970). Consciousness-raising derived from the civil rights movement, where the slogan was “tell it like it is.” The women of NYRW believed that the experiences shared by women during consciousness-raising would provide a more truthful foundation from which feminist theory could be developed and action taken (Echols, 1989; Sarachild, 2000). While there was disagreement even here, about the extent to which consciousness-raising should be employed in feminist groups and the usefulness of such efforts as a basis of theory, the technique was used extensively during the radical feminist movement and played a significant role in the political activism and theory building of the era. “Consciousness-raising is, at one and the same time, both the most celebrated and accessible introduction to the woman’s movement as well as the most powerful technique for feminist conversion known to the liberationists” (Gornick, 2000, p. 288)

Early radical feminist literature. The diversity of thought of these first women’s liberation groups provided fertile ground for early theory development. Many analyses of women’s oppressions and other important theoretical work which shaped radical feminism emerged from these early feminist groups and those that formed later, in the form of political statements, manifestos, articles, and books.

Two of the earliest articulations of radical feminism include Notes from the First Year, a publication of the New York Radical Women, and “Toward a Female Liberation
Movement,” an article that became known as the “Florida Paper” (Echols, 1989; Jones & Brown, 2000; Koedt, 2000). Anne Koedt (2000), writing for the NYRW, identified male supremacy as the “primary struggle” and, explicitly rejecting the politico viewpoint, asserted that women’s oppression was rooted not in “the system,” but in women’s secondary status to men. She argued that women’s liberation groups should focus singly on women’s issues. Beverly Jones and Judith Brown’s (2000) position paper came in response to a Women’s Manifesto produced by the SDS. In it, Jones and Brown criticized the manifesto for inadequately addressing women’s oppression and for excluding and stereotyping radical women and women’s liberation. Jones and Brown went further than Koedt, blaming not just male supremacy in general for women’s subordination, but all men specifically. In her portion, Brown criticized marriage and the family and hinted at the need for women to temporarily separate from men in their personal lives. In this landmark work, Brown was the first to suggest lesbianism as a source of “political strength.” Unlike most other radical feminists, however, Jones and Brown suggested that gender differences had a biological basis.

While the debates and theoretical schisms that divided early feminist groups ultimately proved fatal to many of them, by the late 1960s, the radical feminist movement was spreading nationally with new groups forming and old ones reforming. Radical feminist groups including Redstockings, Cell 16, The Feminists, and the New York Radical Feminists provide a representative look at the both the common and divergent beliefs of radical
feminism. All four groups held the fundamental radical feminist belief that women are historically the first oppressed group and women’s subordination is the deepest, most widespread, and difficult form of oppression to eradicate (Echols, 1989; Jaggar & Rothenberg, 1984). Each recognized patriarchy, the system of power in which men dominate women, as the root cause of women’s oppression (Lorber, 2005). Biological explanations for gender differences were rejected in favor of cultural and social sources. These radical feminists rejected the politico / Marxist view of capitalism as the primary source of women’s oppression. They also took issue with liberal feminist efforts to achieve equality for women in what radical feminists viewed as a fundamentally unjust society.

In spite of unity in some core radical feminist beliefs, these groups spawned a strong theoretical literature representing the diversity and variety in radical feminist thinking. Such differences were evident in theoretical explanations of women’s oppression and in solutions and actions that should be taken to eradicate the issues. Cell 16 represents perhaps the most militant, leftist group of the late 1960s. Founded in 1968 by Roxanne Dunbar, the group created one of the first radical feminist journals, called No More Fun and Games. Dunbar (2000), the group’s main theoretician, named the family as a cornerstone of male supremacy, calling women “household slaves,” the family “proletariat” (p. 488). Cell 16 blamed sex-role conditioning for women’s behavior, arguing that women should change by “unconditioning” and learning to respect themselves (Densmore, 1968). They are likely the first group to call for women’s personal as well as political withdrawal from men, suggesting that to do so
would banish maleness, the real problem, from women’s midst. Cell 16 functioned until 1973.

The separatist philosophy of Cell 16 was shared by The Feminists. Founded by Ti-Grace Atkinson in 1969, The Feminists blamed socially constructed sex roles for women’s oppression. According to The Feminists, men oppress women out of an undefined psychological need. Women go along with it as a result of internal coercion, an internalization of their oppression. Recognizing no distinction between heterosexuality and heterosexual sex, The Feminists believed heterosexuality and marriage existed solely to ensure women reproduce and mother, securing their inferiority. Although this viewpoint differed from the position typically taken by radical feminists on sex, The Feminists regarded any feminist opinions to the contrary to be the result of false consciousness. To free themselves of their oppression, Atkinson (2000) argued that women must “commit suicide,” shedding their roles as women, and ceasing to collaborate with their oppressors (p. 83). In placing the burden of change on women, The Feminists effectively interpreted “the personal is political” in a prescriptive sense; personal transformation eventually substituted for political action. Finally dissolving in 1973, The Feminists’ separatism created a strong theoretical base for lesbian separatism.

Two other radical feminist groups held a more reformist perspective: Redstockings and New York Radical Feminists. Redstockings, founded in early 1969 by Shulamith Firestone and Ellen Willis, held the prevailing view that men oppress women for the material
benefits they receive as a result ("Redstockings manifesto," 2000). The problem, according to the Redstockings, was power relations—who had power and who did not. The majority of Redstockings members subscribed to the pro-woman line, asserting that “women’s submission is not the result of brainwashing, stupidity or mental illness, but of continual daily pressure from men” ("Redstockings manifesto," 2000, p. 224). As such, they believed men should change rather than women. This pro-woman faction within the group defended marriage and heterosexuality as a reasonable outlet for women and blamed sex roles within marriage as the true issue, a somewhat atypical position for radical feminists. Group founders Firestone and Willis held the opposite view, regarding marriage and the family as central to women’s oppression. Both would eventually call for the elimination of the traditional, patriarchal family structure (Firestone, 1970; Willis, 2000). Such ideological disagreements ultimately led to the dissolution of the Redstockings in 1970, but the group is credited with popularizing consciousness-raising and “radicalizing” thousands of women through the mass distribution of free movement literature during their existence (Echols, 1989).

After leaving Redstockings in late 1969, Shulamith Firestone co-founded New York Radical Feminists with Anne Koedt. NYRF blamed “male ego identity” for women’s oppression; men dominate women out of a need for power, destroying women’s egos to build their own. The group stood opposed to Redstockings’ pro-woman line, arguing that women had grown to see themselves as inferior as a result of the oppressive socialization process.
Unlike The Feminists, NYRF advocated radical structural change over personal transformation. NYRF utilized consciousness-raising to change women; they were particularly successful in raising awareness on the issue of rape. Their work formed the theoretical base of Susan Brownmiller’s (1975) comprehensive study of rape, *Against Our Will*.

Beginning in the early 1970s, there was an explosion of radical feminist literature, building on the strong theoretical base provided by these early feminist groups. Each writer picked up and expanded on the disparate strands that formed the knot of radical feminist thought. Feminists wrote on a vast variety of topics, including heterosexuality, marriage and sexuality, domesticity, paid work, children, motherhood, reproductive freedom, violence, abortion, lesbianism, racism, class, politics, and friendship. Many of these issues were treated and conceptualized individually, while other scholars wrote about the interrelationships among these disparate strands. In an effort to adequately capture the vast literature of this era, I have selected four primary categories of radical feminist thought in which to corral those which I consider to be critical, representative, or landmark pieces of literature: the structure of patriarchy, reproduction and mothering, violence against women, and lesbianism. These categories often touch, overlap, and feed into one another; such is the knot of radical feminist theory.

*The structure of patriarchy.* Perhaps the earliest conceptualization of the nature and structure of our patriarchal society came from French philosopher Simone de Beauvoir, a
BECOMING A WORKER-MOTHER: UNDERSTANDING THE TRANSITION

scholar who, as previously mentioned, is given some credit for launching second-wave feminism. Many radical feminist activists and theorists were inspired by and built upon de Beauvoir’s work. In *The Second Sex*, de Beauvoir explores the source and construction of the profoundly imbalanced gender roles held by men and women. Her goal is to provide evidence that women are conditioned into the “feminine” role by thousands of external processes, not born a wife, mother, and male entertainer, what she considers the three primary functions of the typical bourgeois woman. De Beauvoir argues that the character of women results from their situation and is a consequence of their subordination rather than being the cause of it. Finally, she explores some of the ways in which women are complicit in their Otherness, particularly by participation in marriage and motherhood.

In recent years, the 1953 English translation of de Beauvoir’s book has been the subject of considerable criticism. Toril Moi (2002), building on the work of Margaret Simons (1983), argues that Parshley’s English translation omitted large segments of the original work and misinterpreted some of the philosophical nuances and underpinnings of de Beauvoir’s work. The result, according to Moi, is “utterly damaging to the integrity of Beauvoir’s analysis” (p.1011). Still, the power and influence of de Beauvoir’s work is inarguable, particularly for the radical feminist theorists that drew from *The Second Sex.*

In 1970, Kate Millett’s *Sexual Politics* was published, providing a critique of patriarchy in Western society and literature. Millett is one of the first radical feminists to identify patriarchy’s sex/gender system as the roots of women’s oppression. Millett defines
“politics” as “power-structured relationships, arrangements whereby one group of persons is controlled by another” (p. 23). She argues that the male-female relationship is the model of all power relationships, thus making biological sex political. Drawing from physiology, genetics, psychology, sociology, anthropology, and history, she takes aim at the patriarchal, male dominated society that we know as the basic form of human organization. Millett blames a long standing, historical, basic division of labor by sex for the current concentration of power in men’s hands. Women (and their children), essentially chattel to men, are bound to their roles by the basic functions of reproduction and socialization. There is an inescapable linkage between domination and force and sexuality. To combat patriarchy, Millet lobbies for “sexual revolution,” with a goal of “permissive single standard of sexual freedom, and one uncorrupted by the crass and exploitative economic bases of traditional sexual alliances” (p. 62). She calls for an end to the traditional family structure and marriage, replacing them with other voluntary associations. Millett advocates an androgynous society that combines the best of characteristics and qualities typically assigned as “feminine” and “masculine.”

Also in 1970, Shulamith Firestone’s work *The Dialectic of Sex* was published. In her book, Firestone targets motherhood and general societal beliefs of gender roles. Drawing from Freud, Reich, Marx, Engels, and de Beauvoir, Firestone blames the social, physical, and psychological disadvantages of pregnancy, childbirth, and child-rearing for gender inequality within a patriarchal society. She argues that “the end goal of feminist revolution must be,
unlike that of the first feminist movement, not just the elimination of male privilege, but of
the sex distinction itself: genital differences between human beings would no longer matter
culturally” (p. 19). Firestone believed that women must shed their role as producers of
children in order to achieve equality. She was an advocate of cybernetics, as well as
contraception, abortion, and state support for child-rearing to help free women from their
biological imperative. In her text, she calls for the abolition of the nuclear family, arguing
that it is the nuclear family that keeps women in the private sphere, ultimately oppressing
them.

Reproduction and mothering. Firestone’s book, meant to provide an analysis and
interpretation of patriarchy, represents perhaps the first spark in a negative thread of
mothering and reproduction in radical feminist literature. Firestone viewed reproduction as
the source of women’s oppression, something that should be eliminated using technology in
order to achieve liberation. Other radical feminists picked up Firestone’s line of thinking,
agreeing that biological motherhood changes women’s priorities in negative ways and limits
the already restricted options available to them. Rather than advocating for a technological
solution, however, other anti-natalist radical feminists have urged women to value the choice
to not having children at all as a powerful option, to forego motherhood completely, and to
resist its “compulsory” nature (J. Allen, 1986; Giminez, 1984).

A strong faction of radical feminist theorists has taken issue especially with
Firestone’s advocacy of technological approaches to reproduction, warning that such a
solution would further oppress women. These writers argue that it is not women’s biology that causes oppression; it is men’s reaction to and control of that biology that is at issue (al-Hibri, 1984; Dworkin, 1983; O'Brien, 1981; Rich, 1976). This work represents a more positive mothering thread connected to and built from the women’s health movement.

The Boston Women’s Health Book Collective (BWHBC) sprung from a workshop on women and their bodies at a women’s liberation conference in Boston in 1969. When the women at the conference discovered that each participant had experienced difficulty with “condescending, paternalistic, judgmental, and uninformative” (p. 39) male doctors, the group began collecting information for a book to address the issue (Norsigian, et al., 1999).

The book, *Our Bodies, Ourselves*, first published in 1973, has evolved over the years, beginning with a focus on reproductive health and sexuality, but growing to include material on topics such as environmental and occupational health, menopause, aging, and injustices that prevent women from receiving adequate medical attention. The collective took a personal issue and politicized it, raising women’s consciousness about issues like abortion and violence against women, birth control, pregnancy, and childbirth, body image and nutrition. *Our Bodies, Ourselves* arose during a period when women knew nothing of these things and had no avenue to gain such information. The book launched an activist movement that would eventually lead to legalized abortion, advances in patient’s rights, services for rape victims and battered women, and more women entering the medical profession in pursuit of careers. The work of the BWHBC drew attention to and helped construct the
concept of man’s appropriation of the female body. This would influence and inform radical feminist pronatalist work on mothering, as well as theorizing related to violence against women, rape, and pornography.

In 1976, poet Adrienne Rich’s poignant book *Of Woman Born* was published. In it, Rich (1976) distinguishes between motherhood, “the potential relationship of any woman to her powers of reproduction and to children,” and motherhood, “the institution, which aims at ensuring that that potential—and all women—shall remain under male control” (p. xv). She accepts and agrees with Firestone’s assertion that women must be freed of biological motherhood, *as it has been institutionalized within patriarchy*. Rich argues that within this patriarchal institution of motherhood, men have convinced women that they must mother in order to be considered a “real” woman, that motherhood is women’s one, true purpose in life. This restrictive institution taints women’s relationships with their children, robbing them of the potential joys of motherhood on their own terms. Thus, she advocates for women to take control of childbearing and child rearing, raising their children with feminist values. Rich’s work was pivotal to mothering theories because she examined women’s relationships and experiences with their children and related those findings to women’s subordination in society.

During this same time period, psychoanalytic feminist theorists Dorothy Dinnerstein and Nancy Chodorow entered the mothering arena with analyses of their own. (Psychoanalytic feminist theory is also reviewed in a subsequent section.) Drawing on
elements of Freudian theory, Dinnerstein (1976) saw child rearing by women as a social practice that supported and perpetuated sexism. She believed this trend could be altered, and asserted that men should share equally in the parenting of their children. By sharing parenting, men could then free women to enter the workforce more easily, and children, especially girls, would then grow up with more realistic attitudes about their role in society. Chodorow (1978), also interpreting Freud, argued that, as women are responsible for mothering, male and female children are treated differently and thus develop differently. Daughters, she argued, identify with their mother and emulate her, while sons “detach” and turn to the father, developing typically masculine traits, such as competitiveness and aggressiveness, as a result. Like Dinnerstein, Chodorow advocated equal parenting to break the cycle of conditioning that sustains the social order of dominant men, subordinate women.

Some radical feminists criticized the work of Dinnerstein and, especially, Chodorow for the psychoanalytic underpinnings of their research, “notorious for mother blaming,” and the reliance on clinical data in their analyses (Bart, 1984, p. 152; Lorber, 1981). In particular, radical feminist scholars argue that these works ignore the structural reasons women do the mothering—specifically the marginalization of women in the workforce that makes it more economical for women to be primary caregivers than their better-paid male partners. Asserts Lorber (1981), “… do not change the parenting arrangement, change the social structure that produces the parenting arrangement” (p. 486). At the same time, some radical feminists, in general agreement with Dinnerstein’s and Chodorow’s theses, had long
been in support of shared parenting and communal child care (Babcox, 2000; Baxandall, 2000; Creamer & Booth, 2000). In spite of criticism, the work of Rich, Dinnerstein, and Chodorow were significant to radical feminist mothering theory as they provided, whether directly or indirectly, a link between woman’s oppression in a patriarchal society and the gendered division of labor that assigned primary care giving responsibilities to the mother, effectively restricting her to a life at home.

In the 1980s, radical feminist scholar Sara Ruddick (Ruddick, 1980, 1984) accentuated the positive characteristics associated with mothering. Ruddick asserted that the nurturing and care that women provide as mothers leads to “maternal thinking,” a cooperative thought process that is different in every way from the competitive, aggressive, individualistic ways of typical patriarchal social behavior. This characteristic is not based in biology, argues Ruddick, but comes to most women via their role as primary caregiver. If men shared the role, were assimilated into child care inside and outside the home, they, too, would develop a “maternal” quality and help to instill it in their children, both male and female. Such a development would lead to social reform and a more peaceful society.

*Violence against women.* Radical feminist work highlights the ways that socially constructed gender roles and reproductive roles contribute to women’s oppression. Similarly, some radical feminist scholars have focused on the way socially constructed sexual roles subordinate women. Male dominance, even violence, and female submission is the norm, rooted in heterosexual relations; thus, this dynamic has become the norm in other
contexts as well. Catharine MacKinnon (1983) has asserted that sexuality is the locus of male power and sexual violence against women represents enactment of that power. According to MacKinnon, female stereotypes are sexually charged. Women’s very identities are connected to their sexuality. Her work on rape, pornography, and sexual harassment forming a continuum of sexual violence against women is a significant contribution to radical feminist theory. Carolyn Shafer and Marilyn Frye (1986) build on MacKinnon’s concept of the connection between women’s identity and sexuality in their analysis of rape. Shafer and Frye argue that the very act of rape is an attack on a woman’s identity. Rape proclaims women’s sexuality as something specifically for men, for what they want and need.

Pornography, an area explored by radical feminists in more recent years, represents a symbol of man’s use and control of women’s sexuality. Rosemarie Tong (1989) differentiates between two types of pornography: erotica, or sexual relationships between mutually consenting partners, and thanatica, in which men specifically treat women as objects. In the 1980s, MacKinnon and Andrea Dworkin argued that thanatic pornography amounted to a civil rights violation against women and should be prosecutable under antidiscrimination law. Ultimately, their ordinance was defeated, but the work of these and other radical feminists have raised awareness regarding the use of male sexual violence against women as a means of power and control.

Lesbianism. If male sexuality and heterosexuality is inherently oppressive to women, many radical feminists have argued that lesbian sexuality is a model for female sexuality. In
the late 1960s and early 1970s, Rita Mae Brown, a lesbian-feminist activist, became a champion of lesbianism within the women’s movement. Brown, along with Charlotte Bunch, eventually became an active member of The Furies, a lesbian-feminist collective. The Furies, along with the Radicalesbians, another lesbian-feminist activist group, advanced the notion that lesbianism was not just a personal, sexual choice, but a political one. In “The Woman-Identified Woman,” the Radicalesbians (2000) redefined lesbianism as “the heart of women’s liberation, and the basis for cultural revolution” (p. 236). For these activists, lesbianism represented political solidarity with other women. Lesbian separatism differs from feminist separatism in that women are completely removed from man’s access. Only by separating completely from men, in every aspect of life, can man’s patriarchal power be weakened and eliminated.

**Critiques of radical feminism.** Radical feminism has been criticized on five major grounds: that it is essentialist, the universality of the theory of patriarchy, that it ignores or minimizes other forms of oppression, and that it alienates women. The first point, that radical feminist theory is essentialist in nature, is the most commonly cited critique and refers to radical feminism’s tendency to assert that men are men, and women are women and there is no way to change the nature of either. Feminist political theorist Joan Cocks (1984) asserts that radical feminism’s use of this duality tends to pit it as a counterculture defined in opposition to a male norm. As such, radical feminism sets itself up as deviant or as a simple
rebellion, placing women exactly where men always have. Thus, argues Cocks, such essentialism may be more enslaving than liberating.

Other scholars have criticized radical feminism’s theory of patriarchy as inevitable and universal. A belief of radical feminists is that wherever men and women co-exist, patriarchal society exists. In her landmark text *Gyn/Ecology*, Mary Daly (1978) points to cultural traditions like Chinese footbinding, African female circumcision, and Hindu suttee as indications of patriarchy’s universality. However, feminist political philosopher Jean Elshtain (1981) asserts that such sweeping comparisons dismiss the diversity of different cultures and the contexts within which such traditions occur. Rather, Elshtain argues that radical feminism’s western view creates an ethnocentrism that may overestimate or at least elevate the influence of patriarchy unfairly.

The combination of the essentialist nature of radical feminism and the universal view of patriarchy has led many feminist scholars to criticize radical feminist theory for ignoring or downplaying other sources of oppression. Alison Jaggar (1983), a socialist feminist theorist, has suggested that radical feminist’s lack of attention or concern to the plight of women of color and poverty makes radical feminism a home only for white, middle-class women. Barbara Crow (2000), in her anthology of radical feminist work, contests such a claim, arguing that radical feminists struggled with issues of class, sex, race, age, and sexuality, seeing them as intertwined and interrelated. She asserts that such work has been “ignored, submerged, and denied” (p. 3). Still, criticisms of the essentialism, universalism,
“whiteness,” and elitism of radical feminism continue to be commonly heard (Jaggar, 1983; Lorber, 2005; Tong, 1989).

A final criticism leveled at radical feminism is that it alienates some groups of women. Radical feminist’s hard line against pornography has seemed overly harsh to some critics. Likewise, the condemnation of the nuclear family and heterosexuality by some radical feminists has left many married, heterosexual females wondering if they may safely align themselves with some of the beliefs and assertions of radical feminist theory. Crow (2000) blames “years of distorted and caricatured portrayals of radical feminism in mass culture and secondary scholarship” for the tendency of many women to misunderstand some of the fundamental assertions and meanings of radical feminist work (p. 1). Additionally, she cites the lack of availability of many of the foundational texts of radical feminists as a point of disconnect between the roots of radical feminist theory and today’s common understanding of it.

**Rationale.** The word “radical” means to get to the root or origin. I believe radical feminism has lost some of its appeal as a theoretical orientation because of an interpretation of the word “radical” as something extreme or drastic. Indeed, many of the ideas inherent to radical feminism are extreme and drastic. But it is the focus on depth of understanding, of getting to the bottom of things that is most appealing to me about a radical feminist theoretical framework. Radical feminism identifies patriarchy as the root of women’s oppression. A great deal of theoretical work has gone into gaining an understanding of the
nature of patriarchy: how it was formed, how it is sustained and fed, how it may be changed. Radical feminists’ attention to the structure of patriarchy, the nature of sex roles, gender roles, and sexuality has provided a wealth of insight into the condition of women, the context in which women make choices and live with those choices. Radical feminism dares to examine the whole of our patriarchal system; it is bold enough to argue that a universal category of women is possible, that despite our differences, fundamentally, all women have commonalities that cannot and should not be ignored or minimized.

Radical feminists were the first to bring sexuality, childbearing, and child rearing practices into the political fray. Their systematic reflection on reproduction and mothering filled a gap in Western political theory and practice. Radical feminist theory examines both the pros and cons of mothering, recognizing dilemmas women face in determining when, how, or whether to mother. Radical feminists have examined, acknowledged, and endorsed the choices available to women who wish to mother, placing blame for the dilemmas inherent in these decisions on the system in which they are made, rather than on the women who must make them. By bringing attention to the body and its biological functions, radical feminism made such theorizing possible.

More so than perhaps any other feminist theory, radical feminism was borne from the experiences of women. Through its activist roots, it placed women at the center of the picture, unifying women who had previously been separated in their struggle. Radical feminists made the personal political, elevating what seemed to be simple, isolated
complaints into issues of national importance. It is radical feminism that provided the theoretical rationale for women’s studies programs in universities and colleges in the 1970s. Women’s Studies programs burst on the academic scene beginning in the late 1960s and early 1970s, creating a fertile site for studying and developing feminist scholarship and for experimenting with pedagogies specifically targeted for women learners (Boxer, 1998; Leicester, 2001; StateUniversity.com, 2007). Women’s studies and the scholarship it nurtured raised awareness about women’s issues and looked for ways to address power and oppression (Leicester, 2001; Merriam & Caffarella, 1999). Radical feminism truly gave women a home and a voice.

Radical feminist theory is a rich place to begin analyzing the problem investigated in this study. The focus on structure provides a frame from which to examine the whole of our social system within which women who mother must make choices. The framework ensures that I focus on the roots of the issues, considering carefully how the choices women make are shaped by the context in which they make them. A radical feminist framework encourages a holistic approach—attending to the role men play, in addition to other forms of oppression that form parts of a coherent system of male domination.

This framework provides fertile theoretical ground for analysis of the mothering experience. Using this perspective, I will be able to look at the mothering situation of these participants from multiple angles, probing the ways in which their choices and experiences
contribute to their oppression or help to liberate them. Radical feminism allows me to focus on the commonality of women’s experiences as well as their differences.

This research starts with women’s experiences, placing them at the center. Potentially, it may remove some of the isolation the participants may feel in their experiences, creating a sense of connectedness, solidarity and purpose. Hopefully, it will create a sense of yearning for a social movement that will make easier the lives of these participants and thousands of women like them throughout the world. As women, we owe radical feminism a debt of gratitude; as academics, we owe the theories spawned by radical feminism more than a second look—we owe application.

In the following sections, I continue to review feminist theories of the second and third wave of feminism. This brief overview of each is to provide continuity of analysis of the women’s movement and of the theories that have emerged from academic feminism. While I have not chosen any of these theories for my theoretical framework, I made that decision only after building an understanding of the offerings and limitations of each. Thus, this review continues with Marxist feminist theory, the belief system of the politicos.

**Marxist feminist theory.** Traditional Marxism, like liberal feminism, draws from deep philosophical traditions (Jaggar & Rothenberg, 1984). Built from the works of Marx and Engels, Marxist feminist theory points to the capitalist system of social organization as the origins of women’s oppression. Marxist feminist theorists have named both the capitalist economy and the patriarchal structure of the family as forming the structure of both women’s
and men’s lives (Benston, 1969; Hartmann, 1984). Research in Marxist feminist theory has focused on the trivializing of women’s domestic work as not being “real” work and women’s access to only the most boring and low-paying jobs. It is the nature and function of this so-called “women’s work” that is considered the source of women’s gender inequality (Jaggar & Rothenberg, 1984; Lorber, 2005). As a solution, Marxist feminists believe women should have full-time, permanent jobs with access to affordable and accessible child care services. Some scholars have called for wages for housework, while others have discounted this solution as an unfeasible and ultimately undesirable strategy for liberation (Bergmann, 1986; Dalla Costa & James, 1972).

Marxist feminism has been criticized for focusing on improving women’s material lives while falling short of freeing them from oppression and men’s control (Lorber, 2005; Tong, 1989). Other scholars have pointed out that women living in socialist and communist nations have not seen their lives and situations substantially transformed. Rather, they point to male-dominated government policies in these countries that fail to significantly change the gendered social order condemned by Marxists in capitalist nations (Jaggar, 1983).

**Psychoanalytic feminist theory.** Feminist theorists began re-reading and interpreting Freud in the 1970s. While Freud focused on the psychological and personality development of boys, feminists turned their attention to the comparable development in girls. Their work formed the basis of psychoanalytic feminist theory. Psychoanalytic feminist theory names gendered personalities resulting from Freud’s Oedipus complex as the source of women’s
oppression. Boys are forced to separate from their mothers and identify with their fathers. This builds strong ego boundaries along with the “male” characteristics valued in Western culture, like rationality, objectivity, and ambition. Girls, on the other hand, identify with their mothers and thus develop fluid ego boundaries and the “female” characteristics of sensitivity, empathy, and emotion. Men experience an unconscious ambivalence about women’s emotionality and reject women as potential castrators. Women bond with their children to replace the missing emotional component in their relationships with men. Thus, the cycle of psychological gendering of children is continually reproduced (Chodorow, 1978; Dinnerstein, 1976; Lorber, 2005; Tong, 1989). For psychoanalytic feminists, the solution to women’s oppression, then, lies in teaching men to emotionally attach as parents and share parenting responsibilities. Additionally, women should seek creative outlets to express their creativity to offset men’s dominant symbolic masculinity.

Psychoanalytic theory, both Freudian and feminist, is based on white, middle class, heterosexual families. The implicit assumption is of a distant, misogynistic father and an overly involved and attentive mother. While the theory provides unique insight into the male and female psyche, it fails to provide a complete explanation of women’s subordination (Lorber, 2005; Tong, 1989).

**Socialist feminist theory.** In the 1980s, socialist feminism brought together Marxist feminist theory, radical feminist theory, and fragments of psychoanalytic feminism (Tong, 1989). Socialist feminist theory expands the Marxist theoretical emphasis on capitalism as
the source of women’s oppression, bringing in radical feminist theory’s emphasis on patriarchy and the role of gender (Lorber, 2005; Tong, 1989). Socialist feminists examine how the interplay of gender, class, and racial ethnicity demote women to second-class citizenship status. The interlocking effects of these characteristics combine to lend advantages to some women, though still subordinate to men, and also to double and triple oppress others. This notion of complex inequality and its role in the subordinate status of women is a significant contribution of socialist feminism (Lorber, 2005). In solution to these complex issues, socialist feminists call for equal responsibilities distributed within families, which would then free women to accumulate some of the economic and social power currently possessed by men. Bolstered by universal and accessible education, child care, health care and income support, many of the most disadvantaged women might begin on a more level playing field (Jaggar, 1983; I. Young, 1981).

Feminist philosopher Cornell (1998) asserts that disadvantaged women who simply achieve equality with the disadvantaged men in their group do not escape oppression. Rising in status above the men in their oppressed group, however, presents these women with the catch-22 of leaving their men behind or remaining subordinate. Socialist feminism has an expansive focus on economic and social equality for all disadvantaged members of society, in order to address this very double bind. As a result, socialist feminist theory has been criticized for losing focus on the specific struggles of women, a diversion that may weaken its liberatory potential (Lorber, 2005).
**Postmodern feminist theory.** Postmodern feminist theory rejects the belief that there is one explanatory theory of women’s oppression. Postmodern feminists criticize other feminist theories as being essentialist, based on a universal category of Woman and question all conventional assumptions about binary pairs like man/woman, male/female, heterosexual/homosexual. Instead, postmodernism asserts that everything—bodies, gender, identity, status—is culturally constructed and “performed” (Butler, 1990; Lorber, 2005; Tong, 1989). The word “feminism” itself implies deviation from a male norm and assumes unity at the expense of celebrating difference (Cixous in Wenzel, 1981). The concept of deconstruction is a significant contribution of postmodernism; postmodern feminism analyzes the ways in which society creates beliefs about gender by deconstructing discourses embedded in texts. By revealing the obvious and hidden meaning of a text, we can then choose to accept or reject their message. Freedom to choose gender, sex, and sexuality—gender rebellion—is true liberation (Lorber, 2005; Tong, 1989).

Notoriously dense scholarship is a source of criticism for postmodern feminist writing. Accusing scholars like Cixous, Irigaray, and Kristeva of being deliberately opaque, some critics argue that the inaccessible and elitist flavor of postmodern feminist work makes it irrelevant to the majority of women (Duchen, 1986). Some feminists reject postmodern feminism, asserting that its elimination of Woman as a category and refusal to name a single explanatory theory of oppression threatens the unity of and thus undermines the entire feminist effort (Lorber, 2005; Tong, 1989).
Third-wave feminism. The rise of the third wave of feminism began in the 1990s, encompassing young women born in the 1960s and 1970s—daughters of second wave feminists. These women are the first generation to grow up with feminism as a part of their lives, enjoying and, according to some second wave feminists, taking for granted, many of the rights and freedoms fought for and won in the earlier women’s movement. Third-wave feminism, similar to postmodern feminism, plays with sex, sexuality, and gender. These feminist theorists reject the notion that women are oppressed victims and celebrate women’s agency as a form of power. Issues of concern include restrictions on reproductive choice, AIDS, racism, homophobia, economic inequalities, and racism (Baumgardner & Richards, 2000; Henry, 2004; Lorber, 2005).

Third-wave feminism has encountered differences of opinion within its ranks regarding what third-wave feminism is or could be (Alfonso & Triglio, 1997). Second wave feminists often lament that third wavers fail to appreciate the efforts of the past and instead are rebelling against a false image of feminism constructed by the media and conservative backlash in the 1980s, rather than the true reality of feminism (Orr, 1996). Third wave feminists disagree with second wave criticism that the women’s movement has dissipated with the third wave and argue that instead they are looking at a wider range of topics through a feminist lens.
Becoming a Mother

Mothering has been and continues to be a complex issue examined and explored in feminist theory. The process of becoming a mother has been the subject of much research, particularly in the nursing field. In 1967, Rubin (1967) introduced her concept of maternal role attainment (MRA). Rubin described an interactional and developmental process beginning during pregnancy. In this stage, the woman practices mimicry and role-play and fantasizing and developing an ideal image of herself as a mother. As she moves through birth and postpartum, the woman incorporates behaviors observed in others and acquires competence in caretaking of her infant. The woman grieves for the parts of her life that are lost that are incompatible with her new role as mother. The end state is maternal identity, a “sense of harmony, confidence, and competence in how she performs the role” (Rubin, 1967, p. 74). In later work, Rubin (1984) dropped the term MRA and renamed the early pregnancy stage of mimicry and role play as “replication.” She described the final stage toward maternal identity as “dedifferentiation,” as a woman shifted from modeling others to seeing herself as an expert in relation to her child.

In the 1980s, Mercer (1995), a student of Rubin’s, began conducting a series of studies that built on Rubin’s concepts and provided the framework for her theory of maternal role attainment. Mercer used a four stage model of role acquisition to describe the process of MRA. She examined maternal variables that influenced MRA, including maternal age, socioeconomic status, perceptions of the birth experience, high risk pregnancy and birth,
support, external stress, and personality, among others (R. T. Mercer, 1995). Mercer extended Rubin’s model, which ended one month postpartum, to a period up to twelve months after birth.

Subsequent research challenged some MRA constructs, particularly the existence of discrete cognitive-affective and behavioral dimensions of MRA (Koniak-Griffin, 1993; R. T. Mercer, 1995; Walker, Crain, & Thompson, 1986). Maternal confidence was identified as an essential variable in the adaptation to the maternal role. In 2004, Mercer responded to these critiques in her theory of becoming a mother (BAM) to replace MRA. This theory focuses on the importance of mothers’ work during the transition and the expansion of the self as mother as the woman achieves maternal identity (R. T. Mercer, 2004). Mercer (2004) described four stages in the process of establishing a maternal identity in BAM: commitment, attachment, and preparation during pregnancy; acquaintance, learning, and physical restoration in the six weeks postpartum; moving toward a new normal, from two weeks to four months postpartum; and achievement of the maternal identity at around four months. The stages overlap and the times for achieving the final stages are variable, influenced by the same factors Mercer recognized in her original theory (R. T. Mercer, 2004).

Rubin’s and Mercer’s theories of transitioning to motherhood are essentialist in nature, referring to a singular “woman” in describing the model’s stages of development. However, Mercer’s work is based on extensive empirical evidence, and her work has
spanned various developmental levels and situational contexts. The concepts in MRA have been cited in obstetrical textbooks and used in practice by nurses and other disciplines and has a high level of acceptance in the field (Meighan, 2006).

**Women, Childbirth, and Work**

The transition to motherhood takes place in a variety of contexts for most women. This study is particularly interested in the experiences of pregnancy, birth and motherhood in the context of the workplace. Such experiences are singular to women and, regardless of a woman’s dedication and commitment to her employer, these experiences necessarily impact her career path and development. In this section, I review the literature available on women’s experiences when mothering and working collide. Research regarding co-worker and supervisor perceptions of worker-mothers, factors that influence women’s decisions regarding returning to work postpartum, and issues related to work-life balance are examined.

**Pregnancy and work.** Empirical literature regarding pregnancy and the workplace is limited (Gueutal & Taylor, 1991; Lyness, et al., 1999). There is a small, but rich segment of literature originating from higher education focusing on gender equity in academics that examines women’s pre-pregnancy feelings and decisions regarding whether to mother, and if so, when and how many times (Armenti, 2004; Mason & Goulden, 2002, 2004a, 2004b; Mason, et al., 2006; Ward & Wolf-Wendel, 2004a). Life in the academy, where women are consistently underrepresented, is based on a male model and life course (Armenti, 2004;
Mason, et al., 2006). Thus, women in academe pursuing tenure face a conflict between the tenure clock and the biological clock. To take the time necessary to become a mother is to threaten achieving the tenure goal (Armenti, 2004; Mason & Goulden, 2002, 2004a, 2004b; Mason, et al., 2006; Ward & Wolf-Wendel, 2004a). In her study of women professors’ maternal decisions, Armenti (2004) uncovered what she termed the “hidden pregnancy phenomenon,” an attempt by these women to either hide their pretenure pregnancies by attempting to plan and birth in May, or postponing pregnancy until posttenure, a biologically risky game. “In both situations women are hiding their maternal desires to meet an unwritten professional standard that is geared toward the male life course” (Armenti, 2004, p. 219).

Other researchers have confirmed that women and men in academia have distinctly different family formation patterns as a result of this strategy (Mason & Goulden, 2004a, 2004b; Mason, et al., 2006). These findings are somewhat unique to and applicable within academia, as there are few other workplaces in which there is a comparable calendar period in which a pregnancy may be “hidden” from employers or its impact minimized. Literature outside of academia, however, shows that women are delaying or forgoing pregnancy in favor of developing their careers (Coyne, et al., 2004). Similarly, the dominance of the male workplace model and the need for “an innovative and progressive… career trajectory [that] would acknowledge women’s life course as well as that of men” is relevant to all workplaces (Armenti, 2004, p. 227).
Limited research has examined the perceptions of pregnant women about the workplace and how those perceptions affect women’s planning regarding maternity leave and a return to work postpartum (Houston & Marks, 2003; Liu & Buzzanell, 2004; Lyness, et al., 1999; Ward & Wolf-Wendel, 2005). A study by Houston and Marks (2003) found that the most important aspect of returning to work as intended is planning. “Planning not only predicts returning to work, but also predicts being able to return to full-time work” (p. 209). This and other studies have also shown that the more supportive a mother perceives an organization and management to be regarding her pregnancy and temporary absence from work, the more committed she will be to the organization and the more likely she is to work longer and return to work more quickly (Houston & Marks, 2003; Liu & Buzzanell, 2004; Lyness, et al., 1999; Ward & Wolf-Wendel, 2005). Interestingly, women who perceive their organization to be demanding of their time and with higher expectations also plan to work longer and return sooner. Researchers speculate that this is due to a fear of negative career consequences and “reflect the fact that these women are trying to conform to their organizations’ ‘male’ values by shortening their maternity leaves to minimize the perception that they are not fulfilling their organizational responsibilities” (Lyness, Thompson, Francesco and Judiesch, 1999, p. 503).

In spite of the evidence of the importance of planning and workplace support during pregnancy, several studies indicate that many pregnant workers perceive their organizations to be less than helpful during this critical planning period. In their 1997 study of pregnant
employees, Halpert and Burg found that these women often express frustration that supervisors remove many of their job responsibilities prematurely, even when they do not request such a change. Such “assistance” in effect penalizes the pregnant employees and their co-workers alike in subtle ways, resulting in conflict and negative feelings in the workplace. Similarly, a study by Liu and Buzzanell (2004) found that pregnant employees were subject to overt and covert actions by supervisors and other institutional practices that they perceived as “restricting their work, their requests for accommodations or help, and their opportunities for advancement” (p. 330). According to study participants, supervisors denied needed physical accommodations and emphasized the inconveniences to the organization and coworkers that resulted from employee pregnancies. Covert actions included providing unsolicited “help” to pregnant employees that rendered them “childlike, helpless, and dependent” (p. 338). Finally, employers failed to provide adequate information regarding maternity leave policies and imposed excessive surveillance on pregnant employees, further exacerbating negative feelings and perceptions by the participants. Other scholars have uncovered similar results regarding ambiguous or unavailable maternity-related policies and a subsequent fear by employees of using them (Ward & Wolf-Wendel, 2004a, 2004b, 2005). Though each of these studies was focused on small groups of women in specific organizations, thus raising issues of generalizability, these works are indicative of stubborn gendered organizing processes in workplaces and a need for better communication and negotiation of needs between organizations and pregnant employees.
Maternal decisions and returning to work. There is a large body of literature, nearly all quantitative in nature, that has examined maternal decision making and factors influencing women’s return to work postpartum. Several studies have underscored the importance of cooperative planning and employer support, both in the form of supervisor and policy support, in women’s perceptions and ultimate return to the workplace postpartum (Berger & Waldfogel, 2004; Desai & Waite, 1991; Shirley Dex, Joshi, Macran, & McCulloch, 1998; Jennifer Glass & Riley, 1998; Houston & Marks, 2003; McGovern, et al., 2000; McRae, 1993; Stone & Lovejoy, 2004). In particular, availability and length of paid or unpaid maternity leave has been found to be a key factor in mothers’ decisions to return to work postpartum (Berger & Waldfogel, 2004; Shirley Dex, et al., 1998; Jennifer Glass & Riley, 1998; McGovern, et al., 2000). While women who have access to maternity leave, either through a specific corporate policy or FMLA, tend to take longer leaves, they are more likely to return to their jobs (Berger & Waldfogel, 2004). Similarly, flexible workplace arrangements available to mothers postpartum also positively impact a woman’s decision to return to work (Desai & Waite, 1991; Estes & Glass, 1996; Jennifer Glass & Riley, 1998; Houston & Marks, 2003; McRae, 1993; Stone & Lovejoy, 2004). In general, however, many women in low-wages job sectors fail to meet the requirements for FMLA and do not have access to leave benefits or flexibility options. These women are less likely to return to work at all following pregnancy and birth of a child. As a result, some studies show an emerging “class cleavage” between older and more educated women workers and those in
disadvantaged locations in the labor market (Shirley Dex, et al., 1998; Estes & Glass, 1996; McGovern, et al., 2000).

Moving beyond the obvious impact of organizational factors that influence women’s decisions, scholars have formulated several theories or models of maternal choice to explain and predict women’s decisions regarding returning to work postpartum (Barrow, 1998; Desai & Waite, 1991; S. Dex & Joshi, 1999; Estes & Glass, 1996; Houston & Marks, 2003; J. Klerman & Leibowitz, 1999; Lyness, et al., 1999; K. Marshall, 1999; McRae, 1993; Yoon & Waite, 1994). Most common are theories of human capital and family status (J. Klerman & Leibowitz, 1990; Lyness, et al., 1999; K. Marshall, 1999; Yoon & Waite, 1994). Human capital theory focuses on the economics of workplace absences by birthing women. This theory is based on an assumption that women make investments in their careers in the way of training and experience in order to improve their advancement potential and wages. Women who leave the workforce for a period of time therefore lose valuable work experience during that time, potentially impacting their ability to advance and compromising their future earnings. The greater the investment in the career, the shorter the interruption the mother will likely tolerate (J. Klerman & Leibowitz, 1990; Lyness, et al., 1999; K. Marshall, 1999; Yoon & Waite, 1994).

Family status refers to the notion that women make employment decisions based on family considerations. If a family is dependent on a mother’s wages because the father does not work or earns less than the mother, she may return to work sooner (Marshall, 1999).
Yoon and Waite (1994) also describe this choice in economic terms, calling it the “shadow price of time in the home,” referring to the idea that after the birth of a child, the value of a woman’s time in the home increases to the family (p. 210).

Research on these factors varies. Some studies show that women who earn higher wages work longer during pregnancy and return to work sooner (S. Dex & Joshi, 1999). Others fail to support that finding (K. Marshall, 1999). This is likely due in part to the populations studied: many studies limit their samples to married women or women with partners in the home. The interaction of family status with human capital issues is not adequately controlled for or even acknowledged. Estes and Glass (1996) directly challenge the “increasingly inappropriate view of women as intermittently involved in the labor market” assumed by human capital theory (p. 406). The scholars suggest an alternate theory of complementary compensation in which mothers change jobs postpartum if they can increase their compensation or family accommodation. Their research supports this hypothesis, particularly in women with traditional gender values.

Desai and Waite (1991) test a similar theory of “trading off” wages for non-monetary benefits that are family friendly. This hypothesis asserts that women are attracted to traditionally female occupations because they are easy to combine with motherhood and thus have better retention of employees postpartum. The researchers found no support for this hypothesis, but did find that workplace convenience and costs of being away from work had an impact on how quickly a mother would return to work. Much like Estes and Glass, the
scholars conclude that women who enter traditionally female occupations because they are family friendly generally are those who have traditional gender values and who plan not to work over the long run.

McRae (1993) proposes a simpler, more formulaic model of maternal choice. McRae asserts that action or choice stems from “a set of opportunities, underpinned by desires, and bounded by constraints” (p. 126). Viewing labor market position as a constraint, she finds support for the notion that women in lower social classes are more easily thwarted in their attempts to return to work than those with labor market and social class advantages. Inadequate public child care, less flexible work arrangements, and less access to prenatal care and resulting special needs babies all constrain low income women from returning to work, despite any level of desire. McRae’s model finds resounding support in the work of Stone and Lovejoy (2004). These scholars criticize the “choice rhetoric” that assumes women make choices about their work status outside any system of constraints. In their study, the researchers challenge the so-called “opt out revolution” in which mothers are said to voluntarily leave their jobs postpartum in favor of being a stay at home mom (Belkin, 2003). Stone and Lovejoy found that “opting out” was a profound and complex decision for participants, not made easily or willingly, in many cases:

“Our results undermine the notion that women are freely choosing family over work. Inflexible and highly demanding workplaces are the major barriers to their ability to exercise discretion in any meaningful way. With the exception of the small group of
women we label new traditionalists, the women in our study made the ‘choice’ to be at home not out of their preference for traditional gender roles but because of their experience of gendered realities. These realities are shaped by multiple factors that include economic restructuring, workplaces that assume the male model of work, the lack of real reduced-hours options that undermines women’s efforts at work-family accommodation, husbands’ exemptions from household parenting obligations, and the ideology of intensive mothering at home” (p. 80).

It would seem clear that there are many factors at work in the decisions mothers make regarding a return to work postpartum.

**Child rearing and work-family balance.** As a result of women’s increased workplace participation, particularly by mothers, and their growing struggle and “failure to thrive” in the workplace, the concept of work-family conflict / balance began to surface in scholarly literature in a variety of disciplines. Rapoport and Rapoport (1969) first coined the phrase “dual-career families” in 1969. Kanter (1977) characterized the perceived division between work and home as “the myth of separate worlds,” describing the then newly blurred boundaries between work and home. These early studies focused primarily on how work impacts family and vice versa. Much of the early literature on work-family balance focuses on white, upper middle-class families and is qualitative and informal in nature, using small samples (Voydanoff, 1984). Still, by 1990, five main models of the relationship between life at work and life at home emerged from this early literature: spillover, compensation,

Spillover theory, the source of a significant amount of research in the work-family literature, asserts that attitudes and behaviors that become ingrained at home carry over to work and that one’s work experiences influence behaviors away from work (Zedeck & Mosier, 1990). Research on spillover theory has focused on the positive and negative impacts of work on family and vice versa (Daniels & Weingarten, 1985; Moore & Sawhill, 1978; Mortimer & London, 1984; Pleck, 1977; Skinner, 1980). Compensation explanations view work and family as complementary, with work and nonwork experiences as antithetical, one fulfilling the needs of individuals unmet by the other (Grosswald, 2003; L. Young & Kleiner, 1992; Zedeck & Mosier, 1990). Conflict theory, another leader in much academic research on work and family, describes work and family as competing entities and asserts that one must give up objectives in one in order to achieve benefits in the other (Grosswald, 2003; L. Young & Kleiner, 1992; Zedeck & Mosier, 1990). The less popular segmentation theory views work and family environments as distinct and of no influence to one another and instrumental theory postulates that each environments (work and home) is a means to obtain things in the other (Zedeck & Mosier, 1990).

The much cited work of Greenhaus and Beutell (1985) is a thorough and integrated review of early literature on conflict theory. The scholars identified three sources of work-family conflict from available empirical studies: time-based, strain based, and behavior
Time-based conflicts occur when multiple roles compete for an individual’s time. Strain-based conflict, exemplified in symptoms such as tension, anxiety and fatigue, occurs when the strain of one role impacts an individual’s performance in another. Behavior-based conflict describes patterns of behavior that are suitable for one role, but are incompatible with expectations of another role. Of note, the scholars found that men and women experience conflict differently; men tend to perform roles sequentially and separately, while women, “because of structural expectations, are faced with simultaneous (work and family) demands” (p. 84). The researchers call for empirical work exploring gender differences.

Once again, the higher education literature provides a much-needed woman’s perspective on role conflict. In their study of academic motherhood, the findings of Ward and Wolf-Wendel (2004a) both support Greenhaus and Beutell’s conflict model, and present a more positive outlook as well, dubbed “silver linings and dark clouds” (p. 241). Women academics acknowledged a significant time bind in spite of the flexibility of their positions. Time played a key role, too, in their decisions about whether or when to have children. More positively, the participants reveled in the joy of both their roles as academics and as mothers. They also noted an equilibrium or more balanced sense of perspective regarding priorities that came about as a result of having children. Compromise and “good enough” replaced perfection and a more relaxed attitude regarding job retention revealed a new recognition of options about other work. The researchers concluded that the “clouds” represented the tensions and difficulties arising from role conflict, while the “silver linings” demonstrated
that successful management of both roles is possible. The balance between the two, however, is tenuous.

Spillover theory has also been the source of significant empirical literature in work-family balance (Daniels & Weingarten, 1985; Moore & Sawhill, 1978; Mortimer & London, 1984; Pleck, 1977; Skinner, 1980). A study by Keene and Reynolds (2005) examined how family and workplace factors contribute to gender differences in negative family-to-work spillover. The researchers found that women are more affected by spillover and are forced to make more work adjustments in response to family demands than men. Recommended are more flexible work schedules and policies that would allow women more time and “empower” them to “manage their competing demands” (p. 293). Similarly, a study by Hill, et. al. (2006) suggests that a reduced, 60-hour work arrangement to replace the existing 80+ hour full time paradigm would yield more positive work and family outcomes. Idealistic and simplistic, both studies ignore an entire body of literature regarding the negative impact of reduced schedules and part time work on women’s careers in traditional workplaces (Christensen, 2005; Higgins, et al., 2000; Hochschild, 1997; Hochschild & Machung, 1989). Hill, et. al. (2006) understate, “At present…the work culture is not uniformly supportive of reduced-hours work arrangements” (p. 1196).

More positive and balanced studies that deal specifically with a woman’s perspective of spillover can be found in the higher education literature (Colbeck, 2006; Ward & Wolf-Wendel, 2004a; Wolf-Wendel & Ward, 2006). In a study of faculty members who are also
Parents, Colbeck (2006) moves away from the characterization of work-family “balance” in favor of the term “integration,” positively framing the spillover from one sphere to the other. Colbeck found that women integrated their work and family roles twice as much as men and did so with strong personal satisfaction with their time allocations. Ward and Wolf-Wendel (2004a) found similar results of women professors successfully integrating parenting and faculty roles, though their participants indicated more issues of role conflict than those in Colbeck’s study. Both studies focus on faculty in higher education settings, where scheduling flexibility is not unusual; it cannot be assumed that the results would be repeated outside of academia.

The work-family concepts of both “balance” and “integration” are not without critics, particularly from feminist theorists (Caproni, 2004; Edley, 2001; Runte & Mills, 2004). In recent years, with the impact of globalization and the development of an “always available” economy, work hours have grown longer and the lines between work and home have become increasingly blurred (Edley, 2001; Howell, et al., 2002; Lewis, et al., 2003; Milliken & Dunn-Jensen, 2005). Technology in the form of cell phones, computers at home, and the connectivity provided by the Internet allows work to invade home more than ever before (Colbeck, 2006; Edley, 2001; Milliken & Dunn-Jensen, 2005). Edley (2001) argues that mothers who allow technology to further blur the lines between work and home invite organizations to colonize their lives and “simultaneously reproduce organizational priorities” (p. 33). Runte and Mills (2004), in a feminist post-structural analysis, criticizes the work-
family discourse as privileging work over home-life and penalizing women, who are the primary navigators of parental and employee roles. Caproni (2004) also rejects the “balance” discourse, asserting that it sets people (primarily women) up for failure when “balance” cannot be realistically achieved. She criticizes the work-family literature for focusing on individuals in need of “help,” while ignoring the power dynamics and relationships that exist at the structural level of analysis. This small but significant body of thought provides a much needed critical perspective on the mainstream work-family empirical literature.

Organizations and Mothers

With the growing presence of worker-mothers in the workforce, organizations cannot afford to ignore the unique needs of these employees. Recognizing this reality, many organizations have developed work-family policies and programs to attract and retain women employees and to help create an equitable, diverse workforce (Kramar, 1998; Rogier & Padgett, 2004). The results of these efforts are mixed; some studies suggest these policies benefit organizations and employees, while others find conflicting evidence (Coyne, et al., 2004; Eaton, 2003; Jennifer Glass & Finley, 2002; Lewis, et al., 2003). Research has focused on employee perceptions of these policies and programs and of the employees who use them (Gueutal, Luciano, & Michaels, 1995; Gueutal & Taylor, 1991; Halpert & Burg, 1997). Some studies suggest that women who avail themselves of work-family policies can find themselves further marginalized as a result (Christensen, 2005; Hochschild, 1997). The masculine structure of most organizations blinds leaders to these issues (J. Acker, 2006;
Lewis, et al., 2003). Other cultures demonstrate that this structure is changeable (Williams & Cooper, 2004; Zeitlin, 1989). The human resource development function within organizations plays a key role in contributing to or sustaining this masculine structure (Nafukho, et al., 2004; Valentin, 2006; Wang & Holton, 2005). This section explores these issues in greater depth.

**Organizational responses.** The literature shows that organizations are attempting to meet the unique needs of women workers who have children, generally in the form of work and family policies and programs. On-site or near-site day care centers, childcare voucher systems, emergency day care, after-school arrangements, and child care or elder care assistance or referral programs help women cope with family dependent care needs. Maternity leave policies and flexible or alternate work arrangements, including part time hours and telecommuting, offer alternatives for women for whom family conflicts make the full time presence in an office untenable (Eaton, 2003; Higgins, et al., 2000; Kramar, 1998; Kropf, 1998; Polach, 2003; Rogier & Padgett, 2004; Saltzstein, et al., 2001; Wentling, 1998; Zedeck & Mosier, 1990). Policies do help (Eaton, 2003; Lewis, et al., 2003). However, such policies “do not, in and of themselves, reduce work/family conflict” (Coyne, et al., 2004, p. 131).

There are two primary reasons most organizations introduce such work and family policies and programs: to attract and retain qualified employees, and to address moral and ethical issues of equity and social justice (Kramar, 1998; Rogier & Padgett, 2004). Much of
the literature focuses on the organizational perspective, analyzing how these policies and programs primarily benefit organizations. It would seem that, at least on the surface, such policies and programs are effective in achieving benefit to the organization (Batt & Valcour, 2003; Eaton, 2003; Saltzstein, et al., 2001). Saltzstein, Ting, and Salzstein, (2001) in a survey of federal government employees, found some correlation between work-family policies and job satisfaction. The researchers acknowledged, however, wide variation in policy usage and effects according to diverse employees with different family demands. In a study of workplace flexibility in seven small biotechnology firms, Eaton (2003) found a link between perceived usability and control of flexible work-family policies and the desired outcomes of commitment and productivity. Supporting Eaton’s findings, a study by Batt and Valcour (2003) confirmed that while flexibility per se does not necessarily lower employee turnover, having control of that flexibility is critical to an employees’ positive perception of the organization.

While small studies such as these seem hopeful and encouraging for organizations implementing work-family policies, they tell only a fraction of the story. In a thorough and rigorous review of the literature on the types of work-family policies and programs typically available and their effectiveness in fostering organizational productivity, Glass and Finley (2002) provide a more complete, if ambiguous, picture. The scholars used a stringent, discriminating method to reduce the vast quantities of scholarly and popular literature on work-family policies to a manageable, empirically rigorous select few. Drawing from a body
of cross disciplinary work from business, sociology, psychology, and economics, the researchers categorized the studies by flexible work arrangements, employer-supported child care, and parental leave policies. Their evaluation of the literature found that in each of the three categories, there appeared to be positive effects across studies on productivity, organizational commitment, retention, morale, and job satisfaction. However, when the overall results from all studies in each category were compared to the findings of only the most empirically and methodologically sound studies in the group, the findings were often contradictory or unsupportive of the larger result. Glass and Finley acknowledge that the three categories of work-family policies and programs seem to provide benefits to both organizational and worker in the form of increased productivity, commitment, loyalty, and morale. However, the researchers caution that their findings, when considered more closely, are generally inconclusive.

Even less clear is how much work-family policies and programs contribute to organizational goals of equal opportunity and social justice. There is less literature available regarding whether such policies truly help the employees they are designed to serve. Discussed in some detail earlier in this review, employer efforts, formal and informal, to assist pregnant employees have been shown to yield mixed results for those women. Of the few studies focusing on pregnant workers, most are concerned with perceptions of supervisors and co-workers about pregnant employees. Such studies have revealed a negative perception of pregnant employees (Gueutal, et al., 1995; Gueutal & Taylor, 1991;
Halpert & Burg, 1997). Gueutal and Taylor (1991) found that many workers believe that organizations allow too many workload concessions in favor of pregnant employees. Such perspectives were particularly strong with males. Halpert and Burg (1997) also found that co-workers are primarily concerned with how their workload will increase once a co-worker becomes pregnant (Halpert & Burg, 1997; Lyness, et al., 1999). A study by Gueutal, Luciano, and Michaels (1995) examining performance appraisal ratings of pregnant employees found that ratings increased during pregnancy, a phenomenon they called the “pregnancy effect.” The scholars attribute the finding to possible overcompensation by the supervisor for the work performance of pregnant employees, supporting the notion that organizations offer leniency to pregnant employees. This study, however, was confined to employees in a single organization, limiting the generalizability of the findings. Furthermore, the scholars acknowledge that such findings could also be attributable to an accurate reflection of the work of pregnant women, who may overcompensate for their condition by working harder.

Many negative perceptions of pregnant employees stem from a belief that pregnant employees are no longer committed to their jobs and will not return to work after childbirth (Halpert & Burg, 1997). This perception, however, is refuted by research: a study by Klerman and Leibowitz (1999) found that more than 75% of women who were working full time before the birth of a child returned to work within 6 months postpartum. Additionally, a study focusing specifically on a sample of Harvard law, medical and business school
graduates found that 94% of those mothers surveyed returned to work within 6 months postpartum (Swiss & Walker, 1993). Gueutal and Taylor (1991) postulate that this perception by co-workers and supervisors may stem from occasions in which an pregnant employee did not return to work following a birth, although they offer no data to support their claim.

Coworkers’ and supervisors’ negative perceptions of pregnant employees is but one unintended consequence of many work-family policies. Most management literature and popular press dedicated to work-family policies focuses on helping employees (i.e. women) achieve “balance” by gaining efficiencies through time-saving techniques, prioritizing, and finding ways to become “more flexible” at work and at home (Belkin, 2003; Caproni, 2004; Hewlett & Luce, 2005). Implementation of work-family policies in the workplace, such as flextime, part-time employment, and telecommuting as “coping” mechanisms, particularly for worker-mothers, was and continues to be the subject of vast quantities of literature (Apter, 1993; Blair-Loy, 2003; Caproni, 2004; Edley, 2001; Jennifer Glass & Riley, 1998; Hewlett & Luce, 2005; Hobsor, et al., 2001; Lewis, et al., 2003; MacDonald, et al., 2005; Saltzstein, et al., 2001; Spain & Bianchi, 1996).

Research has demonstrated that in most cases, these policies are either inadequate, or serve to further marginalize women in the workplace (Christensen, 2005; Hochschild, 1997). As work hours increase and demands placed on women exceed their ability to cope, many women either opt for part time or reduced hours or stop working entirely (Belkin, 2003;
Blair-Loy, 2003; Hewlett & Luce, 2005; Mason, et al., 2006). For many women, the compromise is not completely satisfactory. Higgins, Duxbury, and Johnson (2000) found that career women who work part time perceived that their reduced hours stigmatized them and limited their advancement opportunities because they felt “out of the loop.” A study by Rogier and Padgett (2004) indicates such a perception may not be unfounded. The researchers found that women who take advantage of alternative work arrangements like flexible schedules or working from home are perceived as less dedicated to their jobs and seen as having lower career advancement potential. Dubbed the “mommy track,” policies and programs that decrease visibility in the workplace have been under- and un-used by women employees. Some researchers argue that women recognize that such policies and programs inhibit occupational advance (Blair-Loy, 2003; Christensen, 2005; Hochschild, 1997). “Alternative work arrangements, including flexible work schedules, are meant to help employees better balance work and family responsibilities and to encourage women to stay in the workforce. Organizations need to examine whether their policies may be having the reverse effect” (Rogier & Padgett, 2004, pp. 101-102).

Moving beyond policies. A study by Kramar (1998) asserts that a major limitation of most organizational work-family policies is in their development. The scholar argues that policies and programs are rarely developed solely through systematic, rational methods. “Social relationships, political and power factors, informal communication and a broad interpretation of procedures often accompany organizational decision-making and policy
development” (Kramar, 1998, p. 2). Citing a three stage developmental framework, Kramar states that most U.S. companies stop at the first stage, focusing on particular issues and problems rather than on building a family-friendly culture. In recent years, many scholars have agreed that a dramatic change in culture from the ideal male work model will be necessary to create workplaces that genuinely ease work-family conflicts (Blair-Loy, 2003; Coyne, et al., 2004; Hewlett & Luce, 2005; Saltzstein, et al., 2001; Zeitlin, 1989).

Organizations have made attempts to cast work-family balance issues in an inclusive light (Coyne, et al., 2004). The phrase work-“life” instead of work-“family” and other “gender-neutral” phrases like “flexible working” are used in diversity management approaches with increasing frequency (Smithson & Stokoe, 2005). Several scholars writing from the poststructural feminist perspective argue, however, that in spite of terminology changes, work is privileged over home and remains a women’s issue (Caproni, 2004; Runte & Mills, 2004; Smithson & Stokoe, 2005). Smithson and Stokoe (2005) assert that the use of gender-neutral terms is in response to fears of backlash against gender equity issues. Further, new terminology assumes that workplaces are no longer gendered themselves and that men and women have equal choices and opportunities for participation in work and non-work life. The scholars argue that both emphasizing and ignoring gender differences pits “difference” against “equality” rather than redefining the concepts so they are not in opposition (Runte & Mills, 2004; Smithson & Stokoe, 2005).
Thus, organizational structure is not gender neutral. The disembodied, universal “worker” is a man (J. Acker, 1990). All organizations, asserts feminist scholar Joan Acker (2006), have “inequality regimes, defined as loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, and racial inequalities within particular organizations” (p. 443). Dominant in number, it is men who run workplaces (Stanley, 2002). Male CEOs typically have stay-at-home wives and embody the traditional roles associated with the work / home divide (O’Connor, 2005; Orenstein, 2000). These leaders, the very individuals most capable of championing and leading organizational change, often have no experience with and subsequently no appreciation for the conflict and difficulties faced by the employees within the organization most in need of such change. “People in dominant groups generally see inequality as existing somewhere else, not where they are” (J. Acker, 2006, p. 452). Thus, many workplaces hold tight to the ideal male work model, with structures, cultures and practices that function “as if time in the office represents commitment and as though employees have wives at home” (Lewis, et al., 2003, p. 827).

Work-family policies, then, are created and implemented within the context of the dominant ideal male work model, one that measures loyalty, performance, and commitment by a willingness to work long hours and overtime, day or night—an impossibility for most working women, especially mothers (J. Acker, 1990; Hochschild, 1997; Keene & Reynolds, 2005; Kossek & Lambert, 2005; Ranson, 2005; Williams & Cooper, 2004; Zeitlin, 1989).
These policies and programs often serve to support the status quo rather than bringing about equity in the workplace.

Family-friendly policies provide only temporary relief for some people from the male model of organizing. The use of family-friendly policies, primarily by women when they have young children, or the use of part-time work, again primarily involving women, may increase gender inequalities in organizations. Such measures may reinforce, not undermine, the male model of organizing by defining those who conform to it as serious, committed workers and those who do not as rather peripheral and probably unworthy of promotions and pay increases (J. Acker, 2006, p. 457).

Moreover, organizations blame women for their disadvantaged lot in working life. Historically, the message has always been that work-family conflicts are personal (Blair-Loy, 2003; Lewis, et al., 2003; Spain & Bianchi, 1996). As recently as May, 2006, one scholar blames “opting out” for women’s inequity in top management positions, as if such inequity were as novel a trend as the so-called “opt out revolution” (Hill, et al., 2006). Some management literature cites women’s “lack of ambition” as the reason women do not advance in their careers following childbirth (Hewlett & Luce, 2005). Indeed, “words like ‘balance,’ ‘trade-off,’ and ‘work-family conflict…’ [have] …become as feminine as pink tulle” (Orenstein, 2000). According to Acker (1992), this blame game is not surprising: “Accounts [of workplace inequity] which invoke family-career role conflicts as explanation too often simply blame the victim for not achieving a successful resolution of competing
commitments or suggest that women are powerless in the face of social expectations. These are inadequate conceptualizations” (p. 62).

The dominant work model in the U.S., while enduring and powerful, however, is not universal, nor is it impervious to change. The literature demonstrates that other developed nations, particularly in Europe, have long outpaced the United States in developing both a social and organizational culture that supports families struggling to balance work and family responsibilities (Williams & Cooper, 2004; Zeitlin, 1989). The United States is the only industrialized nation without overarching childcare and parental leave policies available to support families in which mothers work (Spain & Bianchi, 1996; Williams & Cooper, 2004). In European countries such as France, childcare is seen as a social investment in a vital national resource. European governments sponsor childcare and preschool, while U.S. parents search, sometimes fruitlessly, for reliable, high quality, affordable providers for their children (Williams & Cooper, 2004).

Many Americans employed full time are working longer hours than ever before, with the United States ranking among countries with the highest percentage of employees working 50 or more hours per week (Hill, et al., 2006; Williams & Cooper, 2004). Some European countries, by contrast, have maximum limits on weekly hours and average full time ranges from 35-39 hours (Williams & Cooper, 2004). Those in the U.S. who work part time face depressed pay rates, loss of benefits such as health insurance, retirement plans, and leave accumulation, and limited advancement opportunities (Williams & Cooper, 2004). In
contrast, in 1997, the European Union issued a directive to help eliminate discrimination against part-time employees (Williams & Cooper, 2004).

Perhaps most striking, leave policies differ greatly between the U.S. and Europe. U.S. workers have very little vacation, sick, and parental leave compared to most other industrialized countries (Williams & Cooper, 2004). FMLA, covering only about 50% of workers, provides for a maximum of 12 weeks of unpaid leave a year to care for a child, parent, or spouse (Heymann, 2000; Williams & Cooper, 2004). Both mothers and fathers in other countries receive far more generous family leaves, in terms of pay and duration. In Finland, for example, mothers receive 105 days paid maternity leave, followed by 158 days paid parental leave for either parent. This sort of policy is the rule rather than the exception in most other industrialized nations (Williams & Cooper, 2004; Zeitlin, 1989).

While many (though not all) of the European family-supportive programs and policies cited here are governmental, it is easy to see how they set the stage for a shift in culture in workplaces. Some scholars assert that such government interventions are necessary to support families in the workplace (Wax, 2004). Others argue that internal action on the part of firms and organizations themselves can go a long way in altering workplace norms, conventions and practices to the benefit of employees with familial responsibilities (Williams, 2000). Perhaps the truth lies somewhere in the middle.
The Role of Human Resource Development (HRD)

It is the human resource function within organizations that generally assumes responsibility for work-family programs and policies. Human resource functions serve a variety of roles in organizations and routinely separate the management from the development function (McLagan, 1989). Human resource management (HRM) functions are typically responsible for recruiting, maintaining, and paying employees. Human resource development (HRD) functions are responsible for educating, organizing, and developing employees (Armstrong, 2003; Yorks, 2005). Polach (2003) observes that work-family issues are relevant to organizational effectiveness; thus, HRD has an opportunity to play a key role in helping organizations shift from a focus on policies and programs to valuing and developing a culture that supports those most affected by the challenges associated with work-family balance.

Human Resource Development (HRD) is a relatively young, emerging field that eludes a consistent definition (L. Bierema, 2002; Bierema & Cseh, 2003; McGuire, Cross, & O'Donnell, 2005; Sambrook, 2004; Swanson & Holton, 2001; Yorks, 2005). In fact, McGuire et al. (2005) describe the “what” of HRD as “essentialist…depending on one’s worldview” (p. 3). Swanson and Holton (2001), frequently cited scholars in the field, provide a working definition for purposes of this review: “HRD is a process for developing and unleashing human expertise through organization development and personnel training and development for the purpose of improving performance” (p. 4).
Much as there is no consensus on a definition of HRD, there is also disagreement on the goals, outcomes, and foundational assumptions underlying HRD (Storberg-Walker, 2007). Two key debates within the HRD field are the source of much research and literature. The first addresses whether performance or learning should be the goal of HRD. The other centers on what the contributing theories and disciplines of HRD should be (Kuchinke, 2000; Yorks, 2005). Both issues are of importance to this study and will be examined critically in this portion of the review.

**The performance paradigm and the need for critical HRD.** There is an ever-growing group of scholars that assert that the dominant paradigm of HRD, evidenced by Swanson and Holton’s definition, is one of performance (Bierema, 2000; L. Bierema, 2002; Bierema & Cseh, 2003; Bierema & Fenwick, 2005; Fenwick, 2004; McGuire, et al., 2005; Sambrook, 2004; Yorks, 2005). “HRD is concerned with issues of resource maximization, skills development, quality, productivity enhancement, motivation, commitment to organizational goals, positively and strategically influencing the bottom-line, adding value, and improving performance” (McGuire, et al., 2005, p. 4)). Furthermore, HRD literature tends to be dominated by this positivistic, performative orientation (Sambrook, 2004; Valentin, 2006). This reliance on a performance improvement model, both in developing theory and practice, has caught the interest and concern of several key scholars in the field.

In 2003, Bierema and Cseh (2003) analyzed 600 papers presented to the Academy of Human Resource Development (AHRD) 1996-2000 according to a feminist research
framework. The researchers’ findings were startling: only six percent of the papers dealt with women’s issues or diversity, four percent examined power arrangements in HRD, and just barely ten percent recognized gender as a category of analysis. Noting that diversity has been identified as the second most significant trend affecting HRD in U.S. organizations, Bierema and Cseh concluded that this apparent gap in research indicates a need for critical perspectives in HRD practice and research. They argued that the field would benefit from a greater focus on how HRD reproduces power relations in organizations, who benefits from HRD, and strategies that address gender and equity issues.

Other researchers have also begun to build a case for critical perspectives in HRD research (Bierema & Fenwick, 2005; Fenwick, 2004; McGuire, et al., 2005; Sambrook, 2004). Organizations are mirrors of society; they reflect the same structural inequalities that exist in the social and economic systems in which we live (Laura Bierema, 2002; McGuire, et al., 2005). Bierema and Fenwick (2005) cite a “moral obligation” of HRD professionals to analyze these inequalities and power relations “in a manner that facilitates socially conscious thought and action in the organization” (p. 577). The traditionally positivistic nature of HRD research is also under fire, described as “methodological hegemony” that does not answer some of HRD’s most pressing questions (Sambrook, 2004; Valentin, 2006). Several scholars have noted with concern that the field has been criticized by adult education theorists for its dedication to a performative orientation, to the point of such a perspective rising to the level of “myth” (Bierema, Ruona, Watkins, Cseh, & Ellinger, 2004). Fenwick (2004) charges that
within this paradigm, human learning, a foundational philosophical, theoretical, and practical component of HRD, “becomes, inappropriately, a commodity in the human capital orientation underpinning much HRD practice” (p. 226). Fenwick calls for a parallel stream of critical perspectives within HRD practice and research as a result.

To hold a “critical” perspective is to challenge contemporary practices, to examine assumptions and illusions, and to question the current state of affairs (Sambrook, 2004). A critical HRD, then, would seek to “nurture critical questions about power, interests, and equity, and to articulate critical challenges of oppressive organizational structures and knowledge legitimation” (Bierema & Fenwick, 2005, p. 574). Bierema and Fenwick (2005) identify three key precepts of a critical HRD: a view of the workplace as contested terrain, a fundamental opposition to the traditional performative orientation of HRD in which people are commodities used for organizational gain, and a purpose of workplace reform for justice, equity, and participation. Critical HRD may be enacted through inquiry focused on power issues and a methodology that emphasizes the exposure of served interests in HRD (Fenwick, 2004, 2005).

Critical HRD is not without its own critics. McGuire et. al. (2005) argue that the relevancy of critical discourse in HRD has not been adequately explained. The researchers denounce the recommendations of critical HRD advocates as prescriptive and of limited value because of a perceived lack of information about how critical HRD might be implemented into HRD practice. Fenwick (2004; 2005) acknowledges several dilemmas in
constructing theoretical and practical foundations for a critical HRD stream, and explicitly recognizes that critical HRD must be melded with practice if it is to flourish. In response to this dilemma, Fenwick (2004) offers four approaches to critical workplace practice, including emancipatory action learning, emancipatory projects, critical workplace education, and HRD reflexivity.

There are currently a limited number of voices advocating a critical HRD. Thus, there is homogeneity of perspective surrounding the concept. This, however, is likely indicative mostly of its nascent beginnings and is not unexpected with a newly emerging theory. Says Sambrook (2004), “the emergent ‘critical’ paradigm is only just beginning to do battle” (p. 623).

**Theoretical foundations of HRD and economic theory.** The dominant performance orientation of HRD, much like the definition of HRD itself, springs forth from its theoretical underpinnings. This theoretical foundation is a second source of disagreement within the field. Kuchinke (2001) asserts that a wide variety of theories offer foundations for the field, especially the core disciplines of the social sciences (i.e. psychology, sociology, anthropology, economics, and political science). However, Swanson’s (2001) well-known three-legged stool analogy of HRD’s underlying theories represents an influential and prominent side of the debate. Each leg of the stool represents one of three core theories that inform the field of HRD: psychological, economic, and system theories. Their integration creates the stool’s platform.
Economic theory is recognized as a primary element along with its survival metrics at the organizational level; system theory recognizes purpose, pieces and relationships that can maximize or strangle systems and sub-systems; and psychological theory acknowledges human beings as brokers of productivity along with their cultural and behavioral nuances. *It is believed* that these three theories, more than any others, make up the foundational theory of HRD, respond to the realities of practice, and that each is unique, robust and complementary the others (Swanson, 2001, p. 307, emphasis mine).

A critical question that emerges from Swanson’s assertion: *it is believed by whom?*

The economic leg of Swanson’s stool, in particular, is worthy of critical consideration. When analyzing HRD within organizations, “consideration must be given to the larger system’s values” (Callahan & Dunne De Davila, 2004, p. 80). HRD functions do not exist in a vacuum. They live within organizations that are in the business of accomplishing the mission for which they exist. In a capitalist society, this usually means making money. Management in most organizations is an instrumental process—objective, politically neutral, and concerned only with organizational control and efficiency (Valentin, 2006). Many scholars in the field have argued that, for its very survival, HRD must align its goals with those of its host organization, focusing on how learning can be facilitated to obtain improved productivity and how culture can be managed to focus on organizational competitiveness (Nafukho, et al., 2004; Valentin, 2006; Wang & Holton, 2005). “The
survival…of a particular system often depends on its ability to establish and maintain a value system that holds meaning to the larger system in which it functions” (Callahan & Dunne De Davila, 2004) It is not surprising, given this survivalist context, that Swanson’s economic leg would encompass the same rational, objective—and masculinist—assumptions embedded in most parent organizations.

The economic theory most commonly applied to the field of HRD is human capital theory (Swanson & Holton, 2001; Yorks, 2005). This set of beliefs was touched on briefly earlier in this review. Human capital theory is one of occupational choice. The fundamental principle of the theory is that all human behavior is based on the economic self-interest of individuals operating within freely competitive markets. Workers obtain better skills and training to increase the value of their human capital. Employees’ learning capacities are comparable in value to other organizational resources that help produce goods and services. The training and development provided by HRD functions is seen as an investment, with a goal of increasing productivity of individuals and, ultimately, the organization (Nafukho, et al., 2004; Swanson & Holton, 2001; Wang & Holton, 2005)

Human capital theory derives from neoclassical economic theories. These neoclassical theories assume that people are rational, making decisions using mathematical probabilities rather than subjective perception. The goal for “economic man” is to maximize utility; the goal for organizations is to maximize profits. Neoclassical theories assume that people act independently based on full and relevant information (Holton & Naquin, 2005;
Nafukho, et al., 2004; Wang & Holton, 2005). Finally, these theories are based on the assumption that women are childbearers and child rearers, and men are breadwinners (Estes & Glass, 1996). These assumptions fuel HRD’s focus on performance as desired outcome.

Neoclassical economic theories, human capital theories, and rational, economic man have been criticized as restrictive, unrealistic, and lacking utility in explaining what happens in the real world (Holton & Naquin, 2005; Wang & Holton, 2005). Simply, people do not always behave in rational ways. Rarely do decision makers have access to complete information regarding an issue. As discussed earlier in this review, human capital theory in particular has been called out for its assumption that women will withdraw from the labor force when pregnant or birthing and will therefore choose occupations that allow ease of exit and reentry (Estes & Glass, 1996). Storberg-Walker (2007) cautions that HRD theorists who draw from this economic perspective also borrow the assumptions that go with it, setting up potentially unresolved contradictions in their work.

Beyond these critiques of the economic underpinnings of HRD, the implications of neoclassical and human capital theories are powerful. The characteristics associated with these theories—control, efficiency, rationality—are all traits historically and typically associated with men. “Economic man” is associated with objectivity and neutrality, permeating how management—and human resource development as a by-product—is done. This fundamental perspective buttressing HRD and organizations privileges white males. Bierema (2009) calls it masculine rationality: a formalized process by which racism and
sexism can be enacted with legitimacy and logic. Lost or at least compromised in the wake of such a paradigm are HRD’s roles in employee development, organizational change, sustainability for the greater good, and doing no harm. As a result, human resource development loses its humanity.
Chapter 3: Methodology

Qualitative Research

The decision to conduct a qualitative study came easily. My interest in this study was in women’s experiences; I wanted to know in what ways women experience this transition. While quantitative studies typically address “why” questions, qualitative inquiry is suitable for research questions that start with “how” or “in what ways” and seek to describe a phenomenon (Creswell, 1998). Phenomena and problems that are social or human in nature are generally the focus of qualitative research (Creswell, 1998; C. Marshall & Rossman, 1999). The purpose of such research is generally to describe or explore a process or social interaction and to understand the meaning participants assign to such interactions. In qualitative studies, the topic of interest begs exploration; there are no existing or sufficient theories that adequately describe the complexities of the phenomenon or process. There may be variables involved that are not readily identified (Creswell, 1998; C. Marshall & Rossman, 1999; Maxwell, 2005). These purposes and characteristics fit well with my desired exploration of women’s experiences and the absence of sufficient literature on the topic.

In qualitative research, the researcher is an instrument of data collection (Creswell, 1998). Context is critical, and qualitative researchers seek to assess the complexity of the context and its impact on the action and experiences of participants (C. Marshall & Rossman, 1999). The qualitative researcher thus immerses herself in the natural setting of the participants, conducting extensive fieldwork (Creswell, 1998; C. Marshall & Rossman,
Qualitative researchers recognize that they have their own stories and perspectives and are sensitive to how these influence their research (Rossman & Rallis, 1998). Researchers conducting qualitative studies collaborate with participants and gather data from multiple sources in order to gain a detailed view of the topic of interest. Analysis of data is inductive and interpretive and flows into a complex narrative characterized by a literary style and thick description (Creswell, 1998; Denzin & Lincoln, 1994; C. Marshall & Rossman, 1999; Rossman & Rallis, 1998). I wanted to know the women with whom I would work; not just be acquainted with them, but really get to know who they were and what their stories and motivations were. I wanted to be able to acknowledge and tell my own story, and situate it appropriately in the context of my work.

Perhaps the most distinctive characteristic of qualitative research is its emergent and evolving nature (Creswell, 1998; Maxwell, 2005; Rossman & Rallis, 1998). Qualitative researchers remain open to new directions and opportunities throughout the research process (Maxwell, 2005). That is not to say, however, the qualitative research lacks rigor; on the contrary, qualitative research is extremely rigorous, and the researcher defines and follows a clear research design at the outset of the study (Creswell, 1998). The variety in qualitative studies had long fascinated me. As a graduate student, I studied under the tutelage of Valerie-Lee Chapman, creator of the critical personal narrative methodology (Chapman & Sork, 2001). I admired the creativity of her and others’ work and wanted to be a similar contributor. For all of these reasons, qualitative research seemed the obvious choice.
Feminist Narrative Inquiry

From the choice of qualitative research, I turned to selecting a methodology. One of the first things I noticed after I announced my own first pregnancy was the stories. Everybody has a pregnancy or birth story. I worked in an office full of men at the time, but even the guys had stories—about their wives, about their female friends, or about their own mothers and birth. Some stories were scary, some heartwarming, some bizarre, some funny. Everywhere I went, people would glance at my burgeoning belly, ask how far along I was, and then proceed with their story, seemingly *compelled* to tell it, even if it meant frightening the dickens out of me. For women who had particularly harrowing tales to tell, the sharing of their story seemed to me to be cathartic, a release of sorts.

Having been through the experience of pregnancy, birth, and those early postpartum weeks twice now, I fully understand the need to share these stories. The magnitude of the experience *does* seem to compel one to put it out there. I blogged my first baby’s birth story within a day or two after she was born. And in spite of the fact that I was completely overwhelmed with a job and two babies after my second, I somehow found time to write her traumatic story—in four parts—online as well. I don’t know that anybody was reading these stories—I just *needed* to get them out of my head and heart and to an audience, whether or not one even existed.

Given the prominence of story in my experience, it was a natural path to narrative inquiry as the methodology for this study. Narrative inquiry “is stories lived and told”
Birth and the experiences surrounding it is a story to be lived and told. With my intent to follow these co-researchers as they experienced their transition, it was an easy choice to learn about their experience through the stories they would tell. People make sense of their life experiences using story; narrative inquirers study experience (Clandinin, 2006).

Making narrative inquiry more appealing as a methodology is its alignment with feminist studies (Barbre, et al., 1989; Clandinin, 1988; Elbaz, 1990). This study is a feminist project, with radical feminist theory as its conceptual framework. While there is no definitive, singular feminist research method, there are five key tenets that characterize research processes as feminist: a focus on gender as an essential category of analysis, an emancipatory, activist goal, the placement of women at the center of inquiry, an emphasis on participatory methods, and a reflexive ethic of caring that attends to the subjective nature of research (Baber, 2004; Brisolara, 2003; M. L. DeVault, 1996; Fonow & Cook, 1991; Kasper, 1994; Reinharz, 1992; Taylor, 1998). These tenets of a feminist methodology are well addressed by narrative inquiry.

Increasingly, researchers are using narrative inquiry in organizational studies (Czarniawska, 2006). “The link between narrative and organizing is now central to the interdisciplinary field of organization and management theory” (Ospina & Dodge, 2005, p. 147). This research project sought to challenge inequality experienced by women within the patriarchal workplace as they negotiated the transition from worker to worker-mother. In
women’s narratives, the dynamics of gender are more apparent than in men’s narratives. Women’s narratives in particular “illuminate both the logic of individual courses of action and the effects of system-level constraints within which those courses evolve” (Barbre, et al., 1989, p. 6). The attention to gender and gender inequality in this study works to uncover the social relations inherent in organizations and larger society that deny the lived realities of these women participants (Kasper, 1994; Taylor, 1998). Research like this study adds to the growing use of narrative inquiry in the field and in feminist work and provides insight into organizational life and the experiences of the social actors within those organizations.

The emancipatory nature of narrative inquiry made it a worthy choice for this project. “Feminist scholarship includes method, theory, and activism; it is subversive and revolutionary. It is about change, not just the liberal emphasis on ensuring gender equality but the radical emphasis demanding transformation of our social world” (K. Allen, 2004, p. 988). My intent was that this study would be emancipatory for both me and co-researchers. What we learned through this research experience is to be used to correct distortions in existing empirical research and theoretical assumptions that do not recognize the centrality of gender to social life (Taylor, 1998). Further, it was my hope that through this consciousness-raising project, co-researchers would be empowered to be active agents in their own right, ready to advocate for change based on what we learned and observed through this feminist project (Brisolara, 2003; Kasper, 1994).
Through stories, narrative inquiry allows the researcher to learn how the social and personal are intertwined, to examine how the larger narratives of cultural, social, and institutional context shape the people’s experiences. The narrative approach enables the researcher to figure out the “taken for grantedness” (Clandinin & Connelly, 2000, p. 78) inherent in people’s stories. This quality of narrative inquiry is especially valuable in a study seeking to determine the influence of patriarchy in women’s lives. That such stories may run counter to the dominant discourse in HRD is particularly important. People’s stories are not created in a vacuum; they are shaped and influenced by the context in which they are formed. Narrative is personal, temporal, and situated and provides important insight into human meanings and actions. Narrative inquiry involves working with those stories that people tell, recognizing that these stories rest on a deeper narrative of which people are often unaware. “Narrative inquiry exposes and explores [experience] as it is lived by everyday people in everyday situations—stories that may be resistant, even disruptive, to the accounts circulating through positions of academic power and authority” (Bowman, 2006, p. 9).

This study makes audible the voices and stories of women, who have been typically marginalized and silenced in more conventional modes of inquiry in HRD (Bierema & Cseh, 2003). Narrative inquiry is a collaborative process, with researchers and participants co-creating the data together (Clandinin & Connelly, 2000; E. Mishler, 1986). This feminist narrative inquiry places these women at the center, as co-researchers in the process and not just subjects of study. Through their stories, co-researchers’ voices are revealed, a potentially
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liberating process for the co-researchers (Carter, 1993; Clandinin & Connelly, 2000; E. Mishler, 1986). “Listening to women’s voices, studying women’s writings, and learning from women’s experiences have been crucial to the feminist reconstruction of our understanding of the world.” (Barbre, et al., 1989, p. 4). Beginning this narrative inquiry from the standpoint of these women provides a way to link their experience with men’s masculinities (Harding, 1991; Hartsock, 1983). Their standpoint is a social location from which these women can observe, relate to, and socially construct, interpret and enact, themselves and others. Through this standpoint, the women’s observations of men and experiences of power and relational systems that are hierarchical can provide information and evidence that would otherwise be lost.

Accounts from the less powerful can make visible the differences between (women’s) experience and the claims about workplace behavior of mainstream theories of organizations and management. They can also correct for bias in critical work on men and masculinities by providing knowledge about men that cannot be provided from men’s perspectives alone (Martin, 2001, p. 593).

I recognize, however, that the standpoint of the co-researchers is partial, situated in specific contexts, and unfinished. Collins (2000) asserts that there is a “matrix of domination,” an interconnectedness of oppressions. She argues that by virtue of our characteristics and contexts, we all experience –isms—sexism, racism, classism—and their interconnectedness differently and from different perspectives. Acknowledging that difference, but by starting
research from these co-researchers’ lives and asking research questions from their perspectives, I attempted to achieve more complete, less partial, improved and superior research results by adding their standpoints to the discourse (Harding, 1991). This approach provided a powerful way to make visible, acknowledge, and critique the masculinist practices in workplaces that are otherwise invisible or unavailable.

Finally, I had a selfish goal in this project: to learn more about myself and make sense of my own experience as a worker-mother. Even though the focus of narrative inquiry is on the co-researcher’s stories, the methodology demands that the researcher participate in the inquiry. Clandinin (2006) describes researcher involvement in narrative inquiry in this way:

Narrative inquirers cannot bracket themselves out of the inquiry, but rather need to find ways to inquire into participants’ experiences, their own experiences as well as the co-constructed experiences developed through the relational inquiry process. This makes clear that, as narrative inquirers, inquirers, too, are part of the metaphorical parade. They too live on the landscape and are complicit in the world they study (p. 47).

The researcher and the participant engage in sharing stories, their voices intermingling as they create the narrative of their experiences and lives. Bruner (2002) suggests that we “don’t look, don’t pause to look” (p. 8) at the narrative structures of our own lives. By engaging with the co-researchers in this narrative inquiry, I am attempting to examine the
narrative structures that characterize not only their lives, but mine as well. Perhaps in this way, I can make meaning of my own experiences alongside those of my co-researchers.

Still, narrative inquiry demands that researchers maintain an awareness—a wakefulness—to their own subjectivities, and to the criticisms that may arise from those outside the inquiry. Narrative inquirers must, again, attend to voice. If the resulting text of a narrative inquiry is too heavy in the researcher’s voice, criticism can arise as to an “abuse of subjectivity” (Clandinin & Connelly, 2000, 148). In narrative inquiry and in feminist research, the researcher must remain sensitive to and balance her own ideological perspectives and voice with that of the co-researcher whose story she seeks to tell. This constant, reflexive attention to researcher subjectivities characteristic of both narrative inquiry and feminist research made this methodology an excellent fit with this project.

**Research Design**

Narrative inquirers begin our studies as we are living our own stories. Similarly, our study participants are in the midst of their own lives and experiences as they enter into the collaborative work of a narrative inquiry. As inquirers “settle in” to living and working alongside participants, a relationship is formed between the two parties (Clandinin & Connelly, 2000). I consider the participants in this research project to be my co-researchers; we collaborated to create the narrative of their individual and collective experiences. This relationship is negotiated throughout the inquiry. This negotiation is particularly important at
entry and exit of the research project (Clandinin & Connelly, 2000). An important part of beginning the project is explaining the purpose of the research.

The process of negotiation for this narrative inquiry took place with six women at various stages of pregnancy. These women were employed full time and intended to return to work postpartum within 12 weeks of giving birth. I planned to work with the women beginning in their first or second trimester of pregnancy. After encountering difficulty recruiting and thinking of no good reason to eliminate potential participants based on trimester, I modified that plan to include women at any stage of pregnancy. I planned to conduct six in-depth interviews with each of the co-researchers, with interviews occurring in the 2nd and 3rd trimesters, two weeks postpartum, one week prior to return to work, two weeks after returning to work, and six weeks after returning to work. Additionally, I planned to conduct observations of each co-researcher at least monthly in informal gatherings. These data collection opportunities would enable me to spend time with each co-researcher “living, telling, retelling, and reliving stories” (Clandinin & Connelly, 2000). The reflexive relationship between telling and retelling or reliving stories is what constructs and reconstructs the narrative of experience. The co-researchers’ various stages of pregnancy and physical complications encountered required some changes to my original plan. We worked together to make time for interviews and observations throughout the time period.

Document analysis and field notes were also a part of my data collection. I maintained regular written communication with all the co-researchers, and their emails
became an additional data source. Co-researchers provided written organizational leave policies when they could. In our first meeting together, co-researchers were given a journal and asked to write about their experiences approximately weekly or as desired. Both the co-researchers and I remained open to additional sources for data and we identified other resources as our work together progressed. These sources included a written birth story from a partner and an email from a supervisor.

Data collection with the co-researchers took place over fourteen months. I transcribed interview data throughout this period, and provided co-researchers copies of their transcripts to review. Several co-researchers offered feedback and explanatory notes on transcripts, providing deeper insights into their experiences through this reliving and retelling. Co-researchers ended their period of formal participation gradually, with each co-researcher phasing out at the six week mark of her post-return to work. I continued to maintain regular contact with the co-researchers long after their formal participation, as we worked together to begin creating the written representation of our work together. Co-researchers filled holes in the data, answered additional questions, and clarified stories as I analyzed the data.

I marked all of the available data to identify the narratives included. I wrote a self-reflexive statement that described my ideological position and identified issues related to the study. I then coded the data, paying particular attention to places where my ideological concerns were evident. I then wrote a series of generalizations based on the data coding that
represented potential relationships between my ideological concerns and the data. Returning to the data, I re-coded the entire data set, regrouping and recategorizing data as necessary, determining if my generalizations were supported or refuted. I then wrote a five page summary of the final set of generalizations. This summary was shared with the co-researchers, and we negotiated the content therein. I wrote a revised summary based on this input. For each co-researcher, I wrote a descriptive portrait that captured her transition experience. Then, I wrote a narrative of the collective whole. This narrative is included in Chapter Four. I devised a model to visually represent the transitions of the co-researchers. This model and the accompanying analysis of the co-researcher’s experiences is included in Chapter Five.

Ethical matters are always a concern during a narrative inquiry study. These concerns ebb and flow throughout the inquiry process, but must always be in the front of the mind of the researcher. In addition to the care required in negotiating entry and exit of a narrative inquiry, there are several other issues highlighted by Clandinin and Connelly (2000) that guide the ethical focus of this study: anonymity, relational responsibilities, researchers as storied people, fact vs. fiction, and wakefulness.

Anonymity of study co-researchers is a complex issue that goes beyond the completion of institutional ethics forms. Co-researcher desires regarding their own anonymity may change over the course of an inquiry, and addressing anonymity of peripheral characters in stories is an ongoing concern. Concerns about “relational responsibilities”
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reference considerations of how a story or stories might affect those with relationships to the researcher or the co-researchers, who cannot be made anonymous (Clandinin & Connelly, 2000, p. 177). Researchers conducting narrative inquiries must also be cognizant of and sensitive to how co-researchers story us to others. Running counter to co-researchers’ stories can create tensions. Another concern is the truthfulness of the stories told during a narrative inquiry. Questions about the factuality or truthfulness of what narrative inquirers write about are difficult to answer. A final ethical concern is the wakefulness of the researcher. Narrative inquirers must be open and receptive to critics. Being mindful of criticism and aware of what “those on either side of the reductionistic or formalistic boundaries might think or say of our work,” (Clandinin & Connelly, 2000, p. 182) is important in the development of an ethical narrative inquiry researcher.

**Study Population**

For this study, I sought six women who were pregnant for the first time and working, and who intended to return to work following the birth of their child. My intention was to select a diverse sample of women according to age, sex, race, and social status. I hoped to include women who worked in career positions as well as earner positions and who chose to return to work both for voluntary and economic reasons. I planned to select women in their first or second trimester of pregnancy.

The first co-researcher to join the study, Sydney Page, was referred to me by a co-worker almost immediately after I began searching for participants. Recruiting additional co-
researchers proved to be more challenging. I contacted obstetrics offices and health departments in five counties, placing fliers in no less than ten locations and requesting referrals. A copy of this flier is included in Appendix A. I was contacted by only two women as a result of these fliers. Monicquea Stuttgart became a co-researcher, while the other did not meet the criteria because she was in her third trimester. Shortly after, a classmate, Suzannah Hochschild, who was also in her third trimester, requested to participate in the study. I eliminated the trimester restriction to allow her to join the study and to broaden the net in the search for participants. After three months with no additional interested parties, I placed an advertisement on Craigslist. Amber Lynn, Carrie Johnson, and Michelle Murphy responded and I exchanged emails with each woman. This exchange constituted a type of screening interview to briefly explain the study purpose and the participation goals, assess their women’s demographic information, and confirm their desire to participate. A sample of the email I sent in response to inquiries from the Craigslist ad is included. (See Appendix B) In this exchange, we scheduled the first meeting and interview. With the addition of these three women, the sample was complete. The sample of six women ranged in age from 25 to 32. Five were White, one was African American. Five worked in career positions, while one worked in an earner position. Recruitment of the sample took a total of four months. Michelle Murphy completed the first interview, and then withdrew from the study. I opted not to use the data from her first interview because it provided so little information regarding her transition. The final study sample includes four White
women and one African American woman, with all five co-researchers working in career positions. Ages range from 25-32.

Identity protection of study participants is a valued and expected quality of research. University ethics boards require anonymity and I offered pseudonyms to my co-researchers from the start. Anonymity, however, is amorphous in narrative inquiry and is continuously negotiated throughout the research process (Clandinin & Connelly, 2000). I found this changing nature of anonymity to be true in this project. When recruiting study participants, one of the first questions each asked me was if she could remain anonymous. We negotiated their pseudonyms in the first interview, and I identified all of their data thereafter with their pseudonyms. As time went by and the co-researchers became more confident about their participation and the stories they shared, anonymity seemed to become less important for some. Given the emancipatory nature of narrative inquiry, this did not come as a surprise; instead, it was an encouraging signal to me that the co-researchers were claiming their voices. As the co-researchers concluded their final interviews, I asked again if they wished to remain anonymous or if they wanted to be recognized for their contribution to the work we were doing. Each woman expressed no firm opinion regarding being identified and left it up to me to decide. Because I had not given the co-researchers the choice to be named in the study early on and thus, did not have formal written permission, I opted to proceed with their pseudonyms. As I wrote the research texts and shared those drafts with the co-researchers, I again solicited their feedback regarding the use of their pseudonyms. In draft texts, I
identified the names of other characters and places in their stories—their children, partners, supervisors, co-workers, cities, and workplaces—and asked that each co-researcher notify me if this choice was undesirable. Only one co-researcher felt discomfort in seeing her place and character names in the research text and asked that I render her data with more anonymity, which I did. The other co-researchers asked that I proceed with the drafts as they were written.

In the first interview, each co-researcher signed an informed consent form that indicated their willingness to participate in the study and issuing me permission to use their data in the study. This informed consent form is included in Appendix C.

**Data Collection**

Interviews, observations, and document review were the primary sources of data in this study.

**In-depth interviews.** A feminist methodology advocates participatory methods of data collection that break down the separation and hierarchy dividing the researcher and the researched (Taylor, 1998). Woman-to-woman talk has been characterized as “the heart of feminist theorizing,” as such exchanges provide an opportunity for women to speak fully about their experiences (M. Devault, 1990, p. 98). I selected a semi-structured interview method as the primary method of data collection for this study. This method allows women to describe their experience in their own terms, builds a more equal relationship between interviewer and interviewee, and encourages participants to contribute new research
questions as they emerge based on their experiences (Taylor, 1998). I interviewed each of the women as many as six times over the course of their pregnancies and return to work postpartum. The number of interviews varied by co-researcher, and was dependent on trimester of pregnancy at study entry, health of mother and baby thereafter, and time constraints of the co-researchers. The goal was to interview each co-researcher six times: during the women’s second and third trimesters of pregnancy, two weeks postpartum, a week prior to their scheduled return to work, and two weeks and six weeks after they return to the workplace.

In a narrative inquiry, the style of interviewing is different from that of other methods of qualitative research. The co-researcher’s voice must be given room to be heard; the researcher should not be the dominant voice. Co-researcher stories should be allowed to emerge naturally, rather than coaxed or shaped by the researcher. Researchers must strive not to interrupt or send physical “signals” that silence or shorten the voices of the co-researchers (E. Mishler, 1986). While the questions in narrative interviewing are important, the way the researcher asks the questions are also important. Questions and questioning are “part of a circular process through which its meaning and that of its answer are created in discourse between interviewer and respondent as they try to make continuing sense of what they are saying to each other” (E. Mishler, 1986, p. 53-4). Researcher and co-researcher grow together through this process, “getting into [the] deeper or larger story” (Atkinson, 1998, pp. 4-5). I found the most effective way of eliciting stories from the co-researchers
was to encourage them to talk about what was going on in their lives at that particular moment in whatever way they chose. When I phrased questions specifically with “tell me a story,” I found this confused the co-researchers or made them self-conscious. Instead, if I asked, “tell me how things are going with [pregnancy, work, the baby, your mate…],” the stories emerged naturally. This approach more closely resembles Riessman’s (1993) “conversation” (p. 58) than the traditional interview format.

Interviews were semi-structured, based on Seidman’s (1991) three-interview series. Using this approach, early interviews focused on the context of co-researchers’ lives and the lives of those around them. As this greater context became clear, interviews then concentrated on the details of the co-researchers’ experiences at each period. Concluding interviews asked the women to reflect on the meaning of their experiences. I wrote basic interview guides to help target these types of stories. (See Appendix D) I found the guides most useful for co-researchers who were less talkative. These semi-structured and prepared questions aided me in prompting the less loquacious members of the group to share their stories. Generally, though I found that I used these prepared guides only infrequently. Instead I focused on building subsequent interviews around questions that arose from the telling, retelling, and reliving of the stories of the co-researchers (Atkinson, 1998; Clandinin & Connelly, 2000). When one woman told a story about a particular experience or emotion, for example, I made a note to ask the other co-researchers about that same experience or feeling. The staggered progress of the co-researchers through this transition made this
approach particularly useful. As the first woman encountered the experience of birth, for example, I was able to build questions for the next woman based on the story of that first co-researchers’ experience.

Although six in-depth interviews per co-researcher was the goal, we fell short in several cases due to a variety of conflicting circumstance. Timing of interviews was always close, but sometimes missed occurring exactly on the time frame planned. For example, schedules did not always allow the two week post-return to work interview to occur at exactly the two week mark. The co-researchers and I strove to be as accurate in our timing as possible, whenever possible. Interviews varied in length from one hour to nearly two hours and were recorded digitally.

Sydney Page was interviewed four times, once in her second trimester, two weeks postpartum, a week before her return to work, and two weeks after her return to work. We were forced to skip her third trimester interview as she struggled with complications, bed rest, and false labor. Her final interview was missed because her baby was in the hospital, and Sydney began encountering difficulties in her marriage that prevented her from continuing. Suzannah Smith completed five interviews, one in her third trimester, when she began participating in the study, again at two weeks postpartum, one week prior to her return to work, and two and six weeks after her return to work. Monicquea Stuttgard completed four interviews, once in her first trimester, second trimester, two weeks after her return to work, and six weeks after her return to work. Monicquea’s third trimester and two week
postpartum interviews were missed when we lost contact temporarily in the midst of her and her baby’s emergency hospitalization. Amber Lynn completed all six interviews. Carrie Johnson completed five; at her two week postpartum interview, which actually occurred closer to three weeks after her child’s birth, we determined that she was returning to work just a week later. Since these two interview time frames overlapped, we decided to wait until her two week post-return to work to talk again.

Observation. I also conducted observations during the course of the study. Observation is used by most qualitative researchers and has been described as “the fundamental base of all research methods” in social science (Adler & Adler, 1994, p. 389). Observation is also an important part of narrative inquiry, capturing the researcher’s interpretation of the events therein (Clandinin & Connelly, 2000). Observations of the co-researchers occurred approximately monthly, but tended to cluster in more quantity in the months of pregnancy, when I was not meeting with the co-researchers as frequently for interviews. For co-researchers I began working with early in their pregnancy, there were more observations. For those beginning work in later pregnancy, observations were less frequent. Postpartum, four interviews occurred on a short timeframe, especially for the women who took short maternity leaves. Generally, I did not schedule additional observation meetings during these times, when I felt the co-researchers already had much going on in their lives in addition to the interviews. In these later interview meetings postpartum, I attempted to schedule time when possible to visit with co-researchers either
before or after interviews when the tape recorder was off. Overall, I scheduled observations on what I felt was an “as needed” basis. If a month had gone by without a visit with a co-researcher, I attempted to schedule a meeting.

Observation meetings took the form of informal, non-structured meetings, such as lunches and dinners or personal visits to co-researcher homes and other public places. The goal of these observations was to watch the co-researchers living their lives as pregnant, working women, new mothers, and worker-mothers. This technique enabled me to study body language and other cues that added meaning and dimension to the words of my participants (Angrosino & de Perez, 2000). My role in these observations was one of active-member-researcher. In this position, I immersed myself in the settings of my co-researchers and played an active part in the settings (Adler & Adler, 1994).

Extensive field notes were written as soon as possible following all observations in the style and manner recommended by Bogdan and Biklen (1997). These descriptive field notes detailed what occurred in the meetings, what I observed, and contained reflective accounts of my thoughts during and in response to the observations. These reflective, personal comments were bracketed separately from the descriptive account of the meeting and marked as “observer comments” (Bogdan & Biklen, 1997). These field notes constituted my “active recording” of our meetings together (Clandinin & Connelly, 2000). Since my visits with the co-researchers were often quite a distance from home, I often recorded my observation notes digitally while driving. I then transcribed them in a narrative, journalistic
style, on the computer. When I met with co-researchers locally, or spoke with any of the women on the phone, I often hand wrote notes first. I frequently found myself without a babysitter, and was sometimes unable to sit down at a computer right away. My recorder and pen and paper were always handy, however. Recording and handwriting notes allowed me to capture my observations and reflections in a more timely manner, yielding richer, more reliable data. I then transcribed these notes on the computer when I had time available.

I was able to complete six observation meetings with Sydney Page. She was physically located the closest to me of all the women, and was the first co-researcher to join the study. It seemed easier for us to gather informally than it was even to make scheduled interviews. I recorded three observations with Suzannah Smith. Suzannah was physically located the farthest distance from me, and began participating late in her third trimester. I endeavored to spend extra time with Suzannah on either side of some of her interviews. Monicquea Stuttgard and I met three times informally during her participation in the study, and I conducted one observation each with Amber Lynn and Carrie Johnson. Both Amber and Carrie had very tight schedules and were located just far enough away from me to make coordination of meetings difficult. Carrie invited me to observe her at work, but I was unable to coordinate child care around the dates she was available in court. While frustrating, I found this sort of life balancing complication to be representative of the types of struggles worker-mothers encounter on a regular basis.
**Document analysis.** Document analysis constituted the final method of data collection for this study, and enabled me to gain a broader understanding of the issues investigated (Maxwell, 2005). Documents collected as data in this study include workplace policies, emails, essays, and journals.

I asked each co-researcher to share any relevant workplace policies and documentation regarding workplace pregnancy, maternity leave, and schedules if they could. Two participants were able to provide written documentation from their workplaces regarding FMLA. I also exchanged regular emails with the co-researchers and retained these archives of our conversations as documents for analysis. Carrie Johnson forwarded an email from her supervisor, and shared with me an essay her husband wrote of her birth story. I utilized both of these documents for analysis. Monicquea, who communicated much better in writing than in person, took to drafting short essays in response to additional questions I posed as I wrote the research text. These documents were very useful in explicating the sometimes sparse interview data I had from her.

Each co-researcher was given a journal in the first interview and asked to capture thoughts and emotions on at least a weekly basis during the course of their participation in the study. Journals are often used as data sources in narrative inquiry (Clandinin & Connelly, 2000). As it turned out, the co-researchers did not use this avenue of expression. As I got to know them and observe them in their lives, it became apparent to me that the journal was too much. These women had so much going on in their lives, sometimes it was
all we could do just to get together for coffee. Babies in tow, they would haul their bulky car seats down buffet aisles, balancing trays and juggling diaper bags, doing their best to meet my research needs, their babies’ needs, their employers needs, and maybe, if there was time and energy, their own. In retrospect, I might have expected the journal to be an unreasonable request, but at the time, it was impossible to know if such a device might be useful. In the case of Monicquea, a journal might actually have been a wonderfully helpful addition to her data for me, but Mo tended to write only when I solicited it from her. Suzannah was the only co-researcher who said she used her journal once or twice, but she was loathe to share it with me. She said she used it as a venting device and felt it did not represent her experiences in fair light. I did not press, and considered the co-researcher journal to be a learning experience for us all.

I, however, did a fair job of keeping my own researcher journal. Like Suzannah, I tended to write as a way of venting frustration. During the research process, I struggled a great deal in balancing my own work and family responsibilities. It was a regular challenge to cover my children’s care as I went out to visit or interview the co-researchers. I had difficulties finding and keeping a child care provider. Work requirements called, I often got tired and cranky, and I struggled especially on days that my children clung, one on each leg, and cried for me to play with them instead of transcribe. Those nights, after my kids were in bed, I would write about how difficult this was for me, and reflect on how my experience was like or differed from the stories and lives of my co-researchers. This method was very
useful to me in keeping tabs on and understanding my own positionality throughout the study. This tracking of my positionality, reflexivity, and subjectivity was for me a valuable form of maintaining the wakefulness so important in a narrative inquiry (Clandinin & Connelly, 2000).

**Data Analysis**

Analysis involves a systematic search for meaning in mountains of data. Researchers must organize and ask continual questions of the data in a search for patterns, relationships, and themes so as to develop explanations, interpretations, critiques, or theories (Clandinin & Connelly, 2000; Hatch, 2002). This process of making meaning is a complex one for narrative inquirers, as there is no step-by-step procedure, no “clear path to follow that works in each inquiry” (Clandinin & Connelly, 2000, p. 134).

In conducting the narrative analysis of my data, I drew from the work of Mishler (1986) and Hatch (2002). I transcribed the recorded interviews and observation notes myself. As I transcribed, I often paused to write conceptual memos or other notes to myself. I wrote these memos on the computer. These interview transcriptions and memos, along with all emails and other computer-based documentation were then imported into NVivo 8, a qualitative data analysis software program. Since I do not enjoy reading from a monitor, I printed copies of all of these documents for reading. I tried to suspend any questioning of the data in my first reading, and just take in the data as a whole. As I read, I kept at the forefront of my mind the central questions I had of the data at this stage: What is the story here?
What is this story about? (Hatch, 2002; E. Mishler, 1986). I then re-read my research questions, conceptual framework, and literature review.

I began my focus with the interviews, reading them all a second time, this time in NVivo. At first, I identified and marked stories told in the interviews, coding or marking them with the NVivo tool as “Story” at this beginning stage. I created a start list of codes using my research questions, conceptual framework, and literature review (Miles & Huberman, 1994). That start list is included in Appendix E. I then began open coding, assigning codes from the start list as well as in vivo codes (Strauss & Corbin, 1990). I used the words of the co-researchers as often as possible. After following this process on four interviews, I felt it had not been effective. The stories I had marked as wholes were broken up, and the central question, what is this story about, was no longer evident or answerable.

Following Wiessner (2001) as an exemplar, I attempted to create an analysis tool to treat the stories holistically to relate them to the research questions and study purpose. Although I was able to draft a tool similar in style to Wiessner’s, I found it difficult to incorporate the tool into NVivo. Ultimately, I kept the tool as a separate document, and attempted to code the data in NVivo using the categories on the tool. I coded the same four interviews in this way and again, found it ineffective. While the tool worked well for identifying decisions made by the women and their stated reasons for their decisions, it was less effective at helping to illuminate patriarchal influences in a way that seemed meaningful to me. Tracking the data inside the tool, but outside of NVivo, was overly complicated and
only served to scatter my thoughts instead of lead me to a more integrated understanding. Again, I abandoned the approach.

I then turned to Hatch’s (2002) political model of data analysis. This model provides a framework for analysis that “builds in analytic integrity so that findings are grounded in data while acknowledging the political nature of the real world and the research act” (Hatch, 2002, p. 191). The narrative bent of this approach appealed to me, and I felt I could effectively balance the steps of this framework with Mishler’s (1986) focus on story.

After re-reading the data in its entirety again, I drafted a self-reflexive statement in which I expressed my feelings and beliefs about patriarchy, women, motherhood, and work. Further, I wrote down my best guesses about what was “going on” in the lives of the women I studied. Finally, I made a list of the issues I identified in the second part of this statement to help guide the next stage of analysis. This statement is included in Appendix F. This step was a challenge, and I found it useful and somewhat liberating to organize my thoughts and beliefs in this way. This exercise enabled me to think through my ontological and epistemological assumptions and clarify my own beliefs and expectations about the study. This statement was another useful way I felt to remain wakeful to the influence of my perspectives on my research.

Armed with my explicated list of issues, I then began again reading the interviews and looking for data related to the issues I identified. I did this by reading each interview and asking, What is this interview about? (Wiessner, 2001) I then focused on each story in each
interview, and asking again, What is the point of this story? I made an effort to sit quietly after asking this question about both interviews and stories, allowing an opportunity for further insights to develop about the stories in the data (Lieblich, Tuval-Mashiach, & Zilber, 1998). When I felt I knew what the interview was about, I often wrote a memo to that effect in the NVivo tool and linked it to the interview. When I felt I knew what the individual stories inside the interview were about, I wrote annotations, the equivalent of marginal notes in NVivo, and linked them to the stories. If I felt the crux of the story was related to one of the issues I identified from my statement, I coded it as such. Often, I identified a new issue and created a new code for that issue. If an issue seemed to bear no relation to the data, I removed it from the list. I continued with this process until I had coded data for all the interviews with all of the issues, refining the list to include any new issues that emerged and deleting those that did not seem associated with the data. I repeated the process for observation notes, essays, emails and workplace documentation.

As this process unfolded, I felt the need to tweak the research questions a bit. The data provided rich information about social roles, and these social roles extended beyond the workplace while still impacting the women’s experience at work. I also found that what I was learning about from the women was the impact of these factors on the choices themselves, rather than on the process for making those choices. After working with the data, I felt the first question about patriarchy should focus on the women’s perceptions, and the second one should duplicate the question, but from the researcher’s perspective. I also
found I preferred the word “choice” to “decision.” Thus, I modified the research questions in response to these changes. My original research questions regarding the influence of patriarchy were:

- In what ways do these women perceive the patriarchal structure of the workplace to influence their decisions?
- In what ways does the patriarchal structure of the workplace shape the decision making process of first time mothers?

The modified questions are:

- In what ways do these women perceive the patriarchal structure of the workplace and society to influence their choices?
- In what ways does the patriarchal structure of the workplace and society influence the choices of first time mothers?

The negotiation of the wording and order of the research questions continued throughout the process, but ultimately, these were the final versions.

With the stories coded, some associated with several issues, NVivo proved very useful. The tool allowed me to view all data coded to a particular “node,” or code. I printed and studied the data coded to each node, examining them one issue at a time. With this reading, I searched for relationships between the stories of my co-researchers and the ideological issues identified in my self-reflexive statement. In this step, the goal was to pull the data into sets, to study for connections between what I thought would be there and what
actually was there. I asked myself, What evidence exists in my data to support, modify, refine, or contradict my beliefs about what is going on in this setting? (Hatch, 2002) As I went through this step, I found that again I was faced with newly emerging issues or changes that required a continuous refining of the list. Once this process was completed, I wrote a set of generalizations related to each of the issues and based on the data.

I then returned to the entire data set with my refined set of issues and corresponding generalizations. First, I again re-read the entire data set. This moving back and forth between the whole and the parts ensured that I didn’t acquire tunnel vision or lose sight of possible connections between issues rather than just within them. I then coded the data based on each generalization. Once all of the data had been coded in this way, I again pulled all of the data associated with each node. I read the data in each node and asked the question, Is this generalization supported by my data? (Hatch, 2002) If the answer was no, I continued to refine or modify the generalizations until I was able to answer yes for each. That meant that some generalizations were added, some were lost, and some were merged with others. The final list of generalizations is included in Appendix G. In this step, I tried to mark salient quotes for use in the final narrative. When this process was complete, I drafted a summary report that captured the final version of my generalizations in narrative form.

This draft summary was shared with the co-researchers. For some, reading about their own experiences in relation to the others was an emotional thing. Since this summary directly addressed issues of oppression and patriarchy unveiled, there was some discomfort
among some of the co-researchers. My hope was that this process would be a form of consciousness raising, and thus be transformative for the women, and in many ways, I think it was. The co-researchers provided valuable input, and we negotiated modifications to the narrative. I revised the summary, and returned to the excerpts to support the narrative text for chapter four. The final revised summary is included in Appendix H.

To begin development of the narrative, I drafted portraits of each woman, summarizing her experiences during the transition. I then drafted a narrative that wove the stories of the women into a collective whole. As I wrote this narrative, I employed a feminist “deep identification” technique. Forming identification within the study “breathes life into that which is studied and into the woman doing the study….to break out of conventional scientific strictures” (Reinharz, 1992, p. 232). In identifying, I disclosed myself when it felt right, sharing my own stories and inviting the reader to identify with me and the co-researchers in the story. A valuable result of this technique was an enhanced understanding of the stories and experiences of the co-researchers by me as the researcher and hopefully, by the reader (Reinharz, 1992). This holistic narrative was shared and the content negotiated with all the co-researchers. This narrative is included in Chapter Four.

As a final step, I attempted to draw a picture that would capture the women’s transitions in visual form. My hope was that this would help further illuminate for me the factors that influenced the women’s experiences and choices and, in particular, situate patriarchal influences in their transitions. This was a very useful activity. I talked through
the model with a peer reviewer and this further enhanced my understanding. Having to explain my thoughts coherently to another person enabled me to refine my ideas and highlight weaknesses or inconsistencies in the model. I held the model up against each co-researcher’s portrait, seeking contradictions. When I felt satisfied that the model was a fit, I used it, along with the generalizations and summary to draft chapter five, the analysis of the findings. The model is included in Chapter Five.

**Wakefulness and Trustworthiness**

Verification and validation of study findings are important in any research study (Miles & Huberman, 1994). For narrative inquiry, traditional criteria for quantitative studies, such as validity, reliability, and generalizability do not fit. The criteria for the conduct of a well executed narrative inquiry is the subject of discussion and thought in the research community (Atkinson, 1998; Clandinin & Connelly, 2000; E. Mishler, 1986). Clandinin and Connelly (2000) assert that each researcher must define the criteria most appropriate for their work. For these researchers, wakefulness is a criteria that “most needs to characterize the living out of our narrative inquiries, whether we are in the field, writing field texts, or writing research texts and wondering about what criteria to use in a particular narrative inquiry” (Clandinin & Connelly, 2000, p. 185). Mishler (1990) suggests trustworthiness as an appropriate standard for narrative inquiry. The criteria of trustworthiness, “displaces validation from its traditional location in a presumably objective, nonreactive, and neutral reality, and moves it to the social world – a world constructed in and through our discourse
and actions, through praxis” (Mishler, 1990, p. 420). Thus, I have selected wakefulness and trustworthiness as criteria for the conduct of this work.

Traditional scientific inquiry assumes objectivity—that there is a truth “out there” to be discovered that is separate from the subjective knower. A feminist methodology values reflexivity, “the idea that the subjective experience, including actions and feelings that derive from the researcher’s own social location, influences the production and interpretation of research” (Taylor, 1998, p. 368). Revelation of the positionality and subjectivity of the researcher, then, is a fundamental value of feminist research (L. Bierema, 2002). This awareness of who I am and what I’m doing and why is also an important aspect of wakefulness in narrative inquiry (Clandinin & Connelly, 2000).

I am a training professional and scholar who is White, middle class, heterosexual, and feminist. I have been through the very phenomenon I have studied through this narrative inquiry. In order to determine how my own subjectivities and positionality affect my research, I must first identify those subjectivities and positionality. After some soul searching, four main categories stand out as particularly salient: my status as a novice researcher, my personal experience with the topic, my personal characteristics, and my values.

This study represents my first real venture into the world of qualitative research. It is my first attempt at a narrative inquiry. As such, I lack experience. Even standing at the completion of this project, I realize the more I learn, the more I have left to learn. At the
outset of this project, I found it difficult to quantify my subjectivities and positionality and
found it even harder to imagine how they (and others I could not yet identify) would come
into play as I ventured down this path. Reading other researchers’ stories about their
research experiences (Deutsch, 2004; Fine, Weis, Weseen, & Wong, 2000) helped a great
deal in speculating on how similar or different my experience might be, given my knowledge
of myself in comparison to the authors. These researchers pointed out how much they
learned about their subjectivities / positionality as they went through their studies. In other
words, no matter how much they seemed to prepare, there was always more to discover and
analyze as they went along. I did my best to prepare, but I believe my experience of
discovery was similar.

My inexperience as a qualitative researcher and a narrative inquirer has impacted my
research in several ways. This lack of experience at first limited my ability to identify and
plan for coping with my subjectivities and positionality from the beginning of this project.
This was unavoidable, and I coped by preparing as best I could. More significantly,
grappling with the fluid and sometimes indefinite nature of narrative inquiry was difficult. I
wanted the data collection, analysis, and writing of the research text to follow discrete, well
defined steps—but that is not characteristic of narrative inquiry (Clandinin & Connelly,
2000). Indeed, the movement between these parts of the process throughout the study
characterized my experience and frankly, made my crazy some days. Even now, as I draft
this final report, the study doesn’t feel over. I believe I could analyze the data for the next
BECOMING A WORKER-MOTHER: UNDERSTANDING THE TRANSITION

lifetime and not feel finished. That has been disconcerting and difficult for my shaky confidence as a researcher. I often have felt like a poser, as if I was merely impersonating a narrative inquirer and praying no one revealed my charade. To rescue me from myself and address the trustworthiness of my study, I used exemplars as a means of establishing trustworthiness (Mishler, 1990). Exemplars “constitute normal practice” (p. 423) within an area of work such as narrative inquiry. I utilized the work of Mishler (1986), Clandinin and Connelly (2000), and Wiessner (2001) as exemplars in this study’s design and execution.

Colleen Aalsburg-Wiessner served as the master to my apprentice as I began this study, but I lost her too soon to death and cut short my tutelage. I relied on her work among the others as exemplary narrative inquiries, modeling my method of data collection and analysis to theirs.

My inexperience is but one aspect of my positionality and subjectivity. My experience is quite another. I have my own story about my experiences transitioning at work around the birth of my first child. It is a story full of struggle, joy, hurt, wonder, tears, laughter, and frustration. My emotions around the issue are varied and intense. My transition was not easy—and in fact, it is still in progress almost 5 years after my daughter’s birth. This experience colors everything about my research. It led me to my choice of this topic. My desire to explore the uniqueness or commonality of my experience helped me in defining this study’s problem statement and developing specific research questions. My feminist values, underscored by my own struggle, formulate my conceptual framework. My perspective, earned by my experience, still comes through in my language, in spite of my
attempts to develop awareness and sensitivity to that tendency. I sometimes found myself referring to “obstacles” and “barriers” the co-researchers faced as they made their transition. I often had to catch myself and remember that it may not have been a difficult transition for some of these women. I had to learn never to assume. This has been very difficult for me, because I find the possibility that a transition such as this would be “easy” to be nearly incomprehensible, thus effectively drawing a line under how distinctive and influential is my perspective. I also sometimes caught myself probing for similarities with my own experience, and seeking stories that demonstrated a struggle or issues of power. I think to some extent, such was the nature of this project, as I tried to answer the research questions. But I attempted throughout the study to maintain a keen awareness of these tendencies, to avoid them when I could, and to keep them in the front of my mind as I conducted analysis. I questioned myself always, “Is there really something here, or do you just want there to be?” Finally, I selected a method of narrative analysis that honored and made explicit this subjectivity, and kept the influence of my perspectives in the forefront of analysis, a process that I believe strengthened my final results.

As I learned about the experiences of the co-researchers, I found myself dealing with complex emotions. I felt protective of and a kinship with the women whose experiences were like—or worse than—my own. These stories validated my own struggles. Those are the stories I expected and, if I’m honest with myself, even hoped for. I suspect my tenderness for the plight of Sydney and Monicquea comes through in my writing. I’m not
sure it’s reasonable to expect that I not empathize with the women who struggled. I came to care for all of these women; to see them hurt was an uncomfortable experience. Conversely, I sometimes felt envious and disbelieving of women whose experience seemed easier, whose transitions went smoother. I envied the complication-free pregnancies of Suzannah, Carrie, and Amber. I marveled at their enjoyment of the condition. This was not something I could relate to, and their stories were a novelty for me. Because I care for them, too, however, I was joyful for their good fortune.

To help address these issues, I spent significant time in the field, as recommended by Lincoln and Guba (1985). This allowed me to seek negative instances and rule out premature theories. The mixture of observation, interview, and document review data collection techniques were employed so that data could be triangulated to confirm analyses (Lincoln & Guba, 1985; Miles & Huberman, 1994). Observations were descriptive and as judgment-free as possible (Bogdan & Biklen, 1997). Finally, I worked regularly with a peer research partner who reviewed my analyses to support or refute my conclusions, a technique endorsed by Lincoln and Guba (1985).

Again, I am a White, middle class, 38 year old woman. I voluntarily chose to go back to work after the birth of my daughter. Some of my co-researchers were unlike me. Some were of a different race, all were younger. Some went back to work because they had no choice. It is here that issues of representation concern me. Alcoff (1991) explores the issue of speaking for Others. She argues that “the practice of speaking for others is often born of a
desire for mastery, to privilege oneself as the one who more correctly understands the truth about another’s situation or as one who can champion a just cause and thus achieve glory and praise” (p. 29). I acknowledge that speaking for my co-researchers hopefully earns me an advanced degree and a certain amount of recognition; thus I constantly analyzed both my motives and my words throughout the study. I spent a lot of time with the co-researchers, and strove to develop relationships with them that would enable them to trust me, to feel comfortable enough to share their stories. Still, Shope (2006), through her own experience, cautions that no matter how much time you spend with a group or culture or individual, no matter how much you believe you understand them, your voice is never theirs. Yours is always an interpretation of theirs. Did I get it right? Was I capable enough? Aware enough? I share gender with all of my co-researchers, as well as the physical experiences of pregnancy, birth, and working, even if my perspective about it differs. With some of them, I shared friends, home towns, similar backgrounds, and experiences. Potentially, these commonalities moved me to a more insider position. This positionality likely impacted the depth of response from and relationship with my co-researchers, and thus the quality of the data. However, no matter the similarities, no matter the depth of relationship nor how close I am to these women, my voice will never be theirs. I never forgot this.

In an effort to “get it right,” I worked closely with participants to co-construct the data. Feminist research is characterized by this type of collaboration and co-creation of data (L. Bierema, 2002). Collaborative work is the stuff of narrative inquiry (Clandinin &
Connelly, 2000). I performed member checks and regularly reflected to the co-researchers the data we co-created. Together, we worked to ensure that I accurately represented the stories they wished to tell (Miles & Huberman, 1994). Engaging the co-researchers in this way was one way of building in trustworthiness of the narratives (Mishler, 1990). Interviews were transcribed verbatim to capture the co-researchers’ words in their complete and original form (Bogdan & Biklen, 1997). Field notes were be written as soon as possible following observations and were descriptive and detailed (Bogdan & Biklen, 1997). All of these techniques used in combination helped me to gather rich, meaningful data that is as accurate and representative as possible (Lincoln & Guba, 1985).

Last, I believe my values had a tremendous impact on my research. Herein lies the value of Hatch’s (2002) model of analysis for this project. I believe in gender equality; I believe women should have the right to equal work for equal pay, and equal treatment, even if they pause to have and care for a child. I value women’s stories and voices. I value strength, family, and the hard work of motherhood. I value work and social contribution. I value relationships. These things most certainly impacted my research. From the beginning, these values affected the way I framed the research problem—even what I see to be the problem. They affected the goals of my research. They undoubtedly affected the type and nature of the relationships I built with my co-researchers and my interaction with each of them. This phenomenon was, I think, unavoidable; my presence in these women’s lives must have had an effect on their words. In feminist research, topics are produced collaboratively,
often deriving from established areas of shared experience (M. Devault, 1990). Thus, the reactivity of the participant to the researcher is an expected and acceptable part of the process and construction of data. Says Hatch (2002), the goal of acknowledgement of these issues is not to “admit some bias that has to be somehow held in check,” (p. 194) but to make explicit where I stand, why, and what it means to the study. “Your belief system [guides] how you proceed and [shapes] what you look for. Within the assumptions of this paradigm, that is not a problem to be managed; it is a reality to be understood and utilized” (Hatch, 2002, p. 194).

**Study Limitations**

One of the limitations of this study relates to the sample. Because of the difficulties I encountered in recruiting, I was unable to be selective with regard to demographics. Thus, the sample lacks the diversity I had hoped to achieve. The group of women was close in age, socioeconomic status, and all were career workers. Four of the five were White, and all of the women were highly literate and college educated. For the duration of their formal participation in the study, all had partners in parenting. I had hoped to find a more diverse sample, as the literature has shown that the perceptions, decisions, and experiences of women at work who are transitioning to motherhood vary according to age, sex, race, and social status, as well as career and earner positions (Higgins, et al., 2000; Yoon & Waite, 1994). The study, then, is limited in its transferability. Further, had I been able to acquire a more diverse sample, I believe the findings would have been less subject to the critique of researcher bias.
The women in this study had a lot going on in their lives during their participation. They were attending to their relationships with their partners, keeping their households functioning, working full time jobs, and coping with the physical realities of pregnancy, birth, and postpartum care of infants. Adding participation in a research study was just another iron in the fire for each of them. Scheduling conflicts often came into play as a result, and I was not able to achieve the data collection goals of six interviews and monthly observations with every co-researcher. Thus, there is more, and more complete data available for some co-researchers than others. My goals for data collection were lofty in the face of these women’s life demands, and I believe we still were able to create a clear narrative picture of each of the women’s experiences. The co-researchers stuck with this to the end, and participated in further discussions and data collection up until this final document was complete, a common experience in narrative inquiries (Clandinin & Connelly, 1990). I believe in the narrative we created together as a fair and thorough picture of their experiences during this time.

Conclusion

In this chapter, I provided a rationale for choosing a qualitative paradigm and a feminist narrative inquiry as the methodology of the project. I described the overall research design, and recruitment and selection of the sample. Data collection and analysis methods were presented, and I discussed the criteria of wakefulness and truthfulness in judging the research study. Finally, I described the study limitations. In chapter four, I present the
findings of the study. In the narrative in that chapter, I describe the experiences, choices, and the influences they co-researchers identified in their lives—in short, I present their stories.
Chapter 4: Findings

Sydney Page pushed through miserable, endless sickness during pregnancy to keep working. Suzannah Hochschild enjoyed a comfortable pregnancy but struggled postpartum with overwhelming work and home responsibilities. Amber Lynn worked throughout her maternity leave, unexpectedly setting a precedent resented by other co-workers. Following emergency surgery, Moniquea Stuttgard spent her maternity leave at her premature infant’s bedside in the NICU. With her supervisor’s blessing, Carrie Johnson set her own schedule to return to work postpartum. The experience of becoming a mother is unique to and unpredictable for every woman. Transitioning to motherhood while working adds yet another dimension to an already complex process. To borrow a metaphor from Forrest Gump, becoming a worker-mother is “like a box of chocolates – you never know what you’re gonna get.”

I studied the five women who became co-researchers with me in this project as I followed them throughout their pregnancies, birthing experience, and return to work postpartum. I conducted up to six in-depth interviews with each woman at various stages of her transition, and observed each in informal meetings on a regular basis. The women shared written policies from their workplaces when available, which helped me understand more about the context of their workplaces. Emails exchanged throughout our time together provide further insight into the emotions and experiences of the co-researchers as they moved through this transition.
Describing the experiences of the co-researchers of this study has been a difficult and evolving effort. The challenge I faced was to re-present these women, their voices, their feelings, their thoughts, in a way that honored their experiences as honestly and accurately as possible. I dove into this task by starting with the most “factual” information accessible—I wrote about their ages, birthplaces, and work histories. Then I attempted to fill in blanks that became evident as I wrote. I returned to each co-researcher and asked for more information about her, how long she’d been married or dated, how long she had worked at a specific job, anything that had been overlooked or omitted from our early interviews together. Next, I added text about how I viewed each co-researcher. This included perspectives about how she looked and what her personality was like. I then attempted to distill each co-researcher’s transition story into a digestible summary. Last, I requested from each co-researcher a metaphor that captured her experience. Each woman’s metaphor was added to complete a portrait of each co-researchers’ experience.

Portraits, sometimes referred to as vignettes, are a useful data reduction and display tool that helps the researcher to distill and refine the story of what is happening in the study. Portraits also offer an opportunity to engage with the co-researchers in refining, reflecting on, and learning from the data (Miles & Huberman, 1994). I presented each co-researcher with her draft portrait and requested input. Every woman responded, some with “it’s perfect!” and others with definite requests for changes. Several shared amplifying information to clarify
points that arose from mis-statements or mis-interpretations I had made about their experiences.

As I continued to work with the portraits, I found that my personal descriptions of the co-researchers seemed out of place as a part of the descriptions of the co-researchers’ backgrounds. The information came across as presumptuous and disruptive to the flow of the narrative. I removed this data and created a new section, “Researcher perspective,” placing it after the summary descriptions of their transitions. My intention with this reorganization was to separate my own perspective from that of the co-researchers. I believe this separation acknowledges the distinct differences between the women’s account of their experiences and my own feelings of how I experienced the co-researchers and their stories. This approach aligns more appropriately with the epistemological and ontological beliefs of no single truth that ground the study.

After negotiating these changes in the portraits with the co-researchers, I moved to translating this work into a findings chapter. I retained the biographical accounts and the researcher perspective, compiling them into an introductory section that will allow the reader to meet the co-researchers. The chapter begins with these brief introductions to each of the co-researchers. To replace the summaries of experiences, I drafted a detailed narrative description of the experiences of the co-researchers in becoming worker-mothers. This section constitutes “our narrative”—the story of the experiences of the co-researchers woven together, along with my own experiences and thoughts. I end that narrative with an update
on each of the co-researchers and their babies, for some, a year or more after their transition. The chapter concludes with the reflective metaphor each co-researcher selected to represent her transition. These metaphors tie together the narrative of the experiences of the co-researchers and my own perspectives. The metaphors capture each co-researcher’s summary experience and illustrate many of the qualities I found most apparent and appealing in each woman. This reflective metaphor provides a powerful starting point from which to begin discussion of each co-researchers’ experience in the next chapter. With each iteration of this chapter, I shared changes with the co-researchers and solicited new input.

Meet the Co-researchers

**Sydney Page.** Sydney Page, 25, grew up in Havelock, a small military town in coastal North Carolina. She is the middle child of a U.S. Marine father and an educator mother, married 32 years. Her father, Doug, was an Aviation Ordnanceman, a career Marine who served 22 years, four of which were in the first Gulf War. To spare their three children a childhood of frequent moves, Sydney’s parents settled their family in Havelock and stayed put, regardless of where Doug was stationed. In the first 15 years of her life, Sydney’s father was deployed or stationed elsewhere for eight of them.

Sydney has an older sister, Kim, and a younger brother, Matt. Her mother, Barbara, stayed home with both girls throughout their childhood. When Matt was three, Barbara began working as a teacher’s assistant wherever her girls attended public school. Matt had difficulty in pre-school, so Doug, who was stationed at Cherry Point at the time, changed his
schedule to 2nd shift so that he could provide care to Matt while Barbara worked. Sydney’s mother has worked in the Craven County School System ever since. In school, Sydney was active in cheerleading, track, and swimming.

Sydney met her husband, Randy, on the Internet, via MySpace. He was a Marine, stationed at Cherry Point, fresh out of boot camp. After a brief, intense courtship, they married and settled into base housing. Randy, a welder, served on a 9 month boat detachment shortly after they wed. At the time of her pregnancy, Sydney and Randy had been married for one and a half years.

**Description of career path.** Sydney attended East Carolina University and graduated with a BS degree in Information Technology. She changed her major three times before landing in IT, trying both accounting and education. While in college, she worked as an In-School Suspension teacher for the local high school. Although she loved her students and the position, she found herself a poor match with the administration in the school system and instead chose to pursue a computer degree.

After graduation, Sydney secured a job working as an IT representative for a private contractor aboard Cherry Point MCAS. She was there six months and left the job after being unable to withstand interpersonal issues with a difficult co-worker. For several months she did freelance work, building web pages for friends. Sydney secured a job as an IT representative in the insurance department of Craven Regional Medical Center, a private,
non-profit facility located in New Bern, NC. She worked there for six months before applying for the Computer Technician position in the Information Systems department.

Her department is divided into a network side, for which Sydney works, and a systems side. A male director heads the department, a male manager heads the network division, and Sydney has a female supervisor to whom she reports. The network division is made up of other Network Analysts like Sydney, along with Computer Technicians, Systems Analysts, Computer Operators, and Help Desk Support. Sydney shares duties with 30 other employees in the IS department.

**Researcher perspective.** I met Sydney for the first time at our first interview early in her second trimester of pregnancy. I liked her instantly. Sydney is a petite person, with naturally curly brown hair that she straightens, and a bright, warm smile. As her pregnancy progressed, she carried her growing baby on her small frame like a basketball stuffed under her shirt. Within weeks of her baby, Maggie’s, birth, Sydney was back to her pre-pregnancy shape, doing pilates and sit-ups after work every day to regain her flat stomach. She is always energetic and vivacious, with a wickedly sharp and funny sense of humor. Sydney’s story of her birth experience, complete with her flashing of fellow employees at the hospital, still makes me laugh when I read it now over a year later.

Sydney likes to know things. Throughout my time with her, I found her to be inquisitive, always seeking answers to the little mysteries of pregnancy and parenthood. When she didn’t know, she’d ask, and she was terribly frustrated by people who refused to
give what she considered to be “straight” answers to her questions. Even though Sydney and
I only met when we began working together, we fell easily into talking frankly about the
many unsettling physical and emotional changes that come with pregnancy and birth.
Sydney fretted openly about feeling ignorant about pregnancy and birth. Yet, in one of our
first visits together, she held my clingy six month old baby on her lap for the entire hour or
more that we sat together, and my Maggie never uttered a sound. She was happy as a clam in
Sydney’s arms. Reflecting on the visit, I later wrote about this interesting contradiction.

[Sydney] looks very natural holding Mags, not awkward at all. It seems a little
unusual. She knew probably better than just about anybody I’ve ever seen hold
Maggie, how to respond to her and put her in positions that she felt comfortable in.
So that was kind of remarkable. At the same time that she was doing that, though, her
words, her conversation was about how little she knew…

Sydney demonstrated that she was capable and competent, she just lacked confidence in her
ability to mother. I found her honesty and willingness to share her fears and vulnerability,
refreshing and endearing.

Sydney loves her work. She works hard, and with great passion and dedication. In
spite of the hardships that would befall her in the months we worked together, Sydney always
persevered with great tenacity. Sydney worked through fatigue and the “morning” sickness
that plagued her all day, only pausing from her job to throw up when necessary. When nose
bleeds began in her third trimester, she never let it slow her down, even retaining her sense of humor about the seemingly endless plague of difficulties she experienced during pregnancy.

And even when I was pregnant it, I mean, I would show up at work, you know, getting sick and you know, bloody nose and so on and so forth, but I was still there and I still tried to stay productive… So I had, blood everywhere on my pants. But, and, I mean, sure I could’ve changed into scrubs, but the scrubs didn’t match my eye shadow, so, I, you know. I’m kidding. I’m kidding. (laughs)

Postpartum, Sydney returned to work with the same zeal, happy to be working in her office for the first time not pregnant. She told me about unpacking computers in her first week back, her co-workers horrified by her physical exertion.

Then they realize, you know, I was carrying a computer. Oh my God, are you allowed to do that? Do you want me to get it? I’m like, dude, I can carry it, it’s OK.

I’m only, you know. Not that big of a deal. I can do it now.

When Maggie became ill in the weeks following her birth, Sydney persevered, openly shared her difficulties with her employer and found a way to balance her child’s needs and her own desire to continue working. “I can do it now” – I believe this enthusiastic determination characterizes Sydney’s experience of adversity and growth. I think she is one tough nut.

Suzannah Hochschild. Suzannah Hochschild, 30, is from eastern North Carolina, but now resides in the piedmont area of the state. Her mother, Vicki, an important figure in
her life, passed away in February of 2007. Her step-father, Richard, was a presence in her life from the time she was able to talk, and remains an important parental figure for her.

Suzannah’s parents instilled a deep sense of responsibility and work ethic in their daughter. Both of her parents worked outside of the home. When Suzannah’s brother was born when she was eight, her mother, a social worker, began to work part time so that she could be home with the boys and Suzannah after school. Richard also worked throughout Suzannah’s life. In 2006, Vicki was working in private practice as a therapist when she was diagnosed with a brain tumor. Unfortunately, at the time of Vicki’s diagnosis, Richard was unemployed, having lost his job of 15 years. Just prior to her diagnosis and during her husband’s unemployment, Vicki took three additional part time jobs in addition to her work as a therapist for a public mental health service. She did home studies for couples pursuing adoption, she had her own business providing therapy, and she took on evening hours within a private practice close to her home to bring in income. Shortly after Vicki’s death, Richard secured employment in a hospital doing training and computer support.

Suzannah also had a relationship with her biological father. He lost his job of 8 years in 2005 and then began to suffer poor health in the Spring of 2006. Suzannah’s biological father was in and out of the hospital until his death in August, 2007. During her childhood, she saw her biological father on a monthly basis after he moved back from California when Suzannah was eight. Although Suzannah did not consider him an important figure in her life, it was clear to her that she was an important part of his life. As his health declined,
Suzannah provided what support she could when her biological father was in the hospital and was relied upon by her father’s family to keep track of his health.

Suzannah met her husband, Greg, while enrolled in the master’s program at a state university. He was providing training on web design, which was required for one of her courses. They dated for almost a year before deciding to marry. Suzannah and Greg were married for three and a half years when she became pregnant.

**Description of career path.** Upon acquiring her undergraduate degree, Suzannah worked as an environmental educator. This gave her a taste for Recreation, and so she returned to pursue a master’s degree in the field at a state university. While she was in graduate school, she worked 30 hours a week as a building manager with the student union, and also served as a teaching assistant within her department. Later, Suzannah stopped working as a building manager and instead served as a blood donor recruiter, but continued to maintain her position as a teaching assistant.

Suzannah secured a job as a therapist for a mental health facility upon graduation from her master’s program, and worked there until she began her doctoral studies. During her doctoral studies, she also worked 30 hours a week (with graduate student benefits, including a tuition stipend and health insurance) as a research assistant and an intern in the university’s student health center. After one year of the research assistantship, she opted to pursue a graduate assistantship within a campus faculty development center (hereafter FDC). While she worked there, she stopped working for student health and instead took an unpaid
internship in a university advising office (hereafter UAO). Suzannah worked at FDC for two years, and when the center lost some personnel, she was asked to take a full time position as an Assistant Director of Faculty Programming. She served in that capacity for a few months before accepting a position in December 2007 within UAO as an Assistant Director providing training to advisors. Soon after, she learned she was pregnant. Suzannah conducts some training herself, and also facilitates other training sessions on a variety of topics for students, as well as faculty and staff advisors. Suzannah works with 5 other workers in UAO, all of whom are women.

**Researcher perspective.** I knew Suzannah prior to her participation in the study as a fellow graduate student. We shared my final graduate class together in the Fall of 2006, sat next to one another, and became friends. I still remember the cold, wet night she shared with me her mother’s diagnosis at the end of that semester. Suzannah wanted a baby by then but hadn’t yet conceived. More than anything, she wanted her mother to know her grandchild. I had a young daughter myself and shared in Suzanna’s deep grief. We remained in contact after that, supporting and encouraging one another as we worked through our proposals and dissertation efforts and attempted to grow our families.

Suzannah began participating in the study during her third trimester of pregnancy. She had recently completed her own data collection, and was enthusiastic to help me with mine. By participating, she felt we could motivate one another to continue to move forward. When I saw Suzannah for that first interview for the first time in nearly two years, I was
struck again by her sweetness. She’s polite, almost proper, but with a genuineness that’s charming.

Suzannah is intelligent and bookish, with smart-looking glasses and the vocabulary of a graduate student. It was Suzannah who helped me successfully recruit the remaining participants in my study by sharing what had worked for her. When I wrestled with theoretical questions grounding my dissertation, she listened carefully, providing input or just helping me talk through issues. We spoke long and often about the process of completing our dissertations, sharing milestones and setbacks along the way. Suzannah is a lifelong learner, ambitious and focused, and she craves and thrives on the intellectual stimulation that she gets from her career. Throughout her maternity leave, she struggled with the pull to stay home with her new baby and a strong urge to get back to work, where she felt productive and challenged.

Suzannah is skilled at cooking, sewing, and running a household—skills passed on to her by her mother. One of her proudest moments during the study came when she successfully hosted a party for a large group of her family and friends after her baby, Grace’s, baptism. She cooked the food, set everything out, even made an edible arrangement for her centerpiece. Suzannah’s mother remains an ever-present force in her life. In the first few minutes of our first interview, Suzannah expressed this deep loss as she contemplated attendants at her birth.
I mean the fact that my mom is not there will be very, very apparent I’m sure. Because she would not have missed it for the world. And she would’ve been a great support… And I mean, I’m not… it’s not like I’m angry or any of those things, it’s just, it is unfortunate in this world that someone as really cool as my mom didn’t get to play grandma.

Her lament was heartfelt, but free of bitterness or drama. It is Suzannah’s way to handle life’s challenges with such aplomb and serenity. She allows very little to ruffle her feathers. “Unflappable,” I called her on more than one occasion in my notes. I remember once, sitting with her outside at a picnic table on a pretty day. A bee flew into her purse. I suppressed a shriek. Suzannah calmly opened her purse and poked around saying, “there’s a bee in my purse. I need to get it out. Shoo, bee.” This is how she is. Unflappable. And yet, she was not without insecurities and fears. A recurring issue that caused Suzannah distress postpartum was Grace’s sleeping position. Grace suffered from reflux and slept most comfortably on her stomach. In these days of “back to sleep” slogans and sudden infant death syndrome (SIDS), Suzannah suffered a lot of guilt about her decision to let Grace sleep on her tummy. “That’s my biggest fear right now, is that I’ll go away and do something and when I come back, Grace won’t be breathing.” I understood Suzannah’s fears all too well. Four years after my first daughter’s birth, I still place my hand on her chest each night to feel her breathing.
I always appreciated Suzannah’s candor about her anxieties; sometimes I felt intimidated by the ease with which she seemed to manage motherhood. Her admission of frailties helped me somehow feel less bad about my own. In our time together, she sometimes expressed doubt about her abilities, but mostly the focus was on her work. But Suzannah isn’t one to dwell on or become overwrought about things, especially things she can’t change. This ability to accept whatever life throws her way is a unique quality, one that I admire greatly and that served her well throughout her transition.

**Amber Lynn.** Amber Lynn, 32, was born and raised in the small farming town of Kinston in Eastern North Carolina. She was an only child, raised by two parents who have been married for 36 years. Amber’s father, Larry, was born and raised in Pennsylvania, but came to North Carolina after enlisting in the Air Force. He served in Vietnam, then settled in North Carolina, eventually taking a steady job with a coffee company. In 1973, he married Amber’s mother, Teresa, a native North Carolinian from Snow Hill. Teresa held several jobs over the years, doing administrative work for various insurance companies and eventually, an attorney.

Amber was an unplanned gift to her parents, born in 1976. She was a sickly baby, requiring much care and time from her parents. Amber’s father worked, sometimes two jobs, throughout her childhood while her mother stayed home with her. When Amber started school, her mother returned to work. Both parents instilled in Amber very strong values and a solid work ethic.
Amber led a very active childhood, filled with dance, 4H, friends, and academics. She had little interest in romance, preferring to focus on school and her future. “[My father] taught me guy stuff so I could be self-sufficient and independent.” With the support and encouragement of her parents, Amber bought her own home after graduating college and began her life as an independent woman.

In 2006, Amber met her husband, A.B., on the internet. A.B. was a local boy who grew up very close to Amber’s parents. He matched Amber’s fiery assertiveness with a calm, easy-going gentility. After a brief and intense courtship, they wed within a year. A 2008 graduate of East Carolina University in Education, A.B. took a job at Amber’s place of employment as a tutor.

Description of career path. Amber attended two years of community college, then transferred to East Carolina University, graduating with a degree in Sociology. Right out of college, in 1999, she took a temporary position for Sylvan Learning Center, a national organization providing tutoring and supplemental education services to students of all ages and skill levels. After 3 months of temping, she was offered full time employment as an office assistant to one of the two business partner owners, managing payroll, accounts receivable/payable, etc.

Couple of years into the making, there was a sale of the business and my boss [Becky] took over 100% ownership and that is really when my part of the job began to flourish. I was just taught everything. She took me under her wing, she taught me
everything because I wanted to learn. I wanted to know. I was dying for knowledge.

I had to know, I wanted. I mean, my life was my job. You know? Not married, no
kids, no boyfriends, that was my life. And it was for a long time.

The business has expanded over the years, with Amber now serving 5 offices with 15 full
time employees. The business owner and all 14 of Amber’s full time co-workers are women.
Over one hundred part time male and female employees complete the workforce. Amber
now acts as an office manager, handling the financial aspects of business in all five centers.

**Researcher perspective.** I met Amber at her first interview in her second trimester of
pregnancy. She is a pretty blonde, warm and friendly. Amber impressed me immediately
with her confident, self-assured air. Amber has led an independent and self-sufficient adult
life, and it shows in the strength of her voice and opinion. She speaks deliberately and
clearly, considering her every word. Amber’s interviews are remarkably free of “ums” and
“ahs.” She considers herself “tough” and credited her husband with teaching her how to be a
partner.

Because being so independent, I was, I was tough. I am tough. I’m hard to get along
with, I’m very opinionated, I’m stuck in my ways. And so, when he could do that and
he could work with me and I learned how to compromise and how to give a little bit
and he taught me how to be like that, I just knew.

Her adoration for her husband is readily apparent and permeates nearly all of her stories. I
loved how much she loved him. Amber also displays great affection and respect for her
parents, and shares a very close relationship with them. Family members, both hers and A.B.’s, were frequent characters in Amber’s stories.

She is a planner. Amber likes knowing what to expect and is extremely conscientious, always taking steps to prepare for whatever life may throw her. She has a thirst for knowledge and is a voracious lifelong learner. During her pregnancy, Amber researched day-care centers, visited child-related web-sites and worked to overcome an initial fear of becoming a parent. She took her participation in the study very seriously, always responding to my requests for meetings and answering my emails promptly and with detail. I knew that I could count on Amber to follow-through on any request.

Amber’s job has been a tremendous part of her life for years; she loves what she does. She shares a close, personal relationship with her supervisor, Becky, and has a fierce loyalty to her workplace. Becky and her husband were present at the hospital during their son, A.B.V’s, birth. Throughout Amber’s transition, the well being of her employer and co-workers was always a primary concern. She worked throughout her maternity leave to ensure her co-workers were paid properly during her absence. When two co-workers made stinging comments about Amber’s pregnancy and maternity leave, she felt deeply hurt and I felt instinctively defensive on her behalf. The story carried over two interviews, four weeks apart, demonstrating how much this event wounded her. Amber is a conscientious, dedicated employee, remaining loyal and working hard throughout her transition. Any criticism to the contrary left a mark.
Monicquea Stuttgard. Monicquea (“Mo”) Stuttgard, 26, grew up in the coastal community of Wilmington, North Carolina. She is the oldest in a blended family of 7 children, including two full siblings, one half sibling, and four step siblings. Her parents met while serving in the U.S. Army. After 4-5 years of marriage and three children, Mo’s parents divorced when she was 7. Mo’s father returned to Wilmington and remarried, raising Monicquea and her siblings with her stepmother. Her father has worked for many years for UNC-Wilmington as a computer consultant and network analyst.

Monicquea’s mother moved to Maryland with a man who abused her physically, mentally, and emotionally. After ten years, she left him, and remarried. Monicquea’s mother and stepfather had another son together. She has worked in the banking industry for the last twenty years. Mo sees her mother only occasionally.

She met her partner, Cornelius (CJ) on the Internet, via MySpace, although they shared many friends in common before meeting and becoming a couple. CJ worked for a fabrication company, fabricating and installing granite and marble countertops. Monicquea and CJ planned to get married and had been dating for several months when she became pregnant.

Description of career path. Monicquea graduated from the University of North Carolina-Wilmington with a degree in Social Work. Unable to find employment, she returned to get her MBA from Colorado Technical University through an online program in 2007. She was still unable to secure regular employment and took a job cashiering with
Food Lion. She temped briefly at Dell Labs before landing a job as a Medicaid Screener with MedAssist, a private organization that helps hospital patients secure financial support for medical treatment. Monicquea has been at her job for nearly three years.

Mo is one of two MedAssist employees working within Brunswick Community Hospital in Supply, NC. She works the 12 pm – 8 pm shift, processing 6-700 outpatient claims per week for people without health insurance. Her on-site supervisor, a hospital employee, is a female. Monicquea’s office houses three other workers, and there are ten other workers in her building. Her MedAssist supervisor is a man, working out of Winston Salem, NC. They communicate via email and telephone.

Monicquea has never professed to love her job. “Love it?” she laughs, when asked. “Ah, I don’t know about the love part.” She does not take her employment for granted, and she is a dedicated and hard working employee. She doesn’t know what her perfect job would be, and seems open minded about where her career path will lead her. For now, this is good enough.

**Researcher perspective.** Monicquea’s first interview was in her first trimester. I found her to be a quiet, serene person. She is warm, witty, and laughs a lot. In interviews, she would sit placidly, answering questions politely and completely, but without embellishment. I sometimes felt self-conscious and rushed to fill the silences that opened between us. If Monicquea ever felt awkward, she never let on. She let me talk too much, nodding and answering questions, gazing at me through her glasses, laughing occasionally. I
found her shyness disconcerting at first, but came to appreciate her patient and gentle way of simply being with herself and with me in quiet.

Mo loves to read and learn. She enjoys Sudoku puzzles and mystery novels. She calls herself a “homebody,” generally preferring to stay curled up on the couch with a book or television than going out with friends. When she was placed on bed rest, Mo was unperturbed except that it kept her from shopping for Christmas gifts for her family. Her family is vitally important to her. When she was admitted to the hospital for her c-section, it was her father that she called first. She later relied on her grandmother for her baby’s care. Her relationship with her mother, while complex, was irreplaceable in her life. When Kennedy was in the hospital, Moniquea most missed her mother’s presence, even though her father was there.

It’s just… no it’s different when you’re… you’re a woman, you need your mother.

Particularly when I had to have the c-section. I really, really wanted her here.

(laughs)… There were times when I was pregnant that I, I really had some home sickness... It’s like no, you know, I really wondered how my sister did it without my mother being there.

I met Mo’s family at her baby shower, just a few weeks after Kennedy was born. They were warm, vibrant people, and they circled Mo as if she were their sun.

Moniquea enjoys her work, but it’s clear that she hasn’t found her passion just yet. I sensed that she worked because she wanted and needed to, but also that she longed for
something more fulfilling. After the trauma of her baby, Kennedy’s, birth and their
separation, I watched Mo’s interest in her work fade as her desire to bond with her child
grew. She worked because she had to support her daughter and because doing so was her
responsibility. Mo never complained and wore her responsibility as a badge of honor. I was
impressed by her laser focus on providing for her child in whatever way she had to.

In our last interview together, we sat in a sunroom in her home. It was pouring rain
and she cuddled Kennedy as the baby nursed a bottle. Mo marveled that data collection was
ending. “It’s over already? (laughs)” She told me it had been a good experience. After all
she and her baby had been through, I felt thankful to have been counted a positive part of her
life.

**Carrie Johnson.** Carrie Johnson, 29, was born and raised in Kinston, North
Carolina, a small farming community in the coastal plains. Her father, a native North
Carolinian, was a factory worker at DuPont. Her mother moved to NC from Baltimore and
did not work when Carrie was a child. Her parents divorced when she was three and each
remarried. Carrie lived with her mother, stepfather, and a half sister 5 years her junior. She
saw her father infrequently due to his shift work schedule.

Carrie’s mother and stepfather struggled to retain work and make ends meet. They
lived a difficult, humble existence, facing repeated evictions and loss of water and power
from unpaid bills. When she was 16, Carrie moved in with her father and stepmother and
remained in their home until she left for college. She maintains a close bond with them and talks with her mother only infrequently.

Carrie met her husband, Emerson, when they worked together in the Halifax County court system. She was a prosecutor, he was a police officer. They married in 2006, adding two small stepchildren, 4 and 5, to Carrie’s life. After a brief stint in Raleigh, Carrie and Emerson settled in Williamston, NC to build their family.

**Description of career path.** Carrie knew from a young age that she wanted a different life than she’d had. When she was in 9th grade, she participated in a classroom mock trial and decided that she would be a criminal prosecutor. Despite naysayers, she did just that. She attended Meredith College—“because I wanted to go somewhere I could get away from boys, so I could concentrate and go to law school”—and then directly to Campbell Law School. She married briefly after college, but was divorced by the time she graduated law school.

She began work as an Assistant District Attorney (ADA) for Halifax County right out of law school. After a little over a year, she left Halifax and took a job as a prosecutor in Johnston County, also serving Harnett and Lee Counties, for a brief period of six months. There, she was limited in the types of cases she prosecuted, so in 2006 she and Emerson returned to Martin County, where she currently works. In her current job, Carrie prosecutes everything from speeding tickets to DWIs to high profile rape cases. She loves her job.
Carrie’s supervisor is the District Attorney. Her office serves Beaufort, Martin, Tyrrell, Washington, and Hyde Counties. In her office, there is a senior ADA, and seven other ADAs. Carrie is the only female attorney. Fifteen assistants are all female. “So, I’m the one cross over that got to the attorney side,” Carrie says with a hint of pride.

**Researcher perspective.** I met Carrie just six weeks into her first trimester. We waited to schedule her first interview until she heard the baby’s heartbeat at her obstetrics appointment. By then, Carrie felt she could relax a little and begin our work together. At our first meeting, I was struck by Carrie’s beauty, polish, and poise. She looked to me every bit a lawyer.

As I got to know her, I found Carrie to be a study of contrasts. She eschews Barbies, tea parties, and all things girly girl, yet is decidedly feminine. She wanted a boy, and was gratified to learn she would have one. She wears fashionable clothes, heels, jewelry. I never once saw her with mussed hair or without makeup, even at home, just two weeks after her baby was born. In emails, she is warm, friendly, and outgoing. In person, Carrie is serious, brisk, and businesslike. We conversed easily and regularly via email; then I would visit her and find myself tongue tied and intimidated by her reserved demeanor. I frequently left our visits feeling like I’d talked too much or somehow put my foot in my mouth. When she talked about her baby, though, her personality reverted to the warm, appealing person that I know her to be. I wrote after one visit, “…that’s the person that I hope to get to know a little bit better. I’m kind of glad that I will be with Carrie the longest, because she seems to be the
hardest nut to crack, so to speak.” I don’t know that I ever fully penetrated the guard that Carrie put up around herself, but she did allow me to peek through occasionally.

In our first interview, when Carrie talked about her career, I saw that same thaw. Her face lit up, she became animated and excited. “I love it. I love it.” She has a passion for her job that stems from a deep belief that she is doing good things that align with her values and morals.

I don’t have any interest in going into defense work. I’ve had offers from people, you know, wanting me to come work for them, I just, and get paid probably about twice as much as I do now, but I just don’t have the interest in it. I’ve got to be able to sleep at night and I know there’s a purpose in defense attorney’s doing what they do, I respect them, most of them, and you know, I’m glad that somebody can do it, it’s just not something that I can see myself doing.

Carrie once sent me a link to a news article describing her successful prosecution of a man who raped a 15 year old girl. I felt a little rush of energy for her accomplishment, and said aloud to my computer monitor, “you go, girl.” Carrie has selected what is historically a competitive, masculine profession. She took on motherhood in that context and found a way to shape the experience to her needs perhaps more than any other co-researcher in the group. Carrie pushed back if I made too sweeping generalizations about patriarchy at home or at work. By the end of our time together, she was comfortable with the balance she had achieved at home and at work and made sure I was clear in representing her feelings
accurately. I think it is this clarity Carrie possesses about herself, her needs, and her desires, and her fierce defense and pursuit of those things that intimidated me from the start. Carrie is not to be trifled with; I like, admire, and respect that quality in her.

Experiencing the Transition

The women in this study work for a variety of reasons: money, pleasure, a feeling of significance and purpose, contribution to a greater whole. For all, economic pressures demand that they work. Amber, an office manager, sums up the situation for most: “We definitely could not survive without me working.” All of the women in the study rely on their income to support their lifestyles.

In spite of need, however, money is not the only reason they work. Carrie stumbled onto her career goal as a prosecuting attorney when she was a middle school student, and speaks of her job with great passion and excitement.

So, I came about the idea [of working as an attorney] and just loved doing it, loved what I was learning about it, you know every, just people kept saying you’re going to change your mind…and I just stuck with it. And it’s just what I’ve always wanted to do. I love it. I love it. I love it more than I thought I would, actually.

For Suzannah, work is a way to contribute something meaningful, to create a product of which she can be proud.

…I definitely think that for me, I would need to have some kind of work outside the home. Or not even necessarily outside the home…it would need to have some kind
of work that was associated with something that was an end product. Just because
that feels better to me.

Amber relies on her work to connect her to other adult workers, “…I need just a small,
complete adult…ness to it.”

Relationships with supervisors and co-workers are positive aspects of the jobs the co-
researchers enjoy. Amber is particularly close with her supervisor. “She really is a second
mother to me.” She refers to her work peers as “more family than just co-workers.” Says
Carrie, “My boss is fantastic. The senior ADA that I work with is also really great. They’ve
put a lot of faith in me and what I can do and I just, I really enjoy it.” Monicquea enjoys a
friendship with her MedAssist co-worker, a person who would later attend her family’s baby
shower. Sydney, who was very new in her job as a computer technician when we first met,
immediately expressed a good natured fondness for her fellow employees. “…they’re also a
very joking bunch. Like they say what’s on their mind, but they joke about it. Like it’s,
they’re constantly picking on me. And it’s a really good work environment.”

The women in the study give of themselves in great quality and quantity to jobs they
care about. All of the women work full time hours, some with overtime. Their jobs are
integral parts of their lives, their work identities very much bound up in the people that they
are.
Pregnancy. Four important aspects of the experience of pregnancy emerged from the stories of the co-researchers during this time: acceptance of the pregnant condition, planning and readiness, something I call the “physicality” of pregnancy, and support.

Accepting pregnancy. Four of the women in the study made a conscious decision to become pregnant; one became pregnant accidentally. Monicquea and Amber felt a sense of “readiness” that led them to try to conceive. When I asked Monicquea, the only unmarried co-researcher, what influenced her decision to attempt pregnancy, she responded, “Well, I was in love and still am, but it just seemed, it just seemed right. You know, we were planning on getting married anyway, so, and we were gonna live together and start living my life, so…” This sense of the timing being right came to Amber, too, but more gradually.

[A.B.] was actually, has been ready to have a baby for a really long time. I on the other hand, I grew up, I wanted to be a mom, but… I have not been dying to be a mom. Always so concerned and cautious and I think, you know, I’ve gotten, I had to the point that I was so scared to bring a child into the world because I just, I had gotten almost negative about the world, about society, about people, I just… I mean, I feel like there’s such a lack of common sense in this world, and I had just gotten very concerned. And you know, he always said, well, whenever you’re ready. And so I said, OK, you know, once we had gotten married, all of that was settled, and now when I knew, I decided, you know, it’s time.
Carrie shared Amber’s feeling of a slow build to wanting motherhood. “I was very ambivalent about having kids for a long, long time. You know, I kinda was, I’m a career woman, I’m going to be a lawyer and you know, if that happens, fine, if it doesn’t, whatever.”

Fertility was a greater influencing factor in deciding if and when to conceive for Carrie and also for Suzannah, and even for Amber and Monicquea to an extent. For all of these women, established fertility issues or apprehension about infertility propelled them to try sooner than later. Suzannah struggled for months with infertility.

We worked so hard to have Grace. We did fertility treatments. I was doing acupuncture and I tried to get my mom to use it to help with the chemo. My mom never did it, but I did and when I was doing acupuncture when I was on Clomid, I had no side effects. When I tried it without, I had horrible side effects, hot flashes, all this. I had to go back on acupuncture. So I was back doing it when I got pregnant. Clomid didn’t work, but the second drug I took, I had forgotten, my dad’s burial was up and I had gone up to do that and I had forgotten my dose and had chalked it up as just a blown cycle. And we continued to have sex anyway, but no expectations and that’s when I found out I was pregnant.

Ironically, it was when Suzannah skipped several days of her fertility medication that she met with success.
After years of using birth control pills, Monicquea and Amber feared that they, too, would have difficulty conceiving. Carrie’s obstetrician was less than optimistic about her chances after her husband had a vasectomy reversal. For these three women, fertility was a cloudy issue about which they felt a lot of anxiety and doubt. Ultimately, where many months might have been expected for these women to conceive, instead they encountered success on early tries. For Sydney, however, there was only surprise.

Was it planned? No, oh no. Actually I wasn’t supposed to get pregnant. I wasn’t, I was told, I have an ovarian cyst… And I have half my ovary on my right side removed. Half of it. So, like the doctor had told me when I was 17 years old, you know, your one, the chances of you, I could conceive, but the chances of me doing it is a 50% chance. I mean, he had told me in the recovery room after having that surgery, you might want to think of a surrogate mother.

For Sydney, timing was critical and unfortunately, off. “I wanted a child 5 years from now… I wanted to be 30. I wanted to be in my career.” Pregnancy at 25 was not a part of her plan.

For all the women in the study, regardless of expectation or intention, the act of finding oneself pregnant was met with disbelief. For Carrie, who had worked so hard to become pregnant, one pregnancy test was insufficient.

I got my first positive test 10 days after I ovulated or when I think I ovulated. And then of course I called the doctor the next day and got in the next day and then they confirmed it with a blood test. And then I kept taking the tests every other day until
Monday, (laughs) so… just to make sure the thing, it was still, the line was, plus it’s just nice after you’ve seen so many, you know, blanks, blanks, blanks, blanks, it’s just white, it’s just white, you know, to have that pink line to show up so fast is pretty cool. Plus Dollar Tree tests, I figured it was OK. (laughs) This almost comical use of “Dollar Tree” tests was reiterated by two of the other women. These tests allowed the co-researchers to take multiple tests for little cost; their repeated use demonstrates the extended period of disbelief for these women.

I remember vividly my own disbelief upon learning of my first pregnancy. I couldn’t shake the feeling that I was pregnant. I’d been trying, but still, there are always doubts. I woke early, the day before Thanksgiving to take the test, because I knew “morning pee” was the most conclusive. The test was positive. I couldn’t go back to sleep. I sat on the couch for hours that day, just sitting, staring into space, knowing my life was changed, and not having the faintest idea what to do with that information.

Ambivalence and denial were also common emotions among my co-researchers. For Monicquea, who very much wanted a pregnancy, the unexpected ambivalence she felt was disconcerting. “I always imagined that the day that I became pregnant would be one of the happiest moments of my life. Instead it was full of shock and uncertainty.” Sydney, for whom pregnancy was unplanned, had difficulty accepting what was happening to her. Her frustration was evident.
And I did the pregnancy test and it came up positive and I just sat there thinking, shit, I’m pregnant. And that’s what I kept saying over and over again. So, I did the whole pull [Randy] into the bathroom, look at this, he’s like, cool. And then he goes out into the living room and I go back out into the living room and start smacking him and yelling at him and cussing him out because, you know, why did you, you did this, you know, you did this to me. I told you what to do, you know… Needless to say I wasn’t exactly thrilled at the moment. I was in denial.

Like Carrie, Amber took four tests over the course of a month, taking the last one with her supervisor, Becky, present. This sharing of such a personal moment is indicative of the closeness of their relationship.

And I went to the bathroom and I took it and it was just me and my boss in the office and I went in there to her and I was carrying it and I said, ahhhh, Becky? And she said, OH MY GOD! Oh! So that was the point that it was finally I guess accepted and that’s when I had called and I made an appointment to go to the doctor and I went to the doctor I think, it was mid-April was my first time. And I think at that point I was almost 8 weeks.

This moment Amber describes, in which “acceptance” of the pregnant condition occurs, is common to all the co-researchers. Here, many still don’t yet feel like a “mother.”

**Planning and readiness.** For all of the women in the study, pregnancy was filled with preparations for birth and expectations about what the future would hold. The women
prepared themselves emotionally for birth, purchasing books, reviewing web sites, asking friends, taking classes, and querying doctors for information about what to expect. Says Amber, probably the most detail oriented woman in the group about her preparations:

So, I have done a lot of reading. I’ve done a lot of research. I mean, I go to fisherprice.com like every other day, you know, and I’ve been concerned about the things of, how do you bathe them? How often do you bathe them? You know, how do you dress them? I don’t even think I’m that concerned about them being up all night, or something like that, I’m more concerned about making sure I know how to do the basic needs. And, you know, I’ve gotten, my fears have decreased quite a bit and now it’s just the first 3 months. That’s what I’m still concerned about. I feel like once I can get past the 3 months, I’ll be fine. But I am, I’m literally scared to death.

Amber took a childbirth class sponsored by the hospital, and so did Carrie. Those women also took breastfeeding classes, and Suzannah and her husband attended a model parenting class in order to prepare for birth and parenthood.

The fear expressed by Amber was a common refrain in several of the women’s stories as they prepared for their child’s arrival. For Amber, fear of caring for the baby was paired with anxiety about money: “… is this right? Is this really the right time? Is this, is it gonna be OK?” Monicquea also stressed about her pregnancy as time marched forward.

I think, it’s all of it, it’s been a lot of stress as far as personal wise, because there’s been a lot of things that me and my boyfriend have had to go through since I’ve been
pregnant that wasn’t there before and so it’s kinda like, why now? You know, if I knew all this stuff was gonna happen, I wouldn’t have gotten pregnant. And how can I bring a child into this situation and, it be like this and, then of course there’s also the fear of what kind of mother am I going to be.

If Sydney felt fear, she didn’t say so. What Sydney shared in the months she prepared during her pregnancy was frustration. In our meetings together, she would pepper me with questions—what kind of bottles should she buy? Should her milk be in so soon? What’s sex after pregnancy like? She had an intense desire to know and was often frustrated in her quest for answers. “I keep asking my sister. I’ll go, well did you have the brown line? And she’ll say, (mocking voice) every pregnancy is different, Sydney. I’m like, well did you? Yes or no!”

For Carrie and Suzannah, in the early months, there was a fear of losing the baby. For both, this concern for their baby’s health influenced their decision about when to tell their employer about the pregnancy, a key step in planning for all of the women. Carrie worried that telling too soon might “jinx” the pregnancy.

I haven't told anyone at work...I am trying to wait until the middle of next week. At that point, I should be safely out of the first trimester; I can't believe it's gone by so fast! More amazingly, I can't believe I've been able to keep my mouth shut! I'm not entirely sure I'm going to make it to next week though. I am REALLY starting to show. I seemed to have completely ballooned up over the weekend. Thankfully the
weather changed and everyone knows I'm frightfully cold-natured, so I'm sitting in my office with a big coat on. But the minute I take this coat off...it's so obvious! I'm not sure why I'm so hesitant to go ahead and tell everyone at work. I guess I just don't want to jinx it. It seems as though everything is okay, so I don't know why I'm so nervous (C. Johnson, personal communication, October 20, 2008).

In the end, additional work factors prompted Carrie to share her news. Her supervisors were writing the court schedule for the following year, and she wanted them to be aware of her situation as they planned. Additionally, Carrie knew of a conference her supervisor, Seth, was about to attend that she felt was significant to her situation.

Here’s actually another reason [why I told my supervisors], and you’ll probably think I’m weird for thinking this far in advance. But I know all the assistant DAs and the DAs go to this conference and I wanted to tell Seth because I knew he was going to this conference and I was hoping he would have the chance to talk to other DAs and ask them how they handled the situation.

Suzannah, who also suffered a suspected previous miscarriage, shared Carrie’s fear of first trimester disaster. She told her supervisor, Roxanna, in the first trimester, as Suzannah needed to make a scheduling adjustment in a push to finish her dissertation and felt she “had to” divulge her news.

And so I brought that proposal to her, saying that I really wanted to finish by August 25th, which unfortunately is not going to happen anymore, but it was a great idea.
And she kinda was like, sure, is there any particular reason you’re in such a hurry to
try and finish things up? And so, I sort of had to…

However, she postponed telling most of her co-workers about her pregnancy until
approximately the 18th week.

So, I was just nervous. I mean, I was nervous anyway, because I have another friend
who’s miscarried a couple of times and so I was just, I was nervous all the way
around, so I didn’t want to tell people until we knew whether it was a boy or a girl.

Amber resolved the issue of telling her supervisor about her pregnancy by sharing the
pregnancy test results with her. Their close personal relationship made that possible. For
Sydney, however, the situation was much different. Sydney found out about her pregnancy
the same week she was offered her position. She felt obliged to tell her new supervisors right
away.

So everyone had told me, you know, you don’t need to go and tell your new bosses,
you know, that’s, they don’t need to know that, they, there’s nothing they can do, you
know, if you’re pregnant. But I was still a little worried about that and I wanted to
tell them, because I hadn’t started yet. I wanted to tell them, hey, I am pregnant, just
in case they would’ve, you know, not really lied, but you know how people just kinda
come back and say, oh well wait, we don’t really need her, and the real reason is
because I’m pregnant. At least I would still have my job at the insurance department
to fall back on. So I did go up to them and hand them a piece of paper that said,
here’s my next two appointments, I also have a court, you know, I had jury duty.

You know. Oh, by the way, I’m pregnant. No, I had said, I have jury duty coming up in 2 weeks, and by the way, I’m pregnant, here’s my next two appointments. Their facial expressions were priceless.

For Monicquea, telling her MedAssist and hospital supervisors was a minor issue. She physically sees both very infrequently, so email contact was her communication tool for the news. She told them simply when it was most convenient for her, which was in the first trimester of her pregnancy. Monicquea, too, however, shared Sydney’s concern about telling her news.

My boyfriend said he was scared they were gonna fire me… I think he’s just heard stories of women working and getting laid off or whatever because they’re pregnant… you know, I mean, legally they can’t do that, but you know, he was like,
you know, they could make up a reason. I’m like, yeah, but…

I identify with the apprehension about revealing pregnancy at work experienced by these women. I did not tell my employer or co-workers about my own first pregnancy until my second trimester. I was already showing—I’m quite certain they all already knew. In fact, I was recently talking with a co-worker who is trying to conceive and mentioned how long it took me to tell the office my news. She laughed and said, “yes, Derek [her husband and a co-worker] used to come home and go, Laura was in the bathroom throwing up again, we just know she’s pregnant!” Yet, I put it off. I didn’t have an unusual fear of miscarriage, but I
was unable to articulate exactly why I was so hesitant to share my news. Pregnancy was not common in my office. Women were not common in my office. I didn’t believe that they would fire me because of it, but somehow telling revealed me to be even more different from them than I already was. On some level I did fear penalty for that revelation.

In every case, the notification of the co-researchers’ pregnancies was met with positive and supportive responses at work. Even Sydney’s shell-shocked supervisors took her circumstances in good humor. “But it was, he had said, my manager had said, just get here and we’ll worry about the rest.” Amber’s supervisor was thrilled, and Monicquea’s and Suzannah’s office mates seemed genuinely happy for them as well. Carrie, who had been so nervous about revealing her pregnancy, was rewarded with a positive response from her supervisor. “They were excited and said they’d do whatever necessary to make it all work out.”

A large part of preparing for motherhood for all of the women in the study involved planning for their absence from work. Each of the women in the study encountered a variety of difficulties identifying and navigating the policies of their workplaces regarding maternity leave. For Suzannah, Carrie, Sydney, and Monicquea, the guiding policy was FMLA, or “family leave.” The HR handbook for Suzannah’s workplace states, “Maternity leave does not exist in the State system. Parental leave is necessary in a few instances. However, Family and Medical Leave is appropriate in most cases.” Understanding and following the policy, however, amounted to more than a simple reading of a handbook. Suzannah’s HR
representative, presumably trained in the administration of such policies, was unable or unwilling to help her sort things out.

They, on the HR site there is a copy of the, well there’s the FMLA is up there. And like I said, we’ve been to… I went to HR when I first found out I was pregnant and there are some people in HR who are really, really good and some people who are less good. And my husband works with someone who’s a superstar. She’s just awesome. And the person I work with is not a superstar. And so I went to him first because he was my guy. But he couldn’t really answer my questions, I just, I wasn’t impressed by him. So we sort of did the work around and I called, I’m like well, Greg, you want to take two weeks and be home with the baby, too, right? And he’s like, yeah, and I was like, well we should both go together and talk about medical leave… And yeah, so that was my workaround to get to the really, the great person. And she did answer all my questions and so, we know what we need to do…

What made the matter most complicated for those women under FMLA are the guidelines for use of leave. Just hearing the women in the study explain their leave situations left my head spinning. Sydney’s explanation of her workplace’s leave policies almost sounds like a comedy routine.

What they offer is six weeks, well… They offer, they give me six weeks, up to 12 weeks. After that 12 weeks and 1 day, my job is posted. But, I don’t get… But I don’t get, ah… hang on I was trying to explain this to everybody the other day, so
bear with me. I get short term disability, but one, I have to be out of the hospital for 30 days before I can get short term disability. And short term disability, out of those 6 weeks, only covers the last 2 weeks. So I will get paid for those last 2 weeks, but the hospital does PTO, which everything is, my vacation days, everything… Everything is included on that PTO. Then I have MSL, which is major sick leave. In order to use my major sick leave, I have to use 40 hours of my PTO first, before I can even touch that major sick leave… If I were to use, so those last two weeks of the 6 weeks is paid. So I have to worry about those first 4 weeks. And, including the PTO I have now, the MSL I have now, and the PTO and MSL that I will have by the time I have the baby will not equal 4 weeks. I think I’m like 3 days shy. Then after those 6 weeks, I would’ve already used up my MSL and my PTO, so after 6 weeks I don’t get paid at all. And that is, yeah, because 6 weeks, the PTO, the short term disability starts the day I go into labor. I have to be out 30 days from there in order to use short term disability. So if for some reason they put me on bed rest or whatever, then, it doesn’t apply until the day I go into labor. So if I get put on bed rest in October, then we are SOL. So it’s, you know, we’re saving now and that’s the only way to go about it.

Unfortunately, the actual text of the guidelines for Sydney’s employer’s leave policy is no less complicated than her interpretation of it.

Suzannah and Monicquea’s situations were similarly complicated math problems
involving several of types of leave. Suzannah’s workplace added a new layer of complexity called “shared leave” which allows employees to use the sick leave of other employees.

Monicquea’s situation was slightly more simplified because she had not applied for short term disability insurance. Only her regular paid leave was available to her.

For Carrie, simply finding the policy regarding maternity leave was a challenge. Once discovered, her situation was made more complex by her exemption status, something she knew nothing about.

I just, I just called about this yesterday actually because I didn’t, I didn’t know. And it’s, I got out our policy handbook and it addresses sick leave, and it addresses vacation leave, it doesn’t say anything about maternity leave. I called the administrative offices of the court, which is the human resources kinda that governs all the DA’s offices as well as the judges and clerks and everything and asked them what, you know, what is the policy for maternity leave and I found out yesterday that it’s covered by the Family Medical Leave Act, which means we get 12 weeks off, but, she said, well you’re, but you’re an exempt employee and I was like, what does that mean? And she said that it’s completely up to my boss 100% whether it’s paid or unpaid.

Thus began many weeks of uncertainty for Carrie. Although she expected her supervisor would opt to pay her, “I really, I can’t imagine that he’s going to give it to me unpaid,” she was left with an ambiguous explanation of what to expect. Throughout her pregnancy, when
Carrie broached the subject of her leave, her supervisor would assure her they would “work things out.” In fact, it wasn’t until her final week of pregnancy, when Carrie asked directly about paid leave in an email, that her supervisor responded definitively that it would be paid. Even he seemed unsure about the policy. “Ruth (his administrative assistant)-make sure the maternity leave is paid leave. I know the federal law requires the employer to hold the person's job for that period of time, but not sure if it is paid leave” (C. Johnson, personal communication, May 1, 2009).

Amber, whose workplace is too small to be governed by FMLA, had no written maternity leave policy to consult. Each full time worker in her office has an employment contract which delineates the work agreement between Sylvan and the employee. Still, maternity leave is not included in that contract. Amber, like Carrie, made the assumption throughout her pregnancy that she would receive paid maternity leave. Unlike Carrie, she never had a conversation with her supervisor about it. “You know, we’ve, again, I never, we never discussed me getting paid for maternity. I always took it as an assumption. I mean, I’ve been there 9 years...” Three other women in her office had previously received six week paid maternity leaves, so Amber assumed her situation would be the same. Amber and Carrie were the only two co-researchers availed a company-paid maternity leave.

Another aspect of maternity leave dealt with by the co-researchers once leave policies were determined, was planning how long a maternity leave to take and deciding when to begin taking it. Money was the most important factor for all of the women in planning how
long to work pregnant. Each co-researcher planned to work until the day her baby was born. Financial concerns, along with policy restrictions, were also important determining factors for how long a maternity leave co-researcher’s planned to take. Whether or not leave was paid or unpaid was an important consideration. Carrie and Amber were the only co-researchers who received paid maternity leave. Both would later say that paid leave was a critical part of their successful transition. For Carrie, paid leave proved to be “vital.”

Oh, I don’t know that we could’ve, I could’ve worked, I mean I would’ve had to plan out the entire pregnancy and saved for the entire pregnancy in order to take any maternity leave if it was unpaid. There’s just no way. And… Oh yes. Yeah, it’s not important, it’s been vital. (laughs) Yeah. Yeah. I would’ve had to be planning out a long time if it was gonna be unpaid, a long, long time and I don’t think, I would’ve been pressured to go back into work a lot sooner, too. So it’s been a blessing.

For Amber, six weeks was the amount of leave her employer allowed her paid, and so was what she could afford. She would later wonder how she could’ve survived at all without paid leave.

Oh! I would not have been able to take the 6 weeks off of work if I would’ve not gotten paid those 6 weeks. I am the breadwinner, I could not even save up enough money for nine months to be able to pay my bills without for 6 weeks of work… Yeah. I, I mean, I could not have paid my bills. I mean, no.
Monicquea and Sydney, who did not have paid maternity leave separate from regular personal leave, planned to take six weeks, because that was the most they felt they could financially withstand after tapping out all of that available personal leave. Suzannah planned to take the maximum amount of leave at twelve weeks, “as long as I could,” even though she did not have enough paid leave to cover the duration. For Suzannah, money was not the driving force behind her decision, as her family had learned to live on much less when she was working only part time and attending school. Rather, Suzannah felt that her supervisor would not tolerate a longer leave.

I think I’ll get my twelve weeks. I mean Roxanna is very supportive, but she also…

Yes, there’s work that’s gotta get done and so, we can manage for 3 months without you, but we need you back in here kind of concept.

For Carrie, planning maternity leave was an amorphous thing. Each time I spoke with her, her plan shortened. At our first interview, early in her pregnancy, she intended to take the full twelve weeks available to her. By her third trimester, she had changed her mind. “Was I saying 12 weeks? Gosh. I don’t know. That seems like a long time. That seems like a really long time.” Carrie mentioned several factors that affected her planning. First, she was concerned about the burden left on her co-workers in her absence. “And that’s the only thing that I worry about, is, is just other people having to cover for me.”

Job coverage was one thing Suzannah, also taking 12 weeks, did not have to worry about. Her supervisor prepared arrangements for a temporary worker, already familiar with
the office and duties, to come in several hours a week to manage some of Suzannah’s more pressing and time sensitive work. However, while grateful for the help, Suzannah also experienced some insecurity about this situation.

…so Susie is gonna come in and she’ll, she’ll fill in for me. Which, in some ways… I don’t think that Susie, Susie is also super duper competent. And so, not that I’m afraid that I will lose my job, but, you know. I know that Susie’s going to do a just fantastic job and I’m pretty sure when I return, my mind might be not quite as on top of things and so, part of me is going, great, so there’s going to be this real, just total crackerjack person in my job for 12 weeks and then you get the brainless woman.

Monicquea and Sydney, who planned to take the shortest leaves, did not express concern about their work load coverage. Amber, who also planned six weeks, intended to continue to cover the critical portions of her job during her absence, in spite of offered assistance by her supervisor.

Well, I will go in and we had already talked about that. And kind of, based on the due date, when things will kind of fall, a lot of those activities I would only have to do one time. Now, if I don’t make it to my due date, that’s gonna change things. But… it is a situation that it could be just 3 or 4 hours to get something like that done, and you know, she’s even talking about, oh, well you can bring the baby and I can keep him while you do that and, or you know, A.B., he can stay home or whatever or,
you know, so... And that was really more of me kinda being like it's much easier for me to just come in and do it than for you, for me to try to teach you.

Amber took it as a sign of trust that her supervisor would continue to count on her to get her job done even in her absence.

A second key concern Carrie expressed in planning the length of her leave involved her sense of self. She seemed afraid that leaving work for an extended period would somehow change who she is. The initial hesitance with which she shared this feeling indicated to me that it was somewhat difficult to put into words.

I guess I just... I feel like I’m probably going to be... I’m... this is going to sound crazy, but I’m really independent and I have this almost fear of becoming dependent on this child and so, I don’t want to be one of these, like, I can’t stand, stand to be away from my child. And so I kinda have an already, gosh, this sounds ridiculous, but I kinda feel like I’m already starting to, wanting myself and the child to be independent. And so I don’t want to, like my sister, she, my niece was 18 months old before she ever left her for more than an hour. And I just can’t see myself doing that, I can’t see wanting that for my child. And so, I guess part of it is just that I want to be able to have, still be Carrie, and not become just mom. And so... I guess that may be part of the reason I’m looking at easing myself back into work quicker than maybe I initially thought.

Amber, Sydney, and Monicquea shared Carrie’s concerns about being away from work,
though they expressed them in different ways. Sydney compared her expectations of being home with the baby to a period of unemployment earlier in her life.

I’m like, I just… when I had quit working on base and I had the, I think, I quit in May and I got hired on with the hospital in September, those like, June, July, August, those three months was hell. Because I was at home not doing anything. And I don’t like that. I don’t, I don’t like the weekends because I’m not, I’m not busy enough.

For Amber, someone who found it difficult to take a vacation from work, the thought of being away for six weeks was also nearly inconceivable. Monicquea mirrored the same tension about the absence. Suzannah alone seemed the least concerned about what her time away from work would mean, which was reflected in her 12-week maternity leave plan.

**Physicality of pregnancy.** There is a saying about the best laid plans. In spite of the furious preparations of the co-researchers, things did not always go as expected or planned. For the women in the study experiencing pregnancy, forces beyond anyone’s control became an important player in the form of physical illness and complications.

In the first trimester, all of the co-researchers reported fatigue. Several shared, with a little guilt, that they took cat naps at work, closing their office doors or slipping to their cars to rest. For Carrie, Amber, and Suzannah, fatigue was about as bad as it got. All of these women enjoyed “easy” pregnancies. They encountered no morning sickness or unusual symptoms. Their pregnancies progressed as expected, and in fact, in the second and third
trimesters, all three felt well enough to work extra hours as they looked toward their maternity leave absences. Amber put in long hours up until the day she left to have her baby.

I…I’ve worked, well, I worked a couple of hours this morning and I probably ended up after I worked this morning, I had about 48 hours in this week. But, I’ve been feeling good. I’ve had the energy, so I’ve been taking advantage and I’ve been working.

Carrie worked feverishly to catch up on a backlog of indictments, successfully completing them just prior to beginning her maternity leave. Suzannah, whose biggest complaint in the final weeks was some indigestion, also reported enjoying her pregnancy and methodically checking things off her to do list in time for her maternity leave.

Sydney and Monicquea, however, were not so lucky. For Sydney, the sickness began immediately.

…that first day that I started working was the first day that I got sick. I started the whole morning sickness. I think it was because of the nerves and… I walked into work wearing, you know, my normal clothes. I had wet hair, didn’t even do my hair, it was pinned up, no makeup on and I looked like [mouths the word “shit”]. So, and when I got sick throughout the whole day and… they’re like, man this is what we’re going to deal with for the next 9 months. And I’m like, yeah. I’m still here.

From then on, Sydney’s hair became the signal flag for bad days. When she felt well enough, she’d blow it dry. When she was sick, she’d go to work with it wet. “…”[I]t was
funny, when I would come to work in my hair being wet, they would just look at me and be like, oh man. You know, this is going to be a bad day.” There were a lot of bad days.

Sydney’s job was the most physical of the group of co-researchers, requiring that she do much heavy lifting and walking around the large, extended campus of the hospital. Adding sickness to the already challenging responsibilities made Sydney’s job that much tougher. She struggled with conflicting feelings about her condition. On one hand, she desired and needed empathy, support, and understanding from her supervisors and co-workers. On the other, she craved normalcy and wanted to be treated as any other employee. She wanted to be able to do as she’d always done and suddenly, in a way she couldn’t control, “normal” wasn’t possible.

Because it’s also like, going back to that, you know, trying to compensate for not carrying my weight, it’s, I know I need to sit down and I know I have to sit down, but it’s also like, I don’t… I kinda don’t want to because I want to prove that I can still go and go and go. But… it’s also, I need to stop doing that and I need to think about myself and the baby more.

When I asked Sydney if she felt this pressure to perform, or “compensate” was coming from an external source, she said, “no, I think it’s all me.” For her, being unable to perform due to pregnancy complications was a “sign of weakness.”

Unlike Sydney, Suzannah, who faced few complications in pregnancy, expressed resentment at being treated as an “invalid.”
And one of the things that’s kind of interesting and sometimes I appreciate it…and sometimes it’s irritating is, people assuming I can’t do something. Like, oh, let me carry that laptop for you. I’m like, the laptop weighs 15 pounds maybe. You know, I’m OK. Really, I promise. So, I mean, and it’s sweet and I appreciate it but I also am not an invalid and nothing about this pregnancy has made me an invalid.

Suzannah bristled at the suggestion that pregnancy was a condition that disabled her in any way.

By Sydney’s 35th week of pregnancy, she began experiencing additional complications. When I saw her at her baby shower, she told me that she’d begun having nose bleeds and some ankle swelling. Shortly after, her supervisor sent her home when she complained of abdominal pains. Her obstetrician placed her on temporary bed rest. The next week, she was hospitalized with what turned out to be false labor. A week after that, she was hospitalized again for symptoms of pre-eclampsia, a hypertensive pregnancy disorder. Upon release from the hospital the last time, she formally began her maternity leave at the request of her supervisor, Denise, and recommendation of her doctor and awaited the birth of her child.

Monicquea’s troubles began almost as soon in her pregnancy as Sydney’s, although they were not as readily apparent as Sydney’s at first. Prior to pregnancy, Monicquea had struggled with depression and was taking an antidepressant. When she learned of her pregnancy, she opted to stop that medication to spare her baby any adverse effects. This
decision proved to be a very difficult one for Mo. She was very private about what the depression was like for her, and kept many of her feelings to herself. When we spent time together during those months that she was pregnant, I knew that Mo was struggling more than the others. She always had about her an air of sadness and despondency that made me worry for her. Months later, Monicquea was finally able to share more about that time with me.

Having stopped taking the antidepressants upon becoming pregnant, I suffered almost a culture shock. I hated life, I hated myself, I hated my child, I hated my child’s father. I was constantly in emotional pain. If I could have laid in bed all day then I would have. I had thoughts of harming myself and my child. On some occasions I had thoughts of committing myself. I never acted on any of these thoughts but they were still there nonetheless. I hated feeling this way and often found myself crying because of it. In hindsight I believe that it was more than just stopping the antidepressants that lead to these feelings but at the time it made the most sense. In short, my concern was that I didn’t want to do anything that would cause me to have to go through that again. I eventually came to terms with what was going on and made an effort to change it. I was able to get my doctors to put me back on the antidepressants. I also started going to therapy and seeing a nutritionist to help with my eating problems. Once these things got into place I started to feel a little better. Although it seems kind of ironic that once I started making personal changes the
health of me and my child drastically changed (M. Stuttgard, personal communication, November 16, 2009).

The change to which she refers is the physical complications she experienced in her pregnancy. These complications were mostly independent of the emotional turmoil that Monicquea was experiencing. On the recommendation of her obstetrician, she began seeing a high risk specialist when fibroids were discovered on her uterus. The specialist began tracking the growth of the fibroids, and later noted slow growth in the baby, as well as low fluid levels in utero. Although Monicquea did not experience the obvious sickness that Sydney did, her work was impacted by her nearly constant doctor’s appointments. “Yeah, every two weeks is an ultrasound, then I have to see my regular doctor plus a therapist and a nutritionist.” She made efforts to schedule them in the mornings, before she began work, whenever possible.

In her sixth month, Monicquea was placed on modified bed rest, only allowed to go to work because her position was sedentary. During this time, Monicquea kept her supervisors and co-workers informed of her physical condition and they responded with support. “…[my co-workers are] good, making sure I stay seated. (laughs)”. Unexpectedly at her next appointment, at 28 weeks, she was admitted to the hospital for an emergency c-section. Thus began Monicquea’s maternity leave.

Support. The support of co-workers and supervisors during pregnancy was important to all of the women in the study, but this support was especially critical to the women who
experienced complications. Sydney worried a great deal about how her physical difficulties affected her co-workers. Her supervisor provided her with a cart early on to help her in transporting heavy pieces of equipment. Her co-workers, for the most part, were very sensitive to her situation, and provided assistance when she needed it.

Ah… we, no everyone has been extremely awesome about everything. I mean, it’s nothing for me to say, even co-workers not in the department, like just around the hospital, but they, if I’m up on a floor and I need a computer moved, it’s nothing for them to say, or for me to ask, hey, can you move this for me, and them say, yeah, sure, no big deal. Or…calling down and saying, hey, I need this computer, you know, I need you to put this on my cart for me and them saying, OK.

The only exception was a single incident with a male co-worker, who Sydney felt deliberately placed her in a situation in which she would be required to lift a heavy printer. When co-workers were aghast to see her struggling, the co-worker acted as though Sydney was “trying to be she-man” and had refused his help. Sydney’s story was one of the only ones shared by the co-researchers that depicted anything less than wholesale support on the part of supervisors and co-workers during pregnancy.

It was not unusual for supervisors to take the lead with the co-researchers in helping them plan for and facilitate their absence. Suzanna’s supervisor made “maternity checklists” to help her ensure she was ready for her absence, as well as providing coverage for her in the form of a temp worker. Amber’s supervisor offered to hire temporary help as well.
Sydney’s supervisor was often the one that spoke up to send her home when she really needed to go but was afraid or unwilling to ask.

Because there was times at the very beginning of the pregnancy that I couldn’t go to work because I was getting sick too much. Three times in one morning prior to leaving at 6:15 to go to work. And I’d call her and say, look, I can’t come in, I’m getting sick way too much. OK. But I would always also say, look, I’m getting sick, do you want me to come in or can I take the day off? No, I don’t want you here at all, you need to stay home. So it was like, you know, it was … I would always say, hey look, you know, I could probably manage being at work, I’m going to be getting sick a lot, but she would say no, don’t come in. Or, I was at work and started getting sick, or the nose bleeds, then she would say, do you want to go home, she would ask, do you want to go home. And I would either say yes or no. And if I said no, I don’t want to go home, then she would give me a hard time about it until I went home. But if I, if I looked at her and said, hey, look, honestly, I can work, I’m good, then she, she wouldn’t hound me on it. She would just let me work. But if… she’s got to know how… you know… what am I trying to say? She got to know me, like, she knew, she knew when I couldn’t take it anymore and that’s when she would push me to go home. Whereas if I just felt like crap, then she would just ease up and not make me work as much. She would just let me sit there and work at my own pace. So that
was nice, knowing that, you know, it was almost like I was getting special treatment, but I wasn’t.

Sydney credits Denise’s sensitivity to her needs with helping them to decide together what was best for her during her difficult pregnancy. Sometimes, however, Sydney felt her supervisor’s protectiveness of her was overwhelming. In one example, Sydney told me how Denise criticized Sydney’s mid-afternoon snack. “My boss in particular, my employer gives me a hard time about eating the wrong foods. Like, chastising me for eating M&Ms or pretzels or chips and telling me I should eat bananas and not eat chocolate.” Sydney excused Denise’s behavior by saying she was “only just trying to help out.”

Carrie’s supervisor left things ambiguous about how her maternity leave was to be scheduled, and during her pregnancy, Carried fretted over this. When we talked in her third trimester about the length of her maternity leave, Carrie still wasn’t sure how things would go and seemed unsure about how to manage that.

So, but he… he really didn’t (laughs)… he hasn’t said one way or the other about things. And the senior ADA, you know, I talk more than my boss and I talk, and you know, he’s kinda said, made mention in passing, oh, when you take off a month or two, or whatever you’re gonna take off, so it’s just kinda still this amorphous… thing. I don’t know, I mean, I guess it’s good in that I’ll have some leeway, but… I don’t know.

In spite of the ambiguity, however, Carrie was also well satisfied with how her co-workers
and supervisors supported her during her pregnancy. She, like Sydney, blamed “internal pressure” for her driven performance during pregnancy and credited her work environment for facilitating her efforts.

No, I can’t say that there’s anything that anybody has even, has said even remotely to make me feel like I need to be back, that I need to be doing this, they’re all just saying, take as much time as you need, we’ll work with you. I mean, I, I’ve put more pressure on myself than anybody else because you know, I know that, and really I’m glad that my boss is going to be up here in some ways, but really now, I gotta get back so my boss can get back to doing what he needs to do. And so there’s, there’s internal pressure more than anything else. But they’ve been nothing but supportive, so…

Suzannah is the only woman in the study that did not report this internal pressure to work harder. In fact, she sheepishly admitted to being less attentive to detail as a pregnant person.

No, if anything I kind of feel terrible, but, I kind of feel like… My attention is just divided, and so, like, where I know I should, like I have, I’m doing six or seven or, I have several things on my desk that need my attention. And sometimes I come in and I’m totally focused and sometimes I’m just not and so, because what’s bigger on my mind is I still don’t have a pediatrician or you know, oh my gosh, I still don’t have a day-care center or are we going to have a doula, what’s the purpose of having a doula… And those things… I mean I always kind of would sometimes take like the coffee
break or whatever, to, because you can’t be 100% on all the time, but I feel like more so now I have other things that come into play. So, when I’m on I’m really on is what I’ve found, but I’m not as successful at being really on all, more of the time, if that makes any sense. So… I don’t know that I compensate particularly well is what I’m saying.

I connected with Suzannah on this issue. When I was pregnant the first time, I admit that I wasted countless corporate resources researching my pregnancy passion, cloth diapers. I complained of “Pooh brain,” a fuzziness of thought that made me feel like I had fluff for brains sometimes. By no one’s definition was I a more efficient worker pregnant than not pregnant. This notion of “internal pressure to perform” sounded a bit foreign to me and I appreciated being able to connect with Suzannah’s experience and honesty around the issue.

Up to this point, I have said very little about the role of the co-researchers’ partners in this period of the transition. That is because the role of the spouse and boyfriend here was not prominent in our conversations at this stage. Whatever their relationships were before pregnancy, they continued much the same during pregnancy. The women reported doing the majority of the planning for their families. Amber, Monicquea, Suzannah, and Carrie did the research and leg work searching for day-care centers. Spouses and boyfriends attended doctor’s appointments when their mates asked them to and with all the regularity that their own jobs would afford them. Simply, the men were there, excitedly anticipating their babies and helping their partners in whatever way they could. The women led the charge.
Birth. My favorite stories from the entire study were the birth stories. I heard them storied and re-storied, over and over, on the phone, via email, and in person. Each telling was filled with all the emotion and impact characteristic of perhaps the most powerful experience of the co-researchers’ lives. I consider my own first child’s birth story to be some of the most important words I’ve ever written down. Birth changed my life. Through birth, I became a mother. I didn’t feel like a mother when I was pregnant. I felt like myself with a big belly and ghastly sickness. For me, and for several other women in the study, it was when my baby was placed in my arms that I became a mother. I don’t believe it’s a misrepresentation to say that the experience of birth changed the lives of my co-researchers in much the same way. They became mothers.

Like pregnancy, birth sometimes went as planned. Often, it did not. Again, a spectrum of experience emerged from the co-researchers’ stories about their births. This event was the culmination of hours of working, planning, and hoping on the part of the women in the study. Thus, a lot of emotion was bound up in the hours that made up each co-researcher’s birth experience.

Suzannah planned a natural birth. She wrote a birth plan that she shared with her doctors, she hired a doula, and she practiced hypnosis for childbirth. Suzannah’s birth happened much as her pregnancy did, with no complications or interventions, according to her expectations. Her birth unfolded as she had written in her birth plan. After a relatively short, 7 hour labor in the hospital surrounded by family, Suzannah and Greg’s daughter,
Emma Grace, arrived on September 9, 2008, at 11:09 am. She weighed 9 lbs, 1 oz, and was 22 inches long. Suzannah spent one full 24 hour period at the hospital. When I visited Suzannah after her baby’s birth, she reflected on her happy experience.

I don’t know whether the hypnobabies [hypnosis for childbirth course] had anything to do with it or expectations or fear or whatever, but I’m totally convinced that my expectations for what my birth would be like had an influence on the fact that it was short and easy.

This hypothesis resonated with me. I used the same childbirth education program that Suzannah used for my first daughter’s birth. The course emphasizes that one often gets what one expects. After my own “easy,” complication- and intervention-free natural birth, I felt the same way Suzannah felt. It felt good to imagine that something I had done right had brought about this joyful experience.

Both Amber and Carrie’s birth experiences, like their pregnancies, also proceeded mostly according to plan. Amber and A.B.’s son Archibald Bruno V (A.B. V) was induced at her request on his due date. Amber experienced some early stress with a spike in blood pressure, but calmed and progressed normally after receiving an epidural. “And so, boop! 7:20, there he was. Popped right out, everything was good…” A.B.5, as they affectionately call him, was born December 9th, 2008. He weighed 8 lbs, 7.2 oz, and was 20.5 inches long. Her supervisor was at the hospital when he was born.

And I had already told both my bosses, I said, when I have him, I said, I want ya’ll to
come to the hospital. So they came. And they waited and came once he was actually
delivered and they came in and they saw him and stuff and they were out in the lobby
when I was actually, everybody was coming back and seeing me.

That Amber’s supervisor was present for her child’s birth speaks volumes about the type of
relationship they share. Amber continued to have some blood pressure issues after A.B.5’s
birth, and he had a mild fever, so they remained in the hospital for two additional days before
going home.

Carrie’s labor started on a Sunday morning, and she labored for over 24 hours, about
12 of them at the hospital. After 8 hours of labor at the hospital, Carrie received an epidural.
Soon after, doctors administered Pitocin, a synthetic hormone that causes uterine
contractions, to help jump start her stalled contractions. The remainder of her experience
was free of complication or intervention. At full dilation, Carrie was seized by a moment of
panic.

I remember, I freaked out right before they were like, OK, it’s time to start pushing
because I was, that’s when I started crying, started, I wasn’t in any pain, but I was
like, I don’t want to screw this up, I’m not ready to be a mom, I was like, I can’t do
this. I mean, just started, just crying and crying and crying, I was just like, I’m gonna
mess this up. I don’t want to mess this up. And everybody was, you’ll be fine, you’ll
be fine, so I calmed down and tried to get it together… So, it was like, OK, so there’s
no turning back… And I think I went through 4 contractions. And he was, he was there. And that was it.

Levi Thomas was born on May 4, 2009. He weighed 7 lbs, 4 oz, and was 19 and a half inches long. Carrie gave birth surrounded by family. She experienced some irregular bleeding following the birth, extending her stay in the hospital by an extra couple of days.

Sydney experienced the same sort of panic mid-birth that Carrie did. After three short stints in the hospital for false labor and pre-eclampsia scares, Sydney finally began real labor after an appointment with her doctor and 3 days before her scheduled c-section. Her labor progressed very quickly, and she worried that she would not receive the c-section that she wanted. The panic seized Sydney earlier than Carrie; she “freaked out” at the pronunciation of 6-7 centimeters.

…[the nurse] looked at me dead in the eye and she said, honey, you’re in labor. And it was just, OH MY GOD! I just, I was fine, I was in pain, but when she said, honey, you’re in labor, that’s when I started freaking out. And just, oh my God. I’m not, you know, we’re not ready, we need a car seat, my mom’s not up here. You know, I’m about to have surgery, oh my God, I’m supposed to have another 3 days to prepare for this.

An interesting aspect of Sydney’s birth story is that she experienced it at her workplace. No other co-researcher shares this unique twist on the experience, and it had an important effect on Sydney’s story.
But… they got me down to OR holding and the joys of working at the hospital. People are coming in and my name is this and I’m going to do this. Oh, you look familiar, do you work here? And then you turn and you know, you’re completely naked, that gown doesn’t exactly cover up because people are still checking to see how far you’re dilated or to see if the baby’s head’s coming, stuff like that, so you look over at who’s talking to you and you’re like, oh, shit, I know you by name and my stuff is all hanging out. I will never be able to look at you again. And these are kind of like, you know, men, like… Like, guys that I work with that are nurses and stuff. It’s like, hey, Sydney, you’re finally having the baby and I’m like, yes, trying to cover up and between the contractions and getting pricked with IVs and stuff like that and… you’re, you know, your water’s leaking, I mean, so you’re dripping all over the place, and other people are coming up saying, my name is this, I’m gonna do this, oh, I know you. And it’s like, oh my God, you guys have got to get… and I think that’s when I started saying the F word more. Like ya’ll have got, you know, to hurry the F up.

Sydney’s telling of the story was wildly funny to me, but when I stop and consider what that truly must have been like for her, I feel great sympathy. Had I gone through my birth experience with the whole of my office watching, I cannot imagine I would have been able to reflect on it with such good humor. Perhaps onelaughs to keep from crying, as they say.

Although Sydney’s c-section occurred anyway at her request, the spinal block did not
work and she had to receive general anesthesia. This turn of events also had a significant impact on how she experienced her child’s birth; she missed much of it. I visited Sydney in the hospital the day after she had the baby, and after she told me about her experience, she turned uncharacteristically serious, her face taking on a grave, stressed look.

But Laura, you know, the thing that I keep thinking about is that nothing, from the moment this all started, went according to plan. We wanted a c-section, but I ended up getting knocked out. Randy didn’t get to cut the cord…

She was interrupted in that visit, but later was able to expound on her emotional conflict about the birth.

But, it was hard, it’s been hard on both Randy and I, with me being knocked out for the c-section because, like we don’t know if she cried when she came out. He wasn’t able to cut the cord. Stuff like that. We weren’t… we weren’t really there. And then I wasn’t, I didn’t get to see her or hold her until 2 hours after she was born. So that was… hard.

I believe what Sydney was trying to express is a sense of loss. She had an expectation about what her birth would be like and that dream was not realized. This disappointment was particularly difficult to process because she was understandably very happy to have a healthy baby. Amid the uncontrollable forces that shaped her experience, Sydney gave birth to a beautiful, thriving baby girl, Margaret Joy on November 4th, 2008, at 3:15 pm. She was 6 lbs, 8 oz, and 18 and three quarters inches long. Processing feelings of loss and
disappointment surely was a difficult thing in the face of good fortune.

Sydney was not the only co-researcher to experience these conflicting feelings. If Sydney’s experience was unpleasant, Monicquea’s was a nightmare. At her last appointment just after we saw each other in December, Mo’s specialist sent her directly to the hospital for observation and probable emergency c-section. She had time only to call her father, her boyfriend, and her co-workers to let them know she would not be back to work that afternoon. Monicquea spent Christmas in the hospital. Four days after she was admitted, on December 26th, her baby girl, Kennedy Aliya, was born via emergency c-section at 28 weeks gestation. She weighed 1 pound, 3 ounces. Mo was not allowed to hold her, as Kennedy was whisked away to the hospital’s NICU. It was several hours before Monicquea got to see her. Kennedy was too tiny to be taken out of the incubator or held. The baby had jaundice, and wore a mask over her eyes. “[I] Just touched her head and touched her fingers and stuff…It was a little, a little overwhelming.”

Monicquea’s difficulties were not over with the birth of her child. Four days after Kennedy’s delivery, Mo was released from the hospital. That night, she had a tonic-clonic seizure and was rushed back to the hospital. She had another seizure at the hospital. Doctors diagnosed Monicquea with eclampsia, a life-threatening hypertensive disorder of pregnancy. Eclampsia was the underlying, undiagnosed cause of the problems Monicquea had experienced through most of her pregnancy. Her doctors told her by way of explanation of her condition, “it happens.”
Monicquea remained three more days in the hospital before being released with doctor’s orders not to drive for six months. She went home without her baby. She spent the next six weeks, her official maternity leave from work, catching rides back and forth to the hospital to sit by her baby’s side. Including hospital time, she was away from work for eight weeks.

Monicquea’s story is especially poignant for me. My second child was born with meconium aspiration, a fluke complication in which the baby passes first stool in the womb and breathes it into the lungs. The aspiration can be dangerous, and my baby was airlifted to the nearest NICU immediately after her birth. I sat, sobbing and immobile in my hospital bed as I listened to the helicopter leave outside my window. I, like Mo, went home the following day without a baby. It was one of the lowest moments of my life. The physical need for my child was so great as to almost take my breath away. She was miles away, unable to be touched, held, smelled, or seen. I spent the next week painfully shuffling back and forth to the NICU, first from a cot made up in a spare conference room, and later from a “sleeper” room set up to accommodate parents. I remember the constant washing of hands, the insular sounds and feel of the NICU. It was womb warm, and there were no windows. No one spoke. I could hear the subtle sounds of bodies in motion, but there were no words. Over the silence was the sound of a thousand alarms going off—wiggling babies who pulled loose monitoring electrodes. Hopefully none were critical, although one knew instinctively that in such a place not all alarms could be so innocuous. It sounded like a symphony of
ominous little slot machines.

Monicquea’s story pulls at my heart because of the baby across the way from mine as I lived through my own NICU experience. He was the tiniest baby I had ever seen, born at 28 weeks, just like Mo’s baby. His doll-like arms and legs were always waving around, as if he were holding a little baby party in his plastic box. I learned later his movements were uncontrolled and involuntary. His limbs were literally the size of my husband’s fingers. He was jaundiced, under a light, with a teensy black mask on. He frequently would pull his belly monitor off, setting off the raucous alarm and flashing red light. The nurse would calmly go in, stick her arms through the little plastic holes, and adjust the electrode. Over and over they’d do this dance. Every day, his mother, a very young woman, probably a teenager, would come. She would sit next to his incubator and stare at him. She never said a word to another person. She rarely touched him. She just floated in like a ghost, breathed him in like oxygen for the suffocating, and left. One morning, as I sat nursing my own improving baby behind the curtain, I heard the doctor come into our pod with residents doing rounds. One asked about the prognosis for the little boy across the way. The doctor spoke coldly, with detachment. The baby had massive bleeding between the lobes of his brain. He would likely have cerebral palsy and long term disability, if he survived at all. There is great controversy, the doctor explained, in saving babies born this young. “I tend to err on the side of saving them,” he said in a matter of fact voice. I sat, feeling utterly devastated for his young, shell-shocked mother, who was not so unlike me.
These memories screamed through my brain as I listened to Monicquea’s story. I told her none of it. She reflected on her experience quietly, with calm resolution.

I was supposed to be married, eat properly, and have a full term healthy baby. It was supposed to be that perfect. I wanted it to be different than most that I know; that’s why I waited so long. Unfortunately, fairytales don’t exist. There are no perfect pregnancies and people often turn out to be different than what you thought. In short, there are no guarantees. [Kennedy] is alive and every day I am blessed to have her (M. Stuttgard, personal communication, November 17, 2009).

Miraculously, Monicquea’s birth story ended happily. Her daughter suffered no lasting complications; “… they say, you know, that she’ll be behind for a little while.” Kennedy was released from the hospital a little before her due date, just three weeks after Monicquea returned to work.

Sydney and Mo both struggled with the same sense of loss, disappointment, and guilt immediately following their birth experiences. They each felt a responsibility for what happened to them and to their babies, though rationally they seemed to know it made little sense to take the blame. Sydney worried that she caused her pre-eclampsia problems.

…it’s like, man, if I… you can’t… what am I trying to say? There was nothing that I could’ve done differently to prevent the pre-eclampsia stuff. But thinking back on it, it’s like, while I was at work, man, if I would’ve sat down more. If I didn’t eat the
bag of chips. If I didn’t eat the Twix bars every single day, maybe it would’ve been
different. But it wasn’t. It wasn’t. I couldn’t have prevented it, I don’t think.

I was never sure if Sydney believed that she did not cause what happened. Monicquea not
only wrestled with her own feelings of guilt, she also sensed blame from her boyfriend.

In the beginning, I felt guilty. Not about having to leave her there, but I felt like it
was my fault what happened. I felt like CJ blamed me too and so that was kinda
hard… I had a lot of guilty feelings about a lot that happened… the way it happened,
her weight and her being early.

The mothers who experienced “easy” pregnancies and births managed to escape these early
and complex feelings of guilt, loss, and disappointment. However, time was the mitigating
factor. Guilt in particular would come to be a recurrent emotion for most of the women in
the study at various points in the transition.

In the wake of Sydney and Monicquea’s unexpected and unplanned experiences
throughout pregnancy and birth, I can’t help but reflect on my and Suzannah’s belief that one
gets what one expects. We came to believe that our expectations were a factor in how our
experiences played out. I would like to still believe, to some extent, that is true. Clearly,
however, neither Sydney nor Mo expected or wished for any of the terrible things that
happened to them. I must consider, then, that our view is too simplistic. Ultimately, such a
perspective is unfair to the brave women who weathered such tragic circumstances.

Expectations are only one part of the story. When it comes to pregnancy and childbirth,
forces beyond anyone’s control are always at work. I am now convinced that sometimes, no amount of planning or good will can stop them from happening.

When the nurse placed Levi in Carrie’s arms immediately following his birth, she felt a moment of portent.

I thought, when they put him on my stomach, I was like, he is heavy. I don’t know, I don’t know what it was but I just wasn’t expecting him to feel so heavy on me. And he wasn’t a heavy baby, but he just, when they laid him on me, it was like this huge weight. I don’t know if it was emotional or mental or what, but I thought he’s heavy…

Each of the co-researchers shared a similar moment at or soon following the birth of their child in which they recognized themselves as mothers. In every case, the co-researchers came to the realization that they are still who they were, only a sort of new or “enhanced” version. For Suzannah, this moment happened a few days after Grace’s birth, at home and, in her usual fashion, without much fanfare. She expresses her experience simply and with feeling.

We were watching Law & Order and I asked to go to the bathroom [for husband to pause video] and as I’m washing my hands looking at myself in the mirror I realized I, don’t ask me why this hit me yesterday, but it did, that forever and ever I’m somebody’s mom. And forever and ever that somebody is gonna need me in some capacity. And it wasn’t like a desperate, oh my God, I might cry thing. It was just
like, well… I mean, there was the moment of, and… while I can always have support, there is a point where you do this on your own …. but just to realize that there is someone who will need me forever now. So, that was an interesting, not even realization because I think I, I mean I knew that, but it was just one of those things that like, looking at myself as I’m washing my hands and I’m going, never again will you be that person that you were. Like I’m not angry or upset or frustrated that I’m never gonna be that person again. Because now I’m somebody’s mom and that’s really wonderful and exciting.

Amber had a similar moment of recognition that her self and her life had changed with the addition of A.B.5. Whereas Suzannah found this shift painless and almost imperceptible, for Amber, the remembrance of it came out of thoughts about challenges and difficulties. I think the hardest part about it, that I was telling my mom is… how much your life changes, how much you want it to change, how you don’t want to lose your self and your identity and how you don’t lose your self and your identity. You adapt. You become a new person. You become… a mom. You know, someone that looks, that, that’s gonna look up to you. And I had made the comment that you know, 10 days had passed and we had made it through the first 10 days. Everybody said, the first 10 days, the first 10 days, first 10 days. We made it through the first 10 days and my response was, a million more to go… It’s just… it’s, it’s amazing what happens to
you and you don’t know where it came from, how it happened… it’s just, it’s like a switch. Just turns.

Although Amber had doubts and fears about becoming a mother, the love for her new baby overshadowed those feelings.

For Carrie, becoming a mother came with a sense of relief. She had expressed apprehension throughout her pregnancy about losing herself in motherhood, of losing who she was. Happily, she found that not to be the case and even felt some guilt about that.

When I asked her if motherhood was what she expected, she answered:

(sighs) I don’t know. I don’t, I don’t… you know I was worried, I think I had talked to you last time I saw you, I was worried about becoming really, really dependent on him and like, just becoming nothing but mom. And I was really worried about that and… thankfully I still feel like me. I still feel like, you know, I would, I’d do anything for him and I love him and… and, you know, God forbid anything ever happen to him, but I still feel like I can go out and I can do things and… I kinda almost feel guilty, I’m like I should, I should, should I be like freaking out and ready to run back home, but I mean, I went out the, a week after he was born, a week, not, not even, it was a Sunday after he was born… So I’ve left him, you know, obviously with Emerson, not with anybody, and not for more than, you know I think, I think the longest I was gone was about 45 minutes. But, in that, I think I was expecting, I’ve heard so many people just talk about how overwhelming, how it’s so life changing,
and so, you know, and it, it is, but it’s… I don’t know, it’s… not as… overwhelming as I thought it would be. You know? And I’m thankful for that because that’s what I wanted… So… it’s… it’s not what I was expecting, but it’s what I was hoping for. I guess.

Suzannah, too, spoke of how “people” told her during her pregnancy that her life would change with motherhood.

They said this as if it was so terrible and that I’d need to treasure every moment of time before the baby came because I’d never have it again. And I won’t, but that’s okay—I don’t know that (at least now) that I miss that. My life has transitioned and now I’m everything I used to be AND a Mom, and that’s pretty wonderful (S. Smith, personal communication, February 4, 2009).

For all of the co-researchers, the taking on of the role of motherhood came with a sense of great responsibility, but it was met joyously, with pride, courage, and calmness.

*Maternity leave.* Maternity leave itself passed for the six women with some common characteristics. Each co-researcher made a decision to be the parent to stay home postpartum. The physicality of birth and child rearing continued to play a role. Support from their partners became a more prominent part of their stories. The women contemplated their return to work and adjusted to life at home with varying degrees of connectedness to work. As the end of leave approached, the women began making preparations for their return to work.
Taking leave. Each co-researcher made the decision with their partner to take maternity leave of various lengths. No male partner in this study group opted to take the traditionally female leave to stay home with the infant while the woman returned to work. Four of the five men took a short paternity leave, generally two weeks or less. Two women in the study, Suzannah and Amber, did have a formal conversation with their spouse that considered his taking a longer leave.

Amber and her husband discussed the possibility of A.B. as a stay-at-home father, but ultimately decided against it.

Matter of fact, when he was getting out of school, because I have, I’m the breadwinner of the family, I had been working the longest, dah dah dah, he was getting out of school, he could not find a full time job, he was gonna be a stay-at-home dad. Period. Not just maternity. And then he started working some and started having some money and basically… we had said, if you’re not working enough to pay for day-care, then there’s no need for you to work.

Once A.B. secured full time employment at Sylvan, however, they decided together that they relied on his salary and wanted him to remain employed. With money no longer the deciding factor, the decision was based on a more intangible factor. “I think he would do a good job, but I do think that… it might not would be the best for the relationship. Me and him or him and the child.” Amber felt that having A.B. at home all day with their son would somehow
strain their relationships by keeping them from spending time together as a family unit. She was afraid that having spent all day with the child, her husband would want time apart.

Suzannah also broached the topic of paternity leave with her husband with somewhat comical results. Asking the question, however, created some food for thought for Suzannah herself regarding her own wishes and desires as a mother.

Just like, you know, there was a brief and sort of joking moment when I was pregnant where I kinda said, do you want to take paternity leave or do I take maternity leave, and I got this totally blank stare. Yeah, I mean, and I don’t even know that I would’ve, what if he had said, I get to take paternity leave, I don’t know. But you know. Then I’d really have to think, whoa, oh. Huh. OK.

Suzannah said that Greg did not take an extended paternity leave, primarily because he was the breadwinner of the family and they could not afford to sacrifice his salary. She had shared that he had copious amounts of leave available—so much so that it would convert to sick leave at the end of the year if he did not use it. Greg did use much of that leave when he took two weeks off to care for Grace once Suzannah went back to work. He may have been unable to take the extended 12 week leave that Suzannah took with the paid time off he had available. However, the more important factor mentioned by Suzannah in her statement above is her own reaction to not taking leave. Faced with the possibility, however remote, of giving child care responsibility to her husband in those early weeks, she had to give serious consideration to whether that would be something she wanted to do.
Interestingly, desire rarely came up as an expressed factor when talking about the choice to take maternity leave. Like with Amber and Suzannah, there were other, more practical reasons. Carrie and Suzannah both breastfed for extended periods. The logistics of being away from their babies for longer than an hour at a time in those early weeks were difficult to overcome. Sydney’s husband is a Marine and was contractually unable to take more than the allowed 10 day paternity leave. Sydney also required several weeks of physical recovery from her c-section. For Monicquea, the decision was made for her by her baby’s circumstances. She was recovering from surgery, without the ability to drive to work, and staying by her baby’s bedside in the hospital. Mo was unwilling and unable to give up those weeks to her boyfriend. He never expressed a desire for her to do so.

Physicality postpartum. Sydney and Monicquea required several weeks to recover physically from their surgeries. Fortunately, both had help from family members during this time. Monicquea reported just “existing” during the first three weeks after her surgery, with discomfort sleeping and getting up and down from a seated position. With no baby to care for, she was able to focus on healing and catching moments to visit Kennedy in the hospital when she could get there. Sydney said that she fared slightly better from the surgery. “I had her on a Tuesday, was discharged on Thursday, and all day Saturday I was on my feet.” Her husband, however, who was her dedicated aid postpartum, seemed to find the physical effects of the surgery much more traumatic. When I visited them a few days after Maggie’s birth, he told me, pale and shaken, “I would rather her have gone through 24 hours of labor than what
she went through the 3 days after she had the baby. I don’t ever want to see her in that kind of pain ever again.”

For all of the women with a new infant at home, the physical stress of recovering from birth was often overshadowed by the demands of the baby. Lack of sleep and adjusting to the whims of an infant were difficult, particularly in the first few days. The passage of time and establishing a semblance of a routine helped Carrie in the early moments.

But it’s gotten a lot better, because the first, the first couple of nights I didn’t know, I don’t know, I didn’t know what to do, I didn’t know how to sleep with him, I didn’t know how, so I just, I was up all night. I just stayed up all night and held him and just sat here and just watched movies and late night TV just all night. Emerson would sleep and then I’d, you know, once Emerson woke up, I’d go lay down for 2 hours or however long it was and then maybe another hour, so that, those first like 4 or 5 nights was kinda rough. Then we, but we’ve gotten into kinda routine. We’re getting there.

Amber also had a rough first few days at home. She attempted to breastfeed but had difficulties and in desperation, fed A.B.5 formula. When she found formula feeding to be less stressful, she switched over completely and this helped her adjustment. Sydney had a similar experience, sticking with breastfeeding for about two weeks before switching over to formula. Like Amber, she found that formula feeding allowed her baby to sleep longer between feedings and gave her more opportunity for rest. All three women who gave up
breastfeeding felt a healthy amount of guilt over this choice. Said Sydney, “I got so frustrated because I’d feed her and 30 minutes later, she’d be hungry again. So I fed her formula and I feel, you know, like I’m a bad mother because I just fed my baby formula.”

Guilt wasn’t reserved just for the formula feeders, however. For Suzannah, who did breastfeed, it was the night time feedings that were some of the toughest. Her poignant story of one particularly rough night captures the frustration, the stress, and the physical toll of caring for an infant. It was a sentiment shared by all of the women in the study who had a baby at home.

The hardest part is when she starts to squirm in the middle of the night and I know I’m going to have to feed her, in you know, 15 minutes. It’s like the, the build up to it is worse than the actual getting her on, getting her latched. It’s like, oh God, we have to do this again. Oh no. And then, you know, we spend 2 or 3 minutes of her spitting it out and trying again and then she gets it, and once she’s on, like this is not bad. This is fine. It’s getting her on and oh my God, though, last night, usually like I said, the right breast is pretty easy, but somehow last night she took a chunk out of me. She like I don’t know how she did it, but… OH. (laughs) I like, it was so painful that I just like I shook her a little bit and then I was like, oh my God, I’m going to give her shaken baby syndrome and of course, like I did not, it was like 2 seconds worth of shaking so I’m positive there was no adverse affect, so I can understand intellectually that that’s not, you know, even a concern but, I’m just like, oh my God, I’m going to
give my child shaken baby syndrome. So, yeah. But that’s actually the hardest part for me is, is the… for whatever the reason, during the day nursing seems easier. I don’t know if it’s because I’m more awake and so is she or what it is, but the hardest part of my day is actually in the evening, like the 3:00 feeding in the morning and I know that it’s going to be with my left breast which is hard for her, and you know, it’s just like oh God, oh God.

The decision to breast or formula feed is a lightning rod issue that stimulates a diversity of very vocal opinion. The result of this controversy can be guilt for mothers who make either choice. Suzannah and Carrie persevered in spite of some significant obstacles, including cracked and bleeding nipples, lack of sleep, a bout of mastitis, and a painful, lasting case of thrush. Both had planned throughout their pregnancies to breastfeed and remained committed for months after birth, in spite of their difficulties and even after returning to work. It was a very personal decision, based on a belief in the physical benefits of breast milk to their babies. Once in progress, both women enjoyed the bonding they experienced with their babies while feeding.

For the other ladies, the intention to breastfeed for the wellbeing of their babies was there for the same health reasons. However, the issues they faced in attempting to breastfeed—pain, stress, physical separation, and a fear of not providing enough food for their children—simply overrode their ability and desire to persevere. I breastfed both of my children, and it was a truly enriching experience for me as a mother. It was also physically
painful at times. In my mind, there should be no judgment on either decision. I regret that any of the mothers in this study experienced any negative emotion about this or any other of their choices.

Adjusting to life at home. For all of the women in the study, maternity leave was the first time they had spent a significant amount of time at home without the responsibility of work in a very long time. Adjusting to the change was a challenge for all of the co-researchers.

Productivity was a refrain I heard repeatedly from nearly all of the co-researchers. Suzannah first expressed feelings of discontent about her productivity as I was visiting her six weeks after Grace was born, near the middle of her maternity leave. I asked her if she was enjoying her time at home. She paused, sighed, and answered.

I have, I have, I just… feel like I don’t accomplish anything. I mean, the measure of my day is whether I did laundry or you know, washed some dishes. Not that those are bad things, but just, I couldn’t be a stay-at-home mom because I wouldn’t know how to measure what I’ve done with my day. I don’t even know how to say what I’m saying. Certainly caring for my baby is very important, and it is, but she eats, sleeps, poops, and you know…

I did know. I, too, went from forty-hour, intensely busy work weeks with two-page to-do lists to sitting in a quiet, empty house for hours at a time, in my pajamas, watching my baby sleep. This was a dramatic reversal. For me, while this time was wonderful in many ways, it
was also a shocking adjustment. I’d clothe and feed my baby, then do it again every two hours, all day, every day. In between, in the moments that she slept, I’d do a load of laundry, or cook a meal, or sweep the kitchen floor, or change her sheets, or just stare at her. All of these things, while useful, seemed cyclical and endless. Except for the staring, these tasks also felt, well, boring. I felt ashamed for thinking that any activity associated with my new baby was boring. I felt guilty for not feeling productive. I left Suzannah that day and considered her words and my own feelings about what she had said. The next interview, I broached the subject again.

I shared with Suzannah my validation of her feelings. There’s something about being at work, about having that to do list in front of you, checking off tangible, finite tasks that you can review at the end of the day that gives you a sense of accomplishment. I talked with Suzannah about where she thought that mindset comes from.

That is a, that’s a really good question. Because you’re right, it’s not that… I mean, the laundry is done and the baby is fed and the baby’s not sitting in her own nasty diaper and she’s had a bath and she’s had 4 stories read to her and she’s had two good naps and so you’re right. It’s not that I’ve been unproductive. But, I guess it is about what your definition of productive is and somehow doing something that I feel like I’m going to have to do again, you know, two days later or the next day, just doesn’t feel as productive as something that long range planning and strategic initiatives somehow seem… I don’t know.
Suzannah’s feeling was that she was not meeting her own definition of productivity and that’s where her discomfort was spawned.

As each of the other women moved through their maternity leave, I saw evidence that many of them felt the same way Suzannah had felt. For Amber, the busyness of work contrasted starkly with the monotony of home, causing her anxiety and distress.

I mean, one day I was… he had gone to work and I had been, we’d been here all weekend and he had gone to work Monday and I was just, I was so anxious for him to get home and his mom and sister called and said they wanted to come over and I said, sure. And so they came over and I said, I put on some clothes and I said, I’m gonna take out the trash and I’m gonna walk to the mailbox. And I walked and took out the trash and I walked to the mailbox, and I was just outside just taking deep breaths and you know, you’ve been in your pajamas all these days and you’ve been in the house and there’s only so many rooms in the house and…

For Amber, the quiet solitary of being at home with only an infant and household chores to take up the day contributed to a deepening depression and restlessness that she didn’t feel when she was working.

Sydney also seemed to miss the busy structure of work and took steps to create a work-like productivity environment at home during her maternity leave.

I have a notebook over there that stays on the counter that, of things I need to do.

You know, and my mom’s coming over Friday. She’s gonna watch Maggie. I have
errands that I have to go and do. Making a list of the errands. And that to me is… you know, being productive. I have, God I still have to get her social security number and her birth certificate. And it’s like, OK, this is, she’s 2 weeks old, you know, making the list now of, OK I need to get this done, you need to get that done. You know, the… and I think to me, making that list this morning helped me out. Helped me realize that, OK, you know, because I don’t like to sit in front of the TV. And even though I had a c-section two weeks ago, it seems like that’s what I have been doing for the past two weeks. Sitting in front of the TV. And now I’m bored. But… you know, your friend’s right. The past two weeks it has seemed like you know, the only thing I do is feed her, burp her, change her diaper, put her down. Find something to do for 3 hours… And then do it, you know, again. Wash clothes. I think I’ve washed her clothes every other day since she was, since we came home.

Sydney felt that the tasks involving daily care for her baby, the washing, the feeding, the changing, were redundant and went nowhere. It was only when she was writing down specific tasks, like acquiring a social security number, tasks similar to those she might do at work, that she felt productive.

Suzannah grappled with her feelings about productivity at home, and she wondered aloud about the origins of this perception and why she was “devaluing women’s work.”

I really like working, and I think I’ve told you that before, and I told you my frustration around feeling like the things that I do at home, because, it’s not that I
mind doing them, but because they are circular and you have to keep doing them, like it felt wonderful to create that survey and to get it out there and to get like, finite task that I completed and felt proud of my work for doing. You know, to have that event that, you know, there were 15 million finite little tasks, like getting certificates signed, printed and signed and to the right hands, and making the programs and getting them folded, and you know, little teeny finite tasks that are completed and at the end of the day we had our event, people liked it and it was good. Nobody says, thank you for washing the poopy diapers. The baby doesn’t say oh yay, I’m so glad that I have a clean sleeper to be in. And your husband doesn’t say that either, and so, you know, and the dishes get dirty again and you’re eating peanut butter and jelly if you don’t cook and all of those things, I guess it’s just that they’re thankless, which could go straight back to that patriarchal society, why do we devalue women’s work… But, and maybe that, maybe I would feel better about being at home if I could shift my thinking around to really validating those things that need to get done. You know, maybe that is about my perceptions of women’s work. It could be. Could be that I’m devaluing women’s work myself. But, I have to say, it felt very good to be able to cross something off my list and feel like I had accomplished something and I had work that I could be proud of. But, wow. That’s going to mess with my head for a while, about whether or not I’m devaluing women’s work, I’m sorry.

Suzannah’s consciousness was raised around the issue of productivity by pursuing this line of
thinking; she was still wrestling with the issue at our next meeting four weeks later. She was not able to resolve her frustration with her perceived lack of productivity at home during the time that we worked together.

Carrie and Monicquea were the co-researchers least troubled by feeling unproductive at home. Monicquea shrugged when talking about tasks associated with caring for the baby, saying, “she comes first.” Caring for Kennedy had to be done, and she did it. Housekeeping tasks concerned her less, and she did not seem to worry about them. Carrie was also able to resist the feelings of being unproductive that the other women felt. When I shared the perspective of feeling unproductive at home, Carrie said she did not feel the same, even to her surprise.

You know, I really haven’t surprisingly. I thought I would. But I’ve been, we kind of fell into attachment parenting… And we didn’t set out to do it that way, but we just kind of fell into it and the more I was reading about it, it was well this is what we’re doing. And so, reading a lot of that I realize that he’s only gonna be this small for so long. I mean, he’s already getting to the point it’s hard for him to sleep on my chest. And he’s only 7 weeks old. And I’m gonna have another 20 years of my career to do stuff. And, this is… I would’ve… just knowing that he’s only gonna be that small for so long and I feel like I’m doing right by him and giving him a good start on being independent and being… trusting in us to, that we’re gonna meet his needs. And so I feel like I’m getting a lot done just in growing him, you know? And
making sure he’s got the right start and that I can be able to leave him and he’s not gonna… not gonna panic and not trust that we’re not coming back for him when I do go back to work. And I can already see, you know, he’s started, at least this is what I’m thinking and what I’m reading… that he’s trusting us more so that’s why he’s letting us lay him in the swing now, because he knows that when he cries we’re gonna come back to him. And so, taking care of him, it feels like I am… I am… I’m trying to look at it in the long range and… and realize that, even though it’s just kinda mundane changing diapers and picking him up when he cries, it, it’s… gonna have a long term benefit… And I’ve heard so many people tell me that and I’m just trying, when I’m thinking, I need to fold those clothes, I need to fold those clothes, I’m like you know what, they’re gonna be there later. And he’s not gonna be this small. So I, I kinda have to remind myself of that sometimes, but I’m doing, I think I’m doing pretty good of it.

When I was a new parent, other parents often told me that babies grow up fast and to enjoy it while I could, just as Carrie said. Carrie, and all of those other parents, is correct. I’ve learned that the hard way, watching my own now-4-year-old daughter sprint through the early stages of childhood. Even though I was told countless times, I couldn’t absorb how true this information was until it happened to me. I’m afraid I failed to enjoy some of my children’s infancy in my own pursuit of “feeling productive.” I envied Carrie her ability to let go and felt relief for her. Even as she began her return to work, Carrie seemed able to
take her time, and continue to savor the moments she had with her baby.

…we do a lot of training and it’s all across the state and it was a training that I was, I really, really wanted to go to, it was actually a child abuse training. But it’s like 3 days long and I actually was trying to figure out if I could take him and take him with me into classes, because there’s just no way I could leave him for 3 days, I mean, it’s just not an option at this point. And I went, you know what, it’ll be there next year. He’s gonna be this little for such a small amount of time…

Carrie credited attachment parenting with her ability to slow down and see her work as a mother as productive.

Support. Overcoming some of the more difficult physical and adjustment aspects of new motherhood was made easier by the support of the co-researchers’ mates. In the weeks of maternity leave, partners shared child care and household responsibilities to varying degrees. Probably the most dedicated of these men was Sydney’s husband, Randy. As Sydney recovered physically from her surgery, Randy took the lead in caring for Maggie’s needs. “I mean, I can count on two hands how many dirty diapers I’ve changed… And actually daddy… daddy does a much better job than mommy does.” I visited Sydney and Randy several times in the weeks after Maggie’s birth and I marveled at his attentiveness. There was a fearless, confident quality about his care giving that caught me off guard. For such a young person, he handled his baby with none of the hesitance or insecurity that I humbly admit I expected. I watched Randy prepare bottles, change diapers and clothes, and
rock the baby to sleep. Sydney frequently referred to Randy’s skill as a father. “I mean, it takes me five minutes just to get the onesie over her head, whereas Randy, it’s like, whoosh, done.” Even when his own paternity leave ended, Randy continued to share almost equally in child care duties. Sydney took night feedings during the week when Randy was working, but on weekends, Randy resumed night feedings so that Sydney could sleep in.

Monicquea, who was also recovering from surgery postpartum, relied more heavily on her father and family than on her boyfriend for assistance. CJ was unable to afford a paternity leave and worked a great deal, so Mo relied on her family to help her as she healed. CJ helped Monicquea get to the hospital when he could. During this time, they began to experience some difficulties in their relationship. Much of this stemmed, I believe, from the stress of what happened during Mo’s pregnancy and birth and CJ’s inability to understand why it happened or accept that it wasn’t Monicquea’s fault.

Just to me, like, the past few weeks we haven’t really been getting along that much and there’ve kinda been a little bit where he said things to me that really kinda ticked me off and, and I guess that they did hurt my feelings. Like, you know, he really, it’s my fault… just kinda upset me.

Still, it was plain that CJ was in love with Kennedy and it is not difficult to understand how the stress of her circumstances could cause strain for the new parents.

Carrie, Amber, and Suzannah all reported general satisfaction with the support provided by their spouses during their maternity leave. They each considered themselves to
be the primary care givers during this time, by virtue of their being the ones at home. Carrie
and Suzannah breastfed exclusively, so they found other ways to enable their spouses to
participate in care giving. Carrie’s spouse took on other duties to offset her feedings.

… he’s been, he’s been 100% there, anytime I needed anything and he brings me
drinks and… he’s… he, you know, kind of, you get to a point like yesterday, when he
was, he had nursed for 3 hours and Emerson had to work late and I was just like, I’ve,
you’ve got to take him, I can’t…. he had been awake like all day yesterday. I think
he slept for only like 2 hours yesterday. I was like, I need a break. And he came in
and took him. And he’s, he’s actually, I, I’ve been… kind of because I want to and
kind of because I want him to, because he can’t feed him at this point, I’ve been
letting him do a lot of other things, like I haven’t given him a bath yet. …So, he’s
been giving him all his baths and doing all his late night diaper changes, thankfully so
I don’t have to get out of bed.

Emerson also managed several household tasks, including cooking and washing dishes. He
spent a lot of time in those early weeks physically preparing Levi’s nursery, which required
some significant structural work.

Amber’s husband A.B. was a bit squeamish and tentative with the baby in the early
weeks, but gradually became more comfortable with caring for him.

Yeah he’s, he’s, changes him more now. At first he didn’t like that. He was, the
umbilical cord freaked him out completely. At first he did not want to cut it and the
doctor’s like, come on dad, so he cut the umbilical cord, and that really, ugh. So all that’s kind of really freaked him out. And then he was circumcised, but when we took him to the doctor Friday, actually one little side, the skin had kind of attached up, so they had to pull the skin down a little bit, and I think that kinda weirded him out. But then umbilical cord’s gone now, his little stub fell off, half of it fell off last night and the other half fell off today, so that’s a lot better. And then his little penis is healing, it’s fine, it’s normal and everything like that, so that’s better, so… he’s been changing him more now.

Amber took nighttime feedings since A.B. was working. A.B. came home for lunch when he first went back to work in an effort to continue to support an anxious Amber, and was always willing to take the baby so Amber could have a break when he came home at the end of the day. A night owl, A.B. also would care for A.B.5 and put him to bed later in the evenings to give Amber a chance to go to bed early and get longer stretches of rest. While he was slightly less hands-on than Emerson or Randy, he was still a very dedicated care giver to A.B.5.

Throughout the study, Suzannah was the most open about her dissatisfaction with her husband’s participation in caring for their home and baby. She experienced a lot of guilt about what she considered to be her criticism of him as a partner, and seemed concerned that I might somehow think less of him as a result. Funnily enough, I most closely related to Suzannah’s stories in this regard—my own spouse has always left much of the care giving
and housekeeping to me since my children’s births. Thus, I often felt that I could empathize most with Suzannah’s struggles. Suzannah was also one of the people in the study with whom I shared the closest relationship. I may never be sure if she was simply more forthcoming than the rest because of that closeness, or if she just wrestled the most with this aspect of the transition.

Early on, Greg was always willing to support Suzannah. Suzannah had reinforcements immediately after birth, however. Her grandmother and aunt stepped in to provide much of the support she might need in caring for the baby in those early weeks. Once Greg returned to the comfort of his work routine, Suzannah had settled into a routine of sorts of her own with Grace. When she needed a break, Greg would take over and allow her time to herself. One of Greg’s strengths early on was the calmness with which he dealt with Grace. Once, when Suzannah went out briefly, Greg was unable to find a bottle that Grace would drink from and when she became inconsolable, he simply walked laps around the house until Suzannah returned. Suzannah wondered if Grace could sense Greg’s inexperience.

Yeah, he just, they did 512 laps around downstairs while she screamed her little head off. And he called me as I’m coming onto the exit for our, off of 40 to get back here and of course she’s screaming, screaming, screaming, screaming… So I just felt so bad and I felt bad for him and I feel bad for her and I was like, I’ve only been gone for an hour and you now, an hour and 15 minutes. But and so, every stop light from
then on was a zillion million years long and I’m worrying about her. And then I got here and I fed her and she calmed right down and it’s OK. But I almost feel like, sometimes they can smell fear so, she, even though I’d just fed her a little bit before and changed her and done all that stuff, she could tell that he was nervous.

In the weeks leading up to Suzannah’s return to work, she became increasingly concerned about the division of responsibility at home. She expressed her concerns to Greg, and a minor disagreement flared as a result. She continued to wrestle internally with her expectations and the way she felt things were going at home.

But there was a period where, and I don’t know what made it better, I really don’t, but there was a period about two weeks ago where I really got angry about it. And I mean, I sorta understand where he’s coming from right now, I mean, I do have all day at home. And probably I should be responsible for the diapers and probably I should be responsible for cleaning the kitchen and you know, I don’t know, probably, but it’s not unreasonable. But I feel pretty confident and I would love to call you two weeks after and say I was wrong. But, I feel pretty, pretty confident that those chores will remain mine.

Suzannah, always unflappable, seemed to resign herself to the possibility that the division of labor would remain uneven at home.
By the end of their maternity leaves, most of the women in the study reported that their partners viewed them as “experts” regarding babies and baby care. Suzannah was the first to encounter this phenomenon after being the first in the group to give birth.

And I mean, he occasionally comes home and does dishes, so it’s not like I don’t feel like he pitches in and helps, but it just seems like somehow, by virtue of pushing the child out, and having spent a lot more time with her to this point, I somehow miraculously know what her cries mean. And I mean, I’ve gotten better and I do have a sense of, that’s a tired cry or that’s a hungry cry or that’s an I’m uncomfortable cry, but, you know.

Suzannah felt that Greg lacked confidence and doubted his ability as a father. She felt that much of his insecurity stemmed from a lack of experience and exposure to children, a path very different from her own growing up.

…on the weekends, often I will make plans with friends, or something like that and I’ll leave her for a couple of hours and he’ll take her. And I think maybe it’s because I babysat a lot when I was younger or all those other things, that wouldn’t even make me bat an eyelash even if I weren’t a mom. But I think for him, that is a lot, to have her for 3 hours and to try and figure out what she needs, because he didn’t have that practice growing up, of figuring out what a baby wants and needs based on their cries and their body language and what not. And so, when they are called on to be primary caretakers, I think it’s a lot harder for them.
Suzannah noted that, in situations in which Greg was forced to problem solve for Grace, he generally made correct decisions, or at least the same decisions she would’ve made. In practice, he was no less an expert.

Amber encountered the same sort of labeling of “expert” by her spouse, which was a bit of an ironic twist. While Amber did some babysitting growing up, she had little exposure to infants and was “scared of” babies when we first sat down together for an interview in her third trimester.

And I am honestly really scared to death. I’m scared of a baby, I have not had the opportunity to be around a lot of infants, I’ve done a lot of babysitting in my life, but never of infants and babies. Even though all the girls at my work have had children, they joke because I always stayed away from them until, you know, they kind of got to that crawling age where they were a little bit more controlling of themselves. My husband, on the other hand, he is ready.

Early in her transition, Amber identified A.B. as the expert in child care in their relationship. After A.B.5 was born, this perspective was reversed. When I asked Amber a few weeks after A.B.5’s birth if A.B. viewed her as expert, she replied, “I think he does. I think he does. (pauses) I think he does.” Amber attributed this shift to her personality trait of being an information seeker. She felt that A.B. relied on her to conduct research and discover answers to questions they may have as parents. As she talked through the issue, however, she arrived on another conclusion: “You know, I think it’s… I think it must be that, just that natural
thing of mothers and fathers and women, the motherly instinct.” She had come to view herself as expert, by virtue of being A.B.5’s mother. Still, Amber recognized that A.B., like Greg, would make intelligent choices when tasked.

He tries to say that the reason that he’s fussy at night is because I’m not there, I’m in the bed asleep. Mm hmm. I’m like, no. If you would talk to him too, because you know, he’s laying up there wailing and I’m saying, it’s gonna be OK, you know, Mommy’s here, don’t you worry about it, it’s OK, it’s OK baby, it’s OK AB. So I’m talking to him and soothing him. He’s changing him and he’s like, ew, the diaper, he’s not soothing him, he’s not talking to him, he’s not easing him. I’m like, honey, I was like, if you talk to him and soothe him and easy him and sing to him and let him know you’re here, he will respond to you the same way. I was like, that’s all you have to do. So… and then, you know, [mock voice] oh, I, you, you’re trying to say I’m not a good daddy. (laughs) You’re trying to say I’m not a good daddy. I’m, you know. And then I think then, that’s when the expert, you know, oh yeah, you’re the expert. But I say, what do we do. What do we do, you know? He said, well that’s a hunger cry, he must need to eat. And he’s right.

Monicquea’s partner also looked to her as the expert on Kennedy in their relationship. She tended to agree, because she felt she had more knowledge about babies. She cited an example in which CJ asked her what the soft spot on the baby’s head was. Monicquea felt her knowledge of babies came from “just being educated in areas.” When I asked where she
received this education, she cited her experiences.

Well in school and plus being interested in working with children. And then plus from having a little brother and a niece and a nephew. Even though he has nieces, too, and but I guess it’s just, it’s just different.

Mo noted that CJ had similar experiences that might have educated him in the same way. His experience, however, was “just different.”

Deciding to return. There was no question in the mind of a single of the women in the study, from the first day I spoke with each of them, that she would return to work following birth. In three of the five women, this certainty never wavered. From the first interviews, all of the co-researchers spoke of the prospects of stay-at-home motherhood with mild aversion and a tiny touch of hysteria. While each and every one expressed profound respect for women who make the choice to stay home with their children, none accepted it as a possibility for herself.

The reasons to return to work were not dissimilar from their reasons for working in the first place. When asked why they intended to return to work postpartum, generally the first answer was always money. Again, all of the women in the study rely on their dual incomes to survive. Having a baby did not change those circumstances; rather, such a family addition increased the need for income. For the co-researchers, as long as their salaries were more than child care costs, it was financially imperative that they return to work.
Amber spoke of working in order to provide a better life for her child. For her, working is her insurance that she will be able to give A.B.5 special things, and give her family a stability and security that might be missing otherwise.

I think a lot of it is… again, you know, even though personal pleasure, but also probably the deepest of it is… really wanting to provide the best for myself and my son and my family. But not in a, beyond my means type of situation, in a spoiled situation, just making sure that I can try to have everything they need because sometimes in my job I see, you know, both extremes. I see families that their children, to be honest, are absolutely ruined because they have been so spoiled. And then I see other families that just struggle so much because of their lack and I just think, I kinda always think that you know, I don’t want to have to, if I can put myself through that, put those stresses to my children because you can see how that affects kids a lot. And I don’t want to you know, have those problems that also causes me to be a yeller or not loving or if my child does something that gets on my nerves because of external stresses.

This sentiment was echoed by Suzannah. She joked about a voracious shopping habit, her affinity for Gymboree and matching jeans and appliquéd tops. Her implied point, however, was the same—it is through working that she feels herself able to provide these little extras to her daughter. In addition to that security, buying coordinated outfits for Grace gives her
pleasure. Working, then, allows Suzannah to enjoy her daughter in a way she couldn’t if she were without that income.

Another concern that came up with each of the co-researchers was their need to be busy. Their jobs gave them something to do, some purpose for their day. For Monicquea, this busyness and purpose was important to her emotional well being. “I get bored easily, and I have to stay busy and if I’m trapped inside the house all day, not gonna be a good situation. (laughs)” By her second week of maternity leave, Sydney, indeed, did get bored and disliked the sensation. A very active person, she felt hamstrung by her surgery recovery and grew weary of being inside. Subject to the uncertainty of her new baby’s schedule, she also missed the structure of a work schedule.

…you know I had said this prior to having her that, I don’t want to be a stay-at-home mom. And I still feel that way. Like I… I know things are gonna get, you know, not worse, more active? But right now I’m bored. I mean there’s… there’s stuff I can do around the house, but I just had a c-section two weeks ago so I don’t want to push myself… and like I said, you know, I like that structure, that… So I think when I do go back to work, I’ll feel better knowing that my life is somewhat back in order, I guess.

By the end of her maternity leave, Sydney had changed her mind. On one of our last visits together, she ducked her head, smiled sheepishly, and whispered, “I’m thinking about not
“going back.” Then, “no, no, I’m going.” I wasn’t sure if she felt she needed to reassure me of her return because of her participation in the study, or if she was convincing herself.

The compelling factor that sent Sydney back to her job, besides money, was her passionate belief in making the most of her education and brain power; in short, her ambition. Sydney spoke of other military spouses like her who were SAHMs and did not work. She expressed frustration and some disgust with these women.

You see somebody who is a stay-at-home mom and doesn’t do anything. At all. One, they complain because they’re fat. They, you know, their child is six months old, they haven’t lost the baby weight yet, because they’re a stay-at-home mom. They complain because they’re bored, they complain because they don’t do anything and that to me irritates me... But... they... it, it does, it irritates me because they don’t do anything, they don’t do anything with their children, they just sit. And... then the look at, they look at me, prior to getting married, prior to getting pregnant, you know, it’s like... or when I was married... you know what I’m saying. It’s like they would almost, not envy, but they would... oh wow, you work, what’s that like? And it’s like, man, why don’t you get off your butt and go do it?

Sydney believed she could “have it all” and she wanted to pass on this belief to her daughter. Playing an important role in the formation of this opinion in Sydney was the choices of her own mother and sister.
Well both my mom and my sister were stay-at-home moms. My sister still is. And I didn’t want... Well let me back up. My sister has a college degree from NC State. She doesn’t use it. To me, that’s a waste of 4 years. And that’s me. That’s a waste of $40,000. But that’s what my sister wants to do. She wants to be a stay-at-home mom. And that’s fine. But I want... early on when I made the decision to go back to work, I wanted my daughter to realize, OK, my mom has a 4 year degree, you know, she can still raise me and take care of me and work. You know, today’s society, it is changing, there’s more women in the workplace, there’s more women holding the CEO positions and so on and so forth. And that’s what I want her to realize, is that she can do those things. Because I want to do those things. So I don’t want her to, you know, to see... 10 years ago it was majority of the moms stayed at home. I don’t want her to see that. I want her to see, OK, I can still be a mom and go to work. So that was, I don’t want her to... settle, thinking that she has to do something where she can do whatever she wants to do... I want her to see that she can do it all. When people say that, you know, oh you can’t have your cake and eat it too, I don’t understand that. And I really don’t. I can have my cake and I can eat it, too, if I want. Because I’m, you know... you can.

The influence of a co-researcher’s mother’s choices on her own decisions was particularly present with regard to returning to work postpartum. Amber’s mother stayed home with her briefly when she was a child, but eventually return to work. “My family, they’ve always
been workers, but they’ve also always had the family time so they’ve had a nice balance.” Her parent’s work ethic had a tremendous impact on the person Amber is today. The same can be said of Carrie, but in the opposite way. Her mother’s choice to avoid work created a stressful home life for Carrie in her early years. This was a situation she has since deliberately taken steps—including and especially securing a solid education and employment—to avoid.

I haven't fully reflected on how my mom affected the person I am now. That would require far more hours in therapy than I can afford! But I knew that the way my mom and stepdad were living was not the way I wanted to live my life...so from age 10 or so, I started doing everything deliberately opposite of my mom. Which lead to some torturous pre-teen and teen years for both of us. I knew I needed to go to college, and I did a lot of self-discipline to make that happen (since mom wasn't much interested in enforcing rules) (C. Johnson, personal communication, December 1, 2009).

Carrie’s sister is also a stay-at-home mom. While she never once criticized that choice, it seemed evident that Carrie did not envy or wish for her sister’s situation.

Suzannah’s mother worked throughout her formative years and remained a strong influence on Suzannah throughout her life. Monicquea’s mother was mostly absent from her life, but left an indelible impression. “We were raised by my dad, so… So that’s kinda, but I, I mean I’ve always kind of battled with that, not wanting to make the same mistakes as my mother did…” My own mother did not work when I was a child. Since I have become an
adult, I have sensed in my mother a strong need for a sense of purpose in her life. While I don’t believe this is unique to my mother—surely we all have a need for a sense of purpose in our lives—I do often wonder if thinks about what her own career path could’ve been like had she chosen to pursue it. I believe our mother’s choices play in the background of our own, whether or not we are aware of them.

Ambition, too, is common to all of the women in the study. A return to work was simply in keeping with their career goals. Carrie aspires to be a senior ADA. Amber would one day like to be an owner of the Sylvan she now runs. Suzannah’s own ambitions, which once included a desire to become a provost, have cooled somewhat, although not necessarily because of motherhood.

I just don’t think I want to climb that much farther. Like, because I see what my boss does all the time, and I’m just not sure I want those headaches. And I think, I could do her job, I think. Not right now, but I think in a couple, you know, with some time I could. But I just don’t know that I’d wanna go much beyond what she does just because… there’s too much like, having to say exactly the right thing. Like I’m just too candid I think for that kind of a role. I’m gonna tell you like it is. So, I don’t know.

Monicquea expressed a similar ambiguity about her career future, and her desires shifted as she went through her transition. When I first met her, still in her first trimester, Mo spoke of wanting more. “[This job is] not really something I want to do for the next 30 years, but
(laughs) it kinda works for now. I get somewhere in, my foot in the door and a little bit of experience.” Combined with her desire to stay busy, this ambition for something more propelled Monicquea to plan to return to work postpartum. But when the time came to plan her return, like Sydney, she had changed her mind. “I really didn’t want to go back… Just… having her… one of those things I never thought I’d actually feel, but… yeah, I didn’t want to go back. (laughs).”

*Connectedness.* Of the five co-researchers, two were able to disconnect almost completely from work during their leaves, while three maintained varying degrees of communication with their workplaces. Monicquea and Sydney maintained the most distance from work. Monicquea kept her MedAssist and hospital supervisors abreast of her and Kennedy’s medical situations, and completed her necessary FMLA paperwork. Beyond that, however, she had little contact with them until she was planning her return. Just prior to her return to work after eight weeks away, she contacted her MedAssist supervisor and negotiated new work hours that would allow her to ride to work with a co-worker.

Sydney also successfully separated herself from work during her eleven weeks of maternity leave. She visited the hospital to complete FMLA paperwork and to show off her baby just a few days postpartum. She did not perform any work until her return. She did maintain some contact with her supervisor during her leave, although not necessarily initiated by her.
Denise still calls me every other day to make sure that I’m doing OK. And she, she’ll send me a text message, how’s Maggie, during the middle of the day, or she’ll send me an email, and she’s wanting to make sure that we’re OK and…

While Sydney appreciated Denise’s contact, she also remained a bit discomfited by it. She was very sensitive that any “babying” that she’d received as a pregnant employee not continue upon her return.

I don’t know, I think that… I hope that… I hope she doesn’t baby me as much when I go back to work. That, kind of like, I mean, and I’m going to say this and I don’t mean it how I say it, I don’t want her to look at me as a mom when I go back to work. I want her to look at me as Sydney. And you know, yes, there is going to be times that, you know, I’m going to doctor’s appointments, or I’m gonna need to leave right at 3:30 to get home, stuff like that. Like how it was at, while I was pregnant. But I don’t want her to, you know, think that oh my gosh, she had a c-section 6 weeks ago, or 8 weeks ago, she still needs to take it easy. No. I don’t want that. I don’t want to be babied. I want to be treated like… [everybody else]. Yeah. I don’t want the special treatment. You know, I don’t need that special treatment anymore.

I asked Sydney if Denise was as protective with anyone else in the office, and she explained that there was one other co-worker, a girl younger than Sydney, who Denise also “mothered.” I speculated that perhaps it was youth that inspired this response from Denise. Sydney laughed and said, “Denise is only 33 years old.”
When Sydney began working to complete her paperwork for returning, she encountered a delay. Communicating this delay to Denise, she received a fair amount of teasing.

Yeah, I told her, you’re going back tomorrow, but I’m not. She said, what, you still haven’t done your paperwork? I said, no I did it, but I haven’t gotten it back yet. She said, you just don’t want to come back that, that’s why you haven’t done your paperwork. I’m like, no seriously, it hasn’t come back yet. She’s like, that’s what everyone says at work, think that you don’t want to come back. She said, I can check with your doctor. I’m like, please do, go ahead, I’m telling the truth. And she says, it’s OK. I don’t care. She doesn’t, that’s just how she is. You’ve got 2 more weeks before we list your job. I’m like, jeez.

Sydney wasn’t sure if Denise really felt she didn’t intend to return or if her ribbing was part of her customary style of poking fun.

Suzannah, Carrie, and Amber remained comparably more connected to work in varying degrees during maternity leave. For each of these women, there was an actual return to work, followed later by the official or symbolic return to work.

Suzannah and Carrie maintained regular contact with their workplaces during maternity leave. Both visited their offices with their babies just a few days after birth to complete paperwork and to share their babies with their work families. Suzannah did not
consider her contact with work via email and telephone calls to be unusual or extensive, and seemed hesitant to classify it as “work.”

Like I haven’t, there are a couple of things that I’ve had to write back and tell Susie where it is or things like that, or chime in on a how do we want to do this thing when you come back and you know, I’ve done that but I mean… I don’t know that I’ve done that much work. It’s just, you know, here and there a couple of minutes.

Suzannah’s workplace actually came to expect her daily email contact during maternity leave, and Suzannah experienced a slight mix-up when she failed to check her email one day. She was to attend a small celebration for a co-worker and missed the cancellation that came via email from her office. Remaining in contact with work in this way created some ambiguity for Suzanna and her employer.

Well, and there’s actually… there was kind of a, kind of funny gray line in a conversation by email about this, because I presented at a conference like a week and a half ago in Ashville. And I thought that I was gonna be able to, to have, because I was presenting on something that I do for my job. I thought I was gonna be able to have them pay for it. But because I was on maternity leave, they, they won’t. And so, I mean I could’ve just not gone, but I had already had, you know, the proposal accepted and had arranged for my aunt to be in Ashville to take care of the baby and you know, so, I just decided that I would go ahead and go because it’s a local conference and so it wasn’t that expensive, but you know, still, $350 I wasn’t
expecting to pay. So… so that even is slightly different than the, because I wrote to Roxanna and she was, when she said, you know, we can’t do this or whatever, and I kinda wrote and said, well, because you’re not on payroll we can’t do this. And I said, well, would you want me to come back like 10 hours a week virtually or something like that, and she’s like, no I really want to respect your maternity leave, but, you know. And maybe that was her way of saying we don’t have travel funds, I mean, who the heck knows. But, so… I don’t know

In spite of these issues, Suzannah felt good about staying in touch with her job and her office. She was able to plan events that would be occurring on her return, and she was able to remain aware of the daily occurrences and developments in her busy office. This knowledge made her feel more secure about her impending return after twelve weeks away.

I feel pretty confident that I’ll walk right back in and, because I have stayed in touch with email and kinda, and because there was someone who, it’s not like things have been left undone, you know, everything has been kept up by this, by Susie, and so, and I know I’m gonna have to hit the ground running, like I know the things that are coming up, I have a presentation that I’m doing the Thursday I get back and you know, I, I have an awards ceremony the next week that I’m responsible for, so I mean, there are definitely some things that I’m gonna have to hit the ground and really be on my game for, but they’re manageable I think.

Suzannah remained connected and involved with her duties as an employee in her office, and
in accordance with at least some expectation from her co-workers and supervisor. However, her rights and benefits as an employee appeared to be suspended during her “formal” leave period.

Carrie, too, maintained some contact with her workplace but like Suzannah, did not consider staying in touch, “work.” Carrie’s pacing of her maternity leave was very different than the other women, however. Just four weeks after her baby was born, Carrie took Levi with her to work and attempted to catch up on some things. Levi refused to sleep and Carrie gave up, considering her effort a failure. A few days later, she began leaving Levi with Emerson one day a week and going into the office. This movement back to the office signaled Carrie’s return to work, although at a gradual pace. Carrie opted for this phased approach for a variety of reasons. One, it was an option available to her. With a little help from her supervisor, she felt free to make her maternity leave what she wanted it to be. For Carrie, this included a prompt return to part time work.

So far as the "State" knows, I came back to work full-time on June 8 [4 weeks postpartum]. But within my office, the thinking seemed to be, "you do a good job, we know how it is to have a small baby, take whatever time you need and we'll work out the paperwork." *Wink, wink.* (C. Johnson, personal communication, January 28, 2010).

Her supervisor at first encouraged her to take the maximum available 12 weeks of leave as paid maternity leave. Carrie countered that she would prefer to come back to work sooner in
a part-time status and work her way back to full time within 16 weeks. “He said that was a-okay with him.” Seth completed the FMLA paperwork to reflect that Carrie took 4 weeks of maternity leave. Carrie felt that returning to work part time would allow her to “stretch out my time,” rather than returning abruptly full time after twelve weeks at home. An additional factor that impacted Carrie’s decision to return to work sooner rather than later was a co-worker’s competing paternity leave.

But, so now, I know Chad is gonna end up, Chad, the other ADA, is gonna end up going back before I am, well I think he is. I assume he is because he went back, I think he went back after, 2, 2, 2 or 3 weeks after his daughters were born. Which makes me feel kinda bad, but you know, I don’t want to play I’m the woman, I’m the mom card, but… it’s just, if it weren’t for breastfeeding, I could feel like I could be doing more, but I just can’t leave him right now… So, but hopefully after his one month visit and they tell me everything’s fine, I’m gonna start pumping and start making steps toward getting back to work. But I don’t plan on going back full time, full full time, 9 to 5, five days a week until… hopefully through the summer. I hope. Carrie’s formal return to full time work would not occur until September, four months after Levi was born.

Amber worked throughout her six week maternity leave. By the second week postpartum, she was “doing a little bit of work here and there on the computer,” and communicating with the office via telephone and email. She went into the office to complete
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payroll a little more than a week after A.B.5 was born. Amber felt that she was needed in the workplace. Without a replacement, she felt a strong obligation to continue to meet the demands of her job. But also, Amber seemed to need work.

They need me. They depend on me. I think she’s missed me a bit, and she’s trying not to bother me but it’s, for me, it was really hard because it was just such a major part of my life and I kinda felt like I was neglecting work. I was very torn, I wanted to be here but I wanted to be there and you know, stay in touch and know what was going on and everything and… [staying in touch via] email…

Amber took A.B.5 into work with her often during her maternity leave. She felt that her supervisor delighted in feeding and holding A.B.5 and Becky cared for him while Amber completed tasks at work.

Preparing for return. In the last couple of weeks leading up to their formal returns to work, all of the women made some preparations to return. Perhaps most importantly, they all had to arrange for care for their infants. Suzannah and Amber planned to place their babies in child care centers after researching their options. Suzannah had no family nearby and a new center sponsored and subsidized by her employer was opened just as Grace needed a spot. While the center was costly, Suzannah felt good about the care Grace would receive after touring the facility and meeting the workers.

Amber’s husband’s family offered to keep A.B.5 for her during the day, but Amber and A.B. opted to use a child care center instead. Amber was concerned about the value her
relatives placed on education. She felt strongly that this environment might not be best for her son on a regular basis. “Because you know, when it comes down to it, he’s going to be with day-care or with somebody almost more than he’ll be with me and my husband.” Also, A.B.’s family was located at least 30 minutes away from her and would increase her commute time significantly. Finally, Amber wanted time with A.B.’s relatives to be “fun and rewarding” rather than an obligation to provide regular care. For these reasons, she began researching centers early in her pregnancy, and toured several before deciding on one within her price range and close by.

Sydney and Monicquea both relied on family to care for their babies. Sydney and her husband worked opposite shifts, so she was able to leave Maggie with Randy during the day. For the period of overlap between their schedules in the afternoons, Sydney’s mother agreed to provide care. Early in her pregnancy, when Randy was working first shifts, Sydney anticipated that she would have to rely on a day-care center. She was uncomfortable with this decision.

It’s so funny, you know, before I got pregnant and when I had said I wanted one five years from now I had also said that I was never going to put my kid in day-care. And so everything has backfired on me now.

As she got closer to birth, Randy moved to second shift so that they could accommodate Maggie’s care themselves. This was an arrangement Sydney’s own parents enacted when her younger brother was a child.
Monicquea intended to use a licensed day-care for her child. Kennedy’s birth situation, however, changed the arrangements. As a premature infant, she had special needs and her doctors recommended that Mo not place her in a facility. Monicquea’s grandmother and CJ’s mother agreed to alternate caring for Kennedy so that she could remain out of a facility.

Carrie selected a private sitter very close to her home for care for Levi. She toured a couple of facilities, but found that most centers require children to attend full time. With her planned gradual transition back to work and Emerson’s schedule allowing him to be home frequently, she felt full time care was unsuitable for Levi. The sitter came recommended to Carrie and was close enough that she would easily be able to visit and feed Levi during her lunch break. This would enable Carrie to cut back on the frequency of pumping breast milk when she was working.

Carrie and Suzannah, the co-researchers who were still breastfeeding when the time came for them to return to work, began “practice” pumping a couple of weeks in advance of their return. This preparation including purchasing a pump and transitioning their babies to bottles. Pumping in advance enabled the women to store some breast milk for bottles for their infants, and practice it much like any other skill.

Sydney, who had been largely disengaged from work during her maternity leave, took some steps to prepare herself mentally for her return to work. “I’ve been trying to do a little bit with computers to get my mind focused again, read a few blogs, looked at some
magazines.” All of the women prepared their wardrobes and physically prepped their babies, equipping them with bottles, milk, and other gear, in anticipation for their separations.

**Returning to work.** Upon their return to work, the co-researcher’s dealt with the initial adjustments of being in the office full time. They experienced a shifting of priorities, and some difficulty coping with the physical realities of working while parenting an infant. There was recognition—often painful—of new limitations, and a renegotiation of their status as worker-mothers in the office. Several of the women struggled to separate and preserve their worker and mother identities. Relationships both at work and at home were important topics, particularly in this stage of the transition when the women carry the dual roles of worker and mother.

**Adjusting at work.** Separating from their children to return to work was perhaps the first significant adjustment for most of the women in the study in their new roles. Nearly all had spent some time away from their infants to shop or to have some time alone during maternity leaves, but usually not for the extended period of a full time work day. Amber videotaped A.B.5’s first day, capturing the moment as one of her baby’s “firsts.” She shed some tears preparing him for the day and dropping him off. The day A.B.5 started day-care was snowy with bad weather, so Amber picked him up early. He had his first official full time day three days later. From there, he and Amber adjusted quickly.

Suzannah also was able to ease into her day-care situation gradually. For her first three weeks back, in early December, her aunt and husband were able to keep Grace at home.
Suzannah found this very helpful, as she was able to concentrate on adjusting being back at work without having to worry about Grace adjusting to day-care at the same time. Similarly, since Carrie was able to set her schedule for her return, she was able to coincide her work days with days her husband would be home. She, too, avoided placing Levi in alternate care for several weeks while she focused on returning to work.

Like Carrie and Suzannah in the early weeks, Sydney was able to leave Maggie with her husband upon her return to work. He had proven himself a competent care giver, and so Sydney was able to relax knowing that her baby was in good hands as she went back to work. All of these women reported that being confident in their children’s care while they went about the business of re-adjusting to the workplace made their transitions easier. There were the inevitable tears, but because all were confident in their care givers’ abilities, worry was largely absent from the equation. Said Sydney of her return, “…so it wasn’t the fact of leaving her, that was fine. That was, I thought it was gonna be harder and it wasn’t.”

With her baby already separated from her and still in the hospital, Monicquea’s return to work was not a new adjustment in that regard. She was greeted her first day to flowers from her co-workers to celebrate her return. “Yeah, and of course everybody was asking and wanted to see pictures and so I had to go all around.” The toughest part, she said, was facing the large backlog of work and remembering passwords. With lack of use, many simple skills like logins had decayed and needed refreshing. Sydney reported the same skill decay. Re-
learning those forgotten skills and coping with changes that took place in the office during Sydney’s absence were her biggest task-related challenges.

But, just the fact of basically having to relearn everything. I mean, there were wiring closets that had been moved, had to find those. There are new keys to the wiring closet. I had to get those. It’s just… you know, new steps on, oh well we don’t do it that way anymore, we do it this way. And just stuff like that.

Another unexpected issue Sydney encountered in her return was a feeling of losing her place at work. She is the only co-researcher that reported this experience, and I think this is likely because of her short tenure in her job coupled with her decision to remain out of touch during her maternity leave. Sydney found her office subtly altered upon her return and negotiating her place in that new situation was stressful for her.

Finding out where to sit. And the, in the office. My desk, well our, we’re in the process of moving but, I used to sit beside Denise on one of those really long tables. Well now Scott sits where I used to sit, so it was like, all right, well, where do I sit now? And I mean, now I sit at the very, very, very end of a desk by the, Steve our Unix administrator… And like going to lunch and finding out, you know, I was the last one in line that first day of work and I had brought my own lunch but I still had to get a soda, so I was the last one in line to pay for a soda. And then I follow everyone to the table and they all take their seat like normal. And I’m stuck at the very end. Or at the corner of the desk, of the table. And it’s like, ah, all right. You know, it’s
just… I mean now, I have… I mean, before I would sit, I would always sit beside Mark. He’s a big man. And I thought that that’s how it was going to be. But it wasn’t. Now it is because I know to get you know, it’s not like we have assigned seats, you just sit. But you know, now I always sit beside Mark and you know, I’m being included more I guess. I mean that first couple of days I wasn’t included. I wasn’t… no one really told me what was going on. I basically went out and did my own work orders and… did my own thing, but… I mean that first week it was… I did, I felt like an outcaster. An outcast.

Gradually, this awkwardness passed for Sydney and she felt more integrated in her role at work. Those initial weeks, however, were challenging.

Unlike Sydney, Suzannah had little trouble re-connecting with her position in the office. Suzannah experienced some skill decay upon her return, but her supervisor helped her by providing links to file locations, reminders, paper trails, or precise directions for tasks. This support eased Suzannah’s difficulties significantly. Her first day back, Suzannah was “just rock ‘em sock ‘em,” producing a survey and sending it out for review. Her productivity surprised even her boss, who commented on her way out, “you know, you had a pass to just show up today.” Since Suzannah’s job was covered by a temp worker during her absence and she performed some duties while on leave, she avoided the backlog of work some of the other women encountered. Likewise, Amber, who continued to work and keep up with things while on leave, eased back those first few days with little difficulty.
Carrie, in spite of staying connected with work while on leave, shared Moniquea’s sense of being overwhelmed by a backlog of work. Her supervisor was supposed to have handled her work load while she was out, but she found that had not panned out as expected.

…when I went back to work yesterday, I asked the administrative assistant who is kind of a paralegal. I was like, I was looking at all the files lying around, I said, Shonda, I said, how many indictments have been done since I’ve been gone? She said, none. I was like, God. So now I am way behind the ball. When I got transferred back up to Martin County, there was a big backlog and I just did get it caught up right before I left on maternity leave. [Now] I’m behind again.

Carrie’s reaction to this work load as a new worker-mother was distinctly altered from her perspective as a pregnant worker. When she was pregnant, she worked endless hours to prepare for being absent from work. Postpartum, however, long work hours were suddenly no longer an option.

And the only way I got caught up before was, I was working, when Emerson was working nights, I was working ‘til 11:00, I was working on the weekends, and that’s not gonna happen now… I think that I’m… less… less willing to give up my time… I was, I mean I really think that my mindset is the same, and if I didn’t have to sacrifice that time with him, I would still be willing to spend, stay ‘til 10:00 catching up on indictments, but I’m not gonna stay there when I’ve got to go back and see him and feed him and stuff. But other than that, you know, I’m still as, as hard charging
as I ever was. I don’t think motherhood has mellowed me out any. (laughs) So I think it’s just the time commitment that I’m not willing to… stay late.

This shifting in priorities was echoed by every co-researcher. All reported a new unwillingness to work overtime. Even Amber, perhaps the most work-oriented of the women in the study, was altered in this regard.

You know, before even though I had A.B. to go home to, I would still stay at work later if I needed to get something done. Now, it can wait until tomorrow. It is more important for me now to go home. Yeah, work is still definitely important to me, but, and I still get everything done… but I can tell you one thing, I’m not working over 40 hours. When it’s time, when I have my hours in, I’m clocking out and I’m going and spending that time with my son.

This change in perspective was one of the most apparent shifts for women previously so dedicated to their jobs.

**Physicality post-return-to-work.** Although their schedules had returned to “normal” with a return to work, the physicality of new parenthood remained an issue for the co-researchers. This physicality was a phenomenon associated with the tender age of the babies during this period. Infants as young as four weeks old were oblivious to their mother’s new work schedules and continued to wake throughout the night, and place intense physical demands on their parents. All of the women with babies at home spoke of fatigue and lack of
sleep as a constant in their lives. For Amber, even as the weeks passed after her return to work, she could never seem to get enough rest.

So, depending on what time it is, most of the time I still get up with him. And… feed him and I’m sleeping a lot, but I’m telling you, I, I just feel like I don’t get enough sleep, you know? Gosh, [I get] at least 8 [hours of sleep].

When I asked Amber if she was working too hard, she assured me it wasn’t that. “I don’t, no, I don’t really think so. I don’t really think so. I just think maybe just adjusting? I don’t know.”

Suzannah’s fatigue, already a result of her waking baby, was compounded by anxiety. When Suzannah returned to work, she walked into a new role as a supervisor to a new employee. This was intensely stressful for Suzannah, who had never supervised another worker before. The job developed in ways unexpected by Suzannah. Originally, she had expected to be a part of the hiring and planning for this new role, but instead found herself out of the hiring loop and assuming supervisory duties for a long-time university employee transferring from another division. In fact, this new employee was older and earned a higher salary than Suzannah.

And so I’m trying to scramble and, because before I was gonna have some time to do some training and things like that and now it’s kind of… just in time learning and honestly, since they had to add more money from somewhere else, I am also not clear on how much of her job is the job description that we work that was the $35K and
how much since they had to pull $5000 from somewhere else are other responsibilities and so I don’t have a clear handle on what we’re asking her to do.

And that… I don’t like that feeling at all. That feels really crappy for me. Because if anything, I mean, this is a new position and she’s gonna have questions, but you know, being able to ask your supervisor, what should I be doing and they should be able to give you an answer. That’s a pretty reasonable expectation I think. And I do not feel 100% confident that I can do that. So…

The stress and fatigue Suzannah was feeling was apparent in one of my visits with her a couple of weeks after her return to work. She was sporting a fever blister on her mouth, a sore on her tongue, and a sty. Adding to her work and mothering responsibilities was her dissertation student status. Completing her dissertation loomed large on her to-do list, and Suzannah found herself overwhelmed by the demands on her life. Her lack of leave remaining postpartum to cope with these many demands compounded her distress.

Like, by the way I am operating at a deficit in my sick leave. I had to get a note from my supervisor saying it was OK to do this, but… I don’t know that it’s reasonable to expect that as a mom I’m only going to have one sick day a month… I earn one sick day a month and two vacation days… Yeah, my leave is, right. Wiped. In fact, like I said, I’m a day short in the sick leave category right now. But… let’s see. I just don’t know like, I’ve already told Greg that for January, he’s going to have to take the baby to her four month shots because I don’t have the time to take. And if I did take
any time, I’d have to come up with what I was going to do to make up that time. And I just, particularly with all the other stuff going on, I can’t afford to give up a Saturday, because if I really am going to try and get this dissertation done by May, those are going to be precious days. So… that is a tricky, tricky question.

Further complicating Suzannah’s situation was her requirement to pump breast milk at work. Carrie was the only other co-researcher sharing this situation. Both found it workable, but far from effortless. Suzannah was allowed to block specific times on her calendar to pump, but still considered this part of her work time.

...even though I’m allowed to block my calendar, I’m expected to pump and you know, be able to talk on the phone or pump and write emails or pump and create documents or whatever it is that I’m doing. I’m expected to be productive during that pumping time. Which is perhaps why I can have the whole hours.

Carrie was able to visit with Levi during her lunch break since he was so close to her work. This enabled her to pump less than she might have otherwise. Still, Carrie, who spent blocks of her time in the courthouse, faced unique challenges in accomplishing her task.

I really, I really hate pumping at work though... And it’s, in court, you know it’s one thing when I’m in the office, when I’m in court, the first day, I’ve only had to do it once because the other time, the other second day I was in court I was, it was just a half day of court, so it wasn’t that big of a deal. Well it was actually, we got out at 11 so I could just wait. But that first day, we broke at 10:30 and I had told the judge
ahead of time, I emailed him, I said, look, this is what’s going on, I’ve got to have, we usually take 15 minute breaks, I said, I’m gonna be pushing it with 15 minutes, I said, if you can give me 20 minutes, I’d really appreciate it. And he was like, fine, no problem. But I mean, I had to run out of there, run to my office, set it up, pump, pour the milk out, and then, you know, run back. And you know, business suits aren’t the easiest things to pump in. So I’m like half naked in my office. (laughs)

I remember my own efforts to pump breast milk upon my return to work after the birth of my first child. My office had one unisex bathroom, which made it unsuitable for pumping. I worked in an open room with cubicles, so had no office door to close. My only alternative was the classified production area, and that is what I used. I’d set up my gear on top of the safe in that room and stare at the wall or a photograph of my baby while I took 10 minutes to get the job done. It’s inconceivable to me to have an hour, while reading email and talking on the phone, to do the job. I’m also thankful I didn’t have to ask a judge’s permission to pump. Like Suzannah and Carrie, though, I still considered myself fortunate to be able to do it at all.

These types of acute stresses were not unique to Sydney, Suzannah, or Carrie. Monicquea, who started her return to work with no infant at home, was surprised two weeks later when Kennedy was released from the hospital just before her original due date. The hospital required Mo to complete “nesting” with the baby prior to release, staying at the hospital for three full days and nights and assuming her care just as she would at home.
Monicquea took four days of work off to acclimate back at home with her baby. The following Monday, she was back to work.

Then went back to work on Monday and that was… ah, it was pretty hard to do. Hard to get up, get dressed, and of course I overslept that morning… Ah, I think it was mostly hard because of lack of sleep.

Mo coped with her lack of sleep by sleeping in the car on her rides in and back from work. Monicquea was deprived of the time at home to adjust to life with an infant that a traditional maternity leave would have afforded her. Instead, she had to make that adjustment while working full time. Kennedy’s frequent appointments often conflicted with work, but Monicquea took the time as necessary to care for her daughter.

I have to be there for her you know, when she has her appointments and everything so, it’s kinda like before, it was, didn’t have to really work around anything or work with anything or really, you know, take time off to do things, whereas now kinda, I have to. And, if I have to take a day off and not get paid for it, then, you know, whatever. I just won’t get paid for it. So just like it would be if, if we didn’t have anybody to watch her, then I would’ve had to leave my job.

Adding to the stresses of caring for a premature infant and working, Monicquea faced continuing health problems of her own. CT scans after her seizures identified a tumor on her pituitary gland. She remained under the care of a neurologist throughout the time that I worked with her. One obvious result of the many medical issues Monicquea and Kennedy
experienced was the tremendous medical bills she now faced. While Kennedy’s more than
$100,000 bill was covered by Medicaid, Mo’s own hospital and specialist bills were left to
her. Even with insurance, the burden was great. All of these issues weighed heavily on
Monicquea as she went about the business of working and mothering.

Physical issues present during this period were not limited to the difficulties faced by
the mothers. Premature babies are notoriously difficult. Kennedy, however, was a mild
baby, easy to get along with and a joy to her mother. The other co-researchers were also
generally blessed with “easy” babies. It was not all smooth sailing, however. Suzannah’s
Grace, a pleasant, happy child, was plagued with gastroesophageal reflux disease (GERD), a
condition in which food travels back up the esophagus after ingestion. Before Grace was
diagnosed and received treatment, there were some fussy, difficult moments for her and her
mother. Even with treatment, Grace did a lot of spitting up and needed frequent clothing
changes. For a mother hurriedly trying to get herself and her baby ready in the mornings,
Grace’s condition posed some unique challenges.

Sydney’s baby was the most “difficult” of the group. Maggie was a sweet, charming
baby, but she was colicky. As a result, every evening, she would cry inconsolably for hours.
This caused a tremendous amount of distress for Sydney, who was home alone with Maggie
for those hours. I spoke with Sydney many times during these stressful nights, trying to help
her brainstorm solutions for Maggie’s misery and provide support to Sydney. Maggie was
also plagued with sickness, contracting respiratory syncytial virus (RSV) a few short weeks
after Sydney returned to work. Always a seeker of information and advice, Sydney spoke with me a lot during those tough days. We commiserated often about the difficulties of coping with sick children and finding a way to work in such tough times. Maggie’s issues often conflicted with Sydney’s work hours, but like Monicquea, Sydney did what she felt she had to do for her daughter.

It was one of those, I was gonna take off either way. I had to, so if they weren’t going to give it to me, then... it was like, hey look, I, I’m sorry, but I have to. There’s, either that or I’m taking, bringing her to work with me. So, you have your choice. You can either give it to me or I’m taking her with me.

My own niece was both a premature and a colicky infant. I will never forget how my sister, Robin, spent the first four months of Jordan’s life, sitting on a giant exercise ball in front of the television bouncing her infant. It was the only thing that would make the baby stop crying. Robin, too, was working full time and my memory of those days is very distinct, and distinctly dark.

Amber and Carrie, both mothers of very placid, cooperative babies, still dealt with health issues in those early weeks. Amber and A.B.5 started work and day-care with colds. Amber recalled dragging into work anyway, feeling terrible, and the words of wisdom her supervisor gave her.

Well it’s funny, when my boss told me, she said, I’m gonna go ahead and let you know, you’ll never be allowed to be sick again. She was like, if you get sick, life
goes on. It does not matter. You could be dying with the flu, and it does not matter. And I just laughed, when I got sick, I just laughed and laughed and laughed, I said, you are so right…

Carrie, too, had to press on in spite of a bout with mastitis, followed by an extremely resistant, persistent case of thrush. When I saw her a couple of weeks after she resumed working part time, she was struggling with the ailments. Carrie had been prescribed an antibiotic for mastitis, followed by another medication to treat side effects from the antibiotics. Levi got diarrhea from the antibiotics, and Carrie experienced a bad allergic reaction as well, breaking out in hives all over her body. She continued to battle persistent thrush for weeks after this treatment. Carrie had my sympathies. When I was breastfeeding my first child, I, too, had a persistent case of thrush. It was a hideous, painful experience. When I commended Carrie for continuing to breastfeed in spite of the complications, she said, “It was, it was a labor of love.”

**Hitting bottom.** Such physical complications of infancy and parenting almost inevitably took their toll on the working lives of the co-researchers. Three of the co-researchers told me stories of low moments in their working selves just a few weeks after returning to work. For Amber, it was a simple mistake very uncharacteristic of the detail-conscious person she was prior to motherhood.

I, one day I just came in and I had forgotten to do something that was a deadline and it… just… really upset me because you know, I had never been one to forget, I was
always on top of stuff and… I… went in and I looked at my boss, I was like, I forgot
to do the fifteenth of the month report. I was like, we’re gonna have to pay late fees.
We’re gonna have to pay 10% late fees. She said, OK. She said, OK, OK, it’s not a
big deal, we don’t have to worry about it, we’re not gonna pay late fees. I said, we
can’t afford to pay late fees. You know, she’s been penny, nickel, and diming us to
death. I said we can’t afford to pay late fees… So, ends up, all I had to do was move
some things around and run the reports and we didn’t have to pay any late fees and it
was OK that they were late and all those things. And I just looked at her and I just
busted out crying. I said, I can’t believe this. Becky, this is not me. This, she said,
(laughs), welcome to motherhood.

Amber’s supervisor was very supportive of Amber in the wake of this potentially costly
mistake. Becky acknowledged Amber’s hard work both before and after her baby’s birth,
and credited her with keeping things afloat during a very challenging time. With Becky’s
firm support, Amber was able to “catch my breath, get caught up” and feel better about being
in more control of her world.

Suzannah’s supervisor, too, was supportive of her during a particularly low moment
after her return to work. Suzannah’s mistake was a “throw myself out the window” moment,
as she called it. She mis-identified a volunteer who resigned and emailed that person’s
students, notifying them of the mentor’s resignation. The incorrectly identified volunteer,
when asked by her students about her “resignation,” called Suzannah’s supervisor at home,
on her cell phone, demanding an explanation.

And so Cindy calls my boss at home to say, are you firing me? Are you firing me from a volunteer position, blah blah blah, and of course my boss is like, Cindy I’m sure that what happened, I can see that there’s a Cynthia on this list and a Cindy. She’s like, I’m sure what happened… how she knew that that’s the screw up, how she knew that’s what I did, I’m astonished, but quite thankful, because that is exactly what happened. And so she said, I’m sure that’s what the problem is, but as soon as Suzannah gets in in the morning on Friday, I’ll talk, you know, I’ll make sure. And I am almost positive that that is the point at which Roxanna said, Darryl, you’re gonna need to go see your mom by yourself, because I’ve got to go into work because Suzannah is incompetent.

If Roxanna thought that about Suzannah, she never let on, simply asking Suzannah for an explanation the next day and accepting it without reprisal. Instead, the harshest criticism of Suzannah came from, not surprisingly, Suzannah.

…to have [Roxanna] on my doorstep at 8:03 being like, Suzannah. Can you tell me about this? And I’m like, I’m gonna jump out a window. I’m going to jump out a window. So, that was… that was the mail that I sent you where I was just like… I’m beyond the end of my rope.

Sydney’s low moment came not from a mistake, but simply from the stress of being her new self at work. Her co-workers, known for their teasing, began badgering Sydney about her
changed eating habits. Sydney, in an attempt to get back to her pre-baby size and maintain her health and strength, had switched to a healthier diet. Much to Sydney’s displeasure, her co-workers began to infer that her new attention to food indicated another pregnancy. For Sydney, the reality of her working and mothering lives collided all at once.

[Manager, David] looked at me and he says, ah, eating for two are we? And I blew up. I told them that I don’t appreciate them calling me fat, and they’re like, we’re not calling you fat. I said, I’m not pregnant, ya’ll are making me feel like I’m fat. I worked hard to get this weight off, I’m working hard to keep it off, you know, I’m trying to eat healthy, I’m trying to eat, and ya’ll are out telling me that I’m eating for two. I’m like, ya’ll are basically telling me that you know, I have way too much food on my plate, that I’m stuffing my face, and that I’m just gonna blow up like a balloon and that I’m fat. And everyone had come in when I was saying all of it, and of course, Randy had sent me a text message of her in her XX chair, so I’m seeing her and I’m yelling at them and all of a sudden I just started crying, and hated it because I hate crying in front of people, and so I just turned and walked away and ended up having to go to the other, I had to go to the other side, the offices across the street. So when you do that, you have to walk all the way through the hospital, with tears coming out of your eyes, of course your face is all red. And yeah. Denise is trying to catch up with me and I’m like, just leave me alone. You know. Are you made at me? Yes. How come? Because you’ve been saying those comments, too. Leave me
alone. Then you’ve got everyone, what’s wrong, what’s wrong, why are you crying?

I’m like, oh my God, I just want to get the XX out of here, you know?

The moment passed for each of these women and they were able to regain their composure and press on. Still, these hits on the co-researchers’ confidence were not easily forgotten. The size or consequence of the infraction was irrelevant to the distress felt by the co-researchers. Regardless of the impact of the experience on the organization, the damage felt by the women themselves was significant and memorable.

**Separate spheres.** As she told me the story of her low moment, Sydney spoke of keeping her mothering self separate from her worker self. This desire for separation was a common refrain throughout Sydney’s transition. Separation for her was nearly impossible during her pregnancy because of the physical imposition of that condition. But postpartum, her desire for this separation returned. When Sydney returned to work, it was the first time she’d ever worked there and not be pregnant. For her, this was no insignificant thing.

Like, at work I, the other day at lunch Tracy had said, Sydney you’ve gone a whole day without talking about Maggie. Tell us the cute things that she’s doing. And I’m like… trying to think of them. Because I don’t think about it at work. I think the less [talks to baby] hopefully you don’t ever hear this part. The less I think about her at work, the easier it is. And the more I can get on with my job, the faster I can get home to her. If I stay busy then I don’t think about her, I don’t dwell on the fact that I am leaving her, and then I can get home to her. And I don’t necessarily talk about her
at work because one, it’s me thinking about her and then, I sound like a broken record, then you know, the fact that I, dwell on the fact that I left her, so on and so forth, but then the other thing is that, I don’t talk about her because I know how annoying it can get when people do talk about their kids. When I’m home, I’m all about her. When I’m at work, I’m all about work.

Carrie, too, spoke of focusing on one part of her world at a time as a way of balancing the two. She felt that her ability to keep the two parts of herself functioning, yet separate was important to her ability to be a good parent and a good worker.

You know, what I was saying before though about it making me a better mom working, I mean, I just feel like, you know, when I am with him, I’m excited to be with him, I want to interact with him, I want to teach him things, I want to read to him and not just sit there, not just let him sit there, you know? Whereas when I was staying with him all day every day, I just, I felt myself getting complacent, you know? And so I think he’s getting better, he may not be getting the quantity, but he’s getting a lot better quality time with me.

Carrie felt that working made her a “better mom.”

For these new mothers, separating themselves from their children never came easy. No matter how much they wanted to work or how big a part of their lives their jobs were, it was never easy to leave their children at the beginning of every day. All of the mothers papered their workspaces with photographs of their children, checked on the babies during
the day, and in Carrie’s case, even visited them on their lunch breaks. Sydney, ever diligent about maintaining that separate space, was easily upset when she saw Maggie before work or talked to Randy about her during the day. On mornings when Maggie was awake before she left, Sydney had difficulty parting from her. “I hated it. I didn’t do good that day at work. I was not focused.” For Suzannah, too, the draw to her baby was intense.

I was, people, you know, come back and they’re like, oh what is it, what is it like to be back, and it’s just unfortunate that right about the time I had to go back is when she really started to grow a personality, so it’s when she’s cooing and smiling, like she just, a smile that will melt your heart. And you know, she smiles at me first thing in the morning after she’s done eating and she’s done burping and it’s like, how can I, how can I think it’s a good idea to leave you? Because you’re so adorable and you’re so wonderful, and you think I’m great, too.

But for all the reasons they shared over and over, the co-researchers persevered at work. Although their priorities shifted, and each day presented new challenges, often painful, the women stuck with the work that was important to them.

Support. Sydney’s story about her co-workers teasing her postpartum highlights the complexity of work relationships that took on yet another dimension for the co-researchers postpartum. These complexities had both positive and negative aspects.

Amber, who from the beginning enjoyed a close relationship with her workmates, enjoyed camaraderie with them that she hadn’t experienced before becoming a mother. She
asked them for advice about her son, and relied on them to give her input about day-care, illnesses, and other baby-related issues. For Amber, this sharing made her workplace a more inviting place to be. “I think it’s easier, better, more fulfilling to me that I can go to work and be in a good situation, and I think a lot of it is just being able to talk and share your, your, your things.” Amber felt that motherhood gave her a perspective she lacked before her pregnancy. Now that she was experiencing the trials of parenthood, she had a new appreciation for those challenges faced by other parents in her office. She had a newfound empathy for others’ difficulties.

Well, you know I think since work… even though a lot times I would say, well, you know, I can’t believe this parent would or wouldn’t do that, or I don’t understand why, now you know, now… being a mom you can say, oh man, what I was thinking was just so unrealistic, you know? You never know what your child’s gonna do, you know? Are you gonna have a good child, or are you gonna have a bad child? Are you gonna have a child that has ADHD? Or are you gonna have a child who sleeps through the night? You know, who knows what you’re gonna get. And how much they change. And I think my sympathy for people has changed so much.

I thought this was a particularly insightful comment from Amber, because she had not experienced any major hardships in comparison to some of the other co-researchers.

Carrie, too, felt more connected to her co-workers than she had previously. When I asked her if she felt she had to minimize her mothering self in any way at work, she
explained that her experience was quite the opposite.

...if anything, I think that this kind of... I don’t know, more acclimated me to the work environment because now I’m, I’ve got more of that family role and I can talk with the other lawyers about their kids and how their kids are sleeping at night, you know the guy that had a baby right after Levi, you know I can talk about this kind of thing. So if anything, I feel more in tune with the office.

Suzannah also reported being able to connect with some of her co-workers, male and female, in new ways with her new role as mother. In conversation with one of the mentors in her program, she found herself chatting about the challenges and joys of parenthood.

And so, people are always asking, how’s Grace doing, and even the men. You know, like today I had a meeting with coaches actually, and one of the men’s like, yeah, I have a 7 month old, how’s your daughter, you know, and we talked for a while about how teething can give your baby diarrhea, (laughs) you know, like, it was just, I mean yes, we started with business but from there he’s like, well I think it was that he mentioned that a student in his group had been removed and I said, well you know I was out for a couple of months and he was like, oh yeah, how’s your baby and then that just sorta sent us on a ten minute ramble down, you know…

Monicquea’s co-workers also continued to be very supportive of her as a mother. It was actually Mo’s MedAssist co-worker who made the suggestion that she ask permission to alter her schedule for her return to work so that they could ride in together. This assistance
demonstrates a concern for Mo’s difficult situation and a willingness to help her problem
solve at a time when perhaps Mo was not in the best frame of mind to advocate for herself.
Her co-workers continued to “ask about [Kennedy], how much she weighs, how she’s doing,
they want to see pictures of her…”

Unfortunately, as Sydney’s breakfast / weight teasing story demonstrates, interactions
with co-workers postpartum were not always happy. Amber was troubled by the rumblings
of discontent around another pregnant co-worker in her office.

One of the other girls, she had, she’s pregnant and she’s due the end of March. And,
one of my girls in my regional office, she does not have any children and she made
the comment that she was glad that she was not a “breeder.” Well that really just
struck me, and just rubbed me the wrong way. And so she says to this other girl, so
Debbie…So, she says to Debbie, she says, so Debbie, you gonna have your baby and
you’re gonna come back like Amber did? And Debbie was like, no, I’m taking my
six weeks. (pauses) And you know, I was like, mm.

Amber wondered out loud as she told me this story if she would regret that she took only six
weeks of maternity leave, or if she would one day wish she had not worked during those
weeks. At the time, she decided that she was doing what was best for her family. When I
saw her three weeks later, she was still bothered by the encounter, and the story continued to
unfold, ultimately involving her supervisor as well.

…apparently she said to my boss, I just wanted to make sure that I’m getting my 6
weeks because I know that Amber has set a new precedent and I just need to know what I’m gonna be held accountable for while I’m out… And my boss said, well, considering that you’re responsible for 3 centers, you’re gonna have to stay in touch. Yes, you can have your 6 weeks, yes you’re gonna be paid for your six weeks, but you will not receive your bonus in those 6 weeks. She said, I told her if she took more than 6 weeks it would be without pay. She said, and I’m telling you right now, if she thinks she’s gonna have to take 10 weeks, she will not have a job to come back to. She said, because I went through Hell last time and it’s already starting off that way and I’m not letting it go like that this time. I continued to receive my bonus. I almost felt like it was being thrown back in my face.

Amber calculated the approximate number of hours that she worked during her maternity leave: 33. Amber was particularly defensive of her efforts because it was her job during that time to ensure her co-workers received a paycheck while she was out. I sensed that Amber felt wounded by her co-worker’s seeming lack of appreciation for that effort and felt that she was being attacked for doing her best for her work team. Amber continued to be satisfied with her choices, despite the criticism.

So, but no, I’ve gotten right back into the swing of things because I did keep in touch and I did work, it has been very easy for me to come back. I have not been overwhelmed, I have been able to leave at 5:00 and go get my child, I’ve been sleeping at night because I’m not concerned about what I’m having to do the next
day, so it was a benefit for me to stay in touch and to work those 33 hours.

Amber’s supervisor knew that this incident bothered her, and Becky was defensive on Amber’s behalf.

Supervisor support was important to the co-researchers during this time. Becky helped Amber push through obstacles like mistakes and co-worker conflict. When Amber struggled with feeling behind in her work, it was Becky who encouraged her to cut herself some slack. Becky was the voice of calm reassurance when Amber made the accounting mistake after her return to work.

And I just looked at her and I just busted out crying. I said, I can’t believe this.

Becky, this is not me. This, she said, (laughs), welcome to motherhood… And she said, welcome to motherhood. She said, your life is never the same now. She said, you have been working your butt off. She was like, since you have been back, before you left, you were working 50 hours a week. You worked to the day before you had your baby. She was like, you have worked your butt off while you were out. You have worked your butt off since you’ve been back. I said, I just feel like I cannot get caught up. I just feel like I can’t get caught up. Don’t worry about it, it’s not a big deal. It’s OK, it’s fine, you’re doing a great job, it’s fine.

Becky seemed very aware and appreciative of the efforts Amber had made throughout her pregnancy and maternity leave, and reminded Amber of that frequently.

Carrie felt that her supervisor played a key role in making her office “family
Seth, Carrie’s supervisor, “set the tone” by welcoming parents and children into the environment.

You know, I’ve said from day one that I have such a supportive office and my office is not just for women, but it’s just a family oriented office. You know, people bring their kids in to work all the time, even though it’s a very professional, I mean it doesn’t get much more professional than lawyers. But people bring their kids in, they take time off to go to their softball games and nobody bats an eye… I think it’s just… it’s different from any other office that I’ve worked in. Because there’s just that presence. People are there talking about their kids, they’re… the kids are in the office, I mean, we know that the boss is gonna have to leave on at a certain time because he teaches kid’s softball, or coaches kid’s softball and so… it’s just… But it’s always helped a lot in knowing that that was, that was how the office is centered.

Carrie pointed directly to Seth as the impetus for the family-friendly flavor of her office. He was the person she counted on to ease her transition back to work on her own terms, and she considered herself “lucky” to have his support.

So from Week 5-Week 15, I worked when I wanted to, and I tried to have a gradual increase. But it certainly wasn't steady. I think Week 5 I worked two afternoons. One week I'd work three full days, and then the next week, I'd work only one morning and one afternoon. It was mostly gradual, but it was jerky. And when I worked was entirely up to me. It depended on Emerson's work schedule (preferred to leave Levi
with him rather than the babysitter at first), doctor's appointments, and honestly...just whether we had been able to get a good night's sleep the night before. I was LUCKY!

She told the story of the former DA, who kept rigid tabs on the work schedules of the ADAs, making them sign in and out for lunch breaks and accounting for time away. That supervisor asked employees to take sick leave for pediatrician appointments and there was no allotment for parents to attend children’s ball games or otherwise invite children into the office. In Carrie’s opinion, “…it depends on the boss and the work environment, and what kind of tone that he sets.”

Suzannah’s supervisor, too, set an example that Suzannah considered a model of family friendliness. Roxanna left the office on time each day, forgoing overtime, demonstrating that there was life outside the office.

I mean, one I feel very supported because I have a good role model in Roxanna of someone who says those messages and Roxanna role models leaving… That girl is out, at 4:30 every day, she’s gone. Like you’re not gonna see, I mean, unless she has a meeting she has to go to. But, she’s really good at being like, this is my time, you know, like she, she is there and she’s knocking it out when she’s there, but she’s also good about being like, all right, yabba dabba do time. That’s what she calls it. She walks down the hall, says bye to everybody, she’s like yabba dabba do time.

Suzanna also credited Roxanna with protecting the family time and flexibility of the women
in her office with families. When a dean requested better attendance from Roxanna’s team at a meeting that regularly occurred at 8:00 in the morning, Roxanna stood up for the worker-mothers in her office.

Roxanna’s response was, well, you know, we have people in our unit who have family responsibilities that they need to take care of, and so they can’t always be at this meeting at 8, because they’re always from 8 to 10. Can’t always be at these meetings at 8:00. And you know, typical hours for these folks, I want to say Betsey gets in, the women in our office are allowed to get in… later. So, our advisors I think Betsey comes in at, she’s supposed to be there at 9, but she typically does not quite get there at 9, and so often it’s a little later than that. And as long as they sort of spend that time in the evenings, that’s OK. There’s never any complaint on that. But Roxanna’s first response instead of saying, oh yes, I’ll make sure everybody’s there or anything like that, it’s no we have to be understanding of their family responsibilities.

Suzannah appreciated that Roxanna withstood the pressure from a superior to advocate for her employees.

Sydney’s supervisor also provided encouragement, although with the joking manner that was characteristic of that office. When Sydney struggled with re-adjusting to a changed workplace on her return, she accepted Denise’s help with recovering skills and finding her place.
I wish she could hear this whole thing, I really do. I’m going to give her a copy. She’s been great. She’s been really patient… But no, she’s been, she’s been great, she’s been really patient about me trying to remember everything and, you know, she makes little comments here and there about stuff, like you know, how forgetful I was when I was pregnant and how nothing’s changed. But I mean, it’s all in good fun… When Sydney was forced to take time off not long after her return to work due to Maggie’s RSV, Denise kidded her about being gone again, but ultimately enabled Sydney to take the time she needed without reprisal. In fact, when Sydney missed a day due to bad weather, Denise donated a day of her own leave to cover Sydney, who had no hours of PTO left. Interestingly, once Sydney returned to work postpartum, the protective behavior Denise demonstrated earlier in Sydney’s transition disappeared. “But no, I mean she’s not too much like worried about me or anything, but… she’s backed off a lot.”

Monicquea’s MedAssist supervisor, even though he was remote, also showed a great deal of flexibility and willingness to work with her during this time. Certainly throughout Monicquea’s ordeal, he never begrudged her absences and saw to it that she retained her insurance during her time away from the office. “He was like, OK, do what you gotta do.” In the spirit of that sentiment, he allowed her to change her hours so that she could ride into work with a co-worker and let her maintain that schedule until Monicquea could secure her ability to drive again. This adjustment was supported by Monicquea’s supervisor on the hospital staff.
Monicquea felt that her supervisor’s own parenthood made him sympathetic to her plight and open to being flexible to her needs: “…my MedAssist supervisor is very laid back, relaxed. I mean, he also has 2 or 3 children of his own, so, I think in that aspect he tends to be a little bit more understanding.” Amber and Carrie’s supervisors, too, were mothers and fathers, and both women felt that this was an important factor in their supervisors’ support. Amber’s supervisor’s made frequent references to their connection in this regard, with statements like “welcome to motherhood.” Roxanna and Denise, Suzannah and Sydney’s supervisors, however, were not parents. While both supervisors remained committed to supporting the transitions of their employees, the co-researchers did perceive some tension around this gap in their experiences.

Roxanna, while flexible and accommodating, never demonstrated the protective approach to supervision that Denise and Becky did. More so than some of the others, Roxanna was flexible, but within definite limits. When a co-worker of Suzannah’s requested an extra week of maternity leave beyond the 12 allotted by FMLA, “…Roxanna doesn’t like to say no, so she just didn’t answer the question.” Although Roxanna allowed employees flexibility in their work hours, those employees were required to call in if they would be late. For Suzannah, this was an uncomfortable requirement.

…God help us all, I try real hard to get in at 8. 8:05 is, is more likely and 8:15 I’m definitely there. So I mean, I’m always there by 8:15, but I have done a lot of, like in our office, the office procedure is, you call your boss, you call your supervisor, and
then you call the admin assistant if you’re gonna be late. And so I have my boss on speed dial and I’m just like, Roxanna, I’ll be in at 8:10, I’m sorry. Yeah. So… I just, it is what it is. And I mean, I always make the time up that day, so it’s, I mean, Roxanna never has given me any grief over being late, but I, it’s demeaning to have to call in and be like, I’m sorry, I just couldn’t get out the door in time this morning. And because Roxanna is just the most together person in the whole wide world ever, you know she’s never had this sort of a problem and you’re like… oh.

As a disorganized mother myself, I can’t help but wonder if Roxanna’s “togetherness” is characteristic of not being a parent. I know that some personalities are just that way. But timeliness is also a tougher accomplishment when there are children to dress, who dirty their diapers on the way out the door, or demand to be fed as soon as mommy has gotten her clothes on. I wonder, and I sensed that Suzannah wondered, too, if Roxanna’s limits of understanding and flexibility were at least related in part to her non-mother status. This difference between them as women was enough in Suzannah’s mind to mention several times. Suzannah also found it significant that when she told Roxanna of her pregnancy, Roxanna did not congratulate her.

…she never congratulated me on being pregnant. Which sounds funny to have even noticed it, but you know, usually when you tell somebody that you’re pregnant, that’s the first word out of their mouth. And I brought that up to Keri and Keri said, you know, she never said that to me either.
To Suzannah and to me, this omission seemed to indicate something amiss, perhaps a cap to the good will extended by Roxanna in response to Suzannah’s news. Suzannah’s impression was that Roxanna was not childless by choice. Although she did not know this for sure, “it’s just my gut.” Still, Suzannah was sensitive to any perceived criticism of Roxanna. To her, Roxanna was a model of support and flexibility and, in spite of any doubt to the contrary, Suzannah felt extremely grateful to have Roxanna in her corner.

Sydney’s supervisor, Denise, was often vocal about her choice not to have children. Like Suzannah’s supervisor, Denise did not congratulate Sydney on her pregnancy. Also like Roxanna, Sydney’s supervisor never held her baby on visits to the office. Sydney remarked that she did find these things strange. However, aside from the bantering typical of Sydney’s office, Denise remained wholly supportive of Sydney the duration of her transition. Sydney did not perceive any instances of boundaries to Denise’s flexibility or support.

Of the three co-researchers who had female supervisors, two credited their boss’s gender with the level of support they received. Suzannah felt that the fact that Roxanna was a woman contributed to her willingness and ability to make the workplace a positive environment for worker-mothers.

I think Roxanna does a really good job of recognizing and valuing the fact that we have lives outside of work and you know, by modeling the fact that she’s out of there at 4:30 because she has a life outside of work that’s important to her. And realizing that you know, many of the people in our office don’t come in until 9 or 10 because
they need to get their kids off to school and so on and so forth, and so they just work from you know, 9 to 6 instead of 8 of 5. And that is, you know, it’s a flexible office in that if the, if we can be available to students, then that’s OK, you know that 9 to 6 is fine. As long as we’re still, I mean, the bottom line is serving the students, but, that they are gonna, we are gonna flex as much as we can to let you have that life outside of work. And I think a lot of that is Roxanna’s personality and a lot of that is the fact that Roxanna’s a woman.

Amber, too, felt that one of the key elements of her success was the female orientation of her workplace—the woman ownership, the woman supervisor, the women employees.

[I’m] Very fortunate in that it’s a woman owned business and all of the employees are…women. My co-worker, they are like, I do not really have a lot of girlfriends. I have some, but not a lot. I’ve always been kind of more of a family oriented type of situation, so you know, within the family support versus necessarily outside support, but you know, the women at work have been just wonderful resources for me, I mean, when I was trying to pick a pediatrician, I sent an email out to all the mothers and I said, who do you use? And they would email me and tell me who and why and what. Talking about you know, sicknesses, a lot of them have already been through pregnancies and things like that. As far as doctors appointments are concerned, I have not had really any problems with that and it’s always how are you, are you doing OK, you know, you look a little bit tired today, are you feeling OK? You
know, we’re gonna have a late night tonight, you know, if you need to come in a little bit later tomorrow, that’s fine.

For Amber, the fact that her co-workers and supervisor are women was particularly important. When she spoke of talking to the other mothers in her office about her experiences, she said, “Like… Donnie in my office, he’s a dad, but I didn’t ask him, you know?” I asked Amber if she felt that her female supervisor and co-workers could relate better to what she had been through because many of them, too, had been through the same thing. She responded, “Yes, yes. And that is really, really valuable to me.” I understood how she felt. I’ve always maintained that motherhood is one of those things people can tell you about, but you never understand the joy and horror of it until you experience it. There’s something comforting about knowing the person you’re calling in late to can appreciate precisely why you’re late. Amber expressed this well when speaking of her newfound empathy for other mothers.

…before I had AB, I didn’t realize why somebody needed to be out because their child was sick. Why do you need to take your child to the doctor? We’re off at noon on Friday, you can do it at noon on Friday. I really thought that. Because now, I mean in these 8 weeks and while I was pregnant I really realized that man, I, I acted and said some very insensitive things to some of those mothers or about those mothers. And now I’m in their shoes and I’m like, God, that was horrible, you know?
Who knows this feeling better than another parent? Or perhaps more precisely, another mother?

Fathers also played a critical role in the final stage of the women’s transition. As the co-researchers returned to work, the responsibilities they shouldered while staying home full time either added to their work load or were shared by their partners. Much as had been the case throughout their transitions, the level of support provided by partners varied once work resumed for the co-researchers. Typically, though, patterns continued. Partners who had shown high levels of support during maternity leave continued to shoulder significant household responsibilities once the women returned to work.

Sydney’s husband, Randy, continued to share equally in the night feedings and child care responsibilities. Housekeeping, at her choice, remained more of Sydney’s responsibility. “Now there’s Sundays, I’m, whenever I clean, he’s out of the house. I make him leave. I can’t stand it when he’s here.” As I probed this unusual response, I found that Sydney was frustrated by Randy’s presence when she cleaned, because she perceived him to be less than helpful.

And even if he’s in the garage, I still hate that because I’ll come downstairs with two laundry baskets in my hand that are full and then he comes inside and he’s like, uh, do you want me to get that? And I’m just like, I don’t want to see you. Because then it makes me mad because I’m carrying these two baskets down. But if he’s just gone, then I can cuss at him and he’s not listening to me, you know, and… And you know,
after I had her, he helped out a lot because I couldn’t bend over and stuff, but now the, I’m good to go and I start to clean and he’s on the computer. And I’m sitting here working my ass off and he’s just sitting there. It’s like, what are you doing? You see that I’m cleaning. You see that I’m throwing stuff down from the stairs because you’re not doing anything, you wonder why I’m huffing and puffing and cussing and you’re still sitting there on that damn computer. Just get out. Just leave.

Because he doesn’t…

Randy had several chores that were “his,” but Sydney chose to retain the bulk of the deep cleaning required of her home.

Carrie, whose husband contributed a great deal by her estimation, sometimes struggled with the demanding task of caring for the baby. While Carrie was able to accomplish many tasks while caring for Levi, Emerson fell short of her skill.

…so Monday I had, I had to take the kids to vacation bible school, Emerson left that morning at 6:00 to go to work, all of us were still asleep. I had to get up, get them ready for vacation bible school, feed them, nurse him, take them…So, I took them, came back home, nursed him again, washed the dishes, made the bed, I mean, I just got things done around the house. And you know, I wound up cooking lunch for them, supper for them, and Emerson didn’t get home until late that night, till about quarter after 9 and they were both asleep by that point. And yesterday, when he was there alone, nothing. (laughs) Levi hadn’t even been dressed when I got home that
night. I mean, he was like, I can’t get anything done, he just wants to be held and I just want to hold him, and you know, so not, not one dish had been washed. I think the kids had like hot pockets for lunch.

Still, Carrie remained upbeat about the level of support provided by her husband, Emerson, as she continued her gradual return to work. Emerson injured himself on the job and took three weeks of leave to recover. He kept Levi during those three weeks and remarked afterward that he would have considered being a stay-at-home dad. Unfortunately, this was a financial impossibility for their family. For Carrie, one important difference between her care giving as a mother versus Emerson’s care giving as a father was that she could never “turn it [motherhood] off.”

I don’t, and I don’t mean to diminish anything that Emerson does because I couldn’t imagine doing this without him, but I’m just, I think primarily because of the breast feeding, I’m just that much more involved with him. That’s something only I can provide him, that’s something that even while I’m working, I’ve got to haul the pump with me and I can’t ever just turn it off and not be a mom, you know? And I don’t, you know, not to say that when he goes to work he turns it off and isn’t a dad anymore, but he’s able to just… walk away and if he doesn’t want to think about it, not have to think about it. And you know, I’ve always got to think ahead of time, you know, is there gonna be a place I can nurse him if I’m taking him somewhere, is, you know, how long can I stay away from him before he’s gonna get hungry again, I’ve
got to think about all those things.

Carrie blamed breastfeeding for this difference between her and Emerson’s transitions to parenthood. A similar feeling was echoed by Amber, who did not breastfeed. Amber’s husband, A.B., also continued to be a strong participant in the care giving of A.B.5. Amber and A.B. worked together to prepare A.B.5 for his days, with each taking turns dressing or feeding A.B.5 in the mornings or putting the baby to bed at night. Still, similar to Carrie’s feeling, Amber had some difficulty with A.B.’s ability and desire to pause from his daddy duties.

But he is a lot of, if he wants to mess with him, oh yeah, he wants to mess with him. He will take him and play with him and do with him or whatever like that. But then sometimes, you know, he’s not really in the mood and it’s, it’s tough. It’s agitating to me because I’m like, please just, and he’d rather sit there and watch TV or whatever.

Early on in our time together, Amber told me about A.B.’s “man cave,” a room in their house that held video games, a television for sports programming, and other “man stuff.” This continued to be an area to which A.B. could retreat when he felt he needed time away from parenthood. Amber did not feel she had such an escape.

So I, I, I still think, yeah, I want my personal time but I’m willing not to have, not to have that, or maybe I realize that I may not get that. I think AB’s still wanting that and forcing to have it and needing it.

Amber was also frustrated by the way she perceived A.B. to feel that difficulties were felt
more severely by him. Like the other women in the study, and like the women’s partners, Amber worked long hours, took few vacations, and was exhausted when she got home at the end of the day. She felt A.B., however, thought he had it “worse.”

When he gets home from work, he’s tired. I’m just as tired. You know? It’s, it’s all, it’s just as equal, but for whatever reason it’s, it’s worse for him. Just like the whole being sick thing, oh, oh. You know. Truth was, he probably wasn’t as sick as what I was. He had a milder version of it. But he was about to die. You might as well dig his grave and just go ahead and throw him in and cover him up. He was ahhh. I’m so tired, I’m exhausted, ohhh. Well I don’t want to get the baby sick. I was like, I didn’t want to get baby sick either, but I was up at 3:30 feeding him in the morning.

In spite of her frustrations, Amber remained optimistic about the division of labor at home.

Well, of course I’m still carrying more of the load, but a lot of times we’ll take turns feeding him in the afternoon and stuff and it depends on how things are going. If I come in and I’m cooking, then he’ll feed him while I’m cooking, or he might get something, so he might be cooking when I come home, or whatever. Or… I’m still getting up with him at night. And then most of the time if he eats before we leave the house in the morning, AB feeds him.

Suzannah shared Amber’s frustrations about her husband’s ability to seek rest at the end of the day. Suzannah affectionately referred to her husband’s “Mr. Rogers” habit of coming home, changing into “play clothes” and watching Suzannah give Grace her bath. Greg would
observe Suzannah prepping the baby for bed, play with her, and “then he toddles off to go play computer games while I go nurse her to bed.” Suzannah, ever sensitive to being overly critical of Greg, continued to struggle during this period with what she perceived to be his underwhelming lack of involvement in Grace’s caretaking.

First of all I would say I think that he believes he does a lot to support her. And I would say that he does more than some dads I know. Because sometimes he does wash her diapers and… I, see I struggle with this because I feel like I sent you that email where I totally trash talked my husband and that’s not the… And actually after my big explosion at him, he at least for a while, he’s, because he was out of work for 2 days sick he sort of fell off the bandwagon with this, but he was washing the bottles after she came home from school and filling them up for the next day and putting the date label on them and stuff like that. And that’s nice to not have to be the person who thinks of every little thing, but…

One of the aspects of Greg’s care giving with which Suzannah had some difficulty was accepting that he provided a different standard of care than she did. In the first few weeks after Suzannah returned to work, Greg stayed home with Grace for two of them. Suzannah was satisfied during this time that he took good care of Grace, but couldn’t help notice that he didn’t do things the way she would’ve. Her story of coming home from her first day of work made me laugh in sympathy, as my own husband was so much like hers.

She was wearing a onesie and her diaper was soaking and she had vomit caked in her
hair. I was like, I think we need a bath, so I dropped her in the bathtub and scrubbed her up and then fed her and put her in clean clothes and a clean diaper and put her to bed. And I kinda said to him, are you wearing pants? And he said, yes. Why is she not wearing pants? I don’t know, she’s warm enough. Sweetheart. You know, if you’re wearing pants, she should be wearing pants. That’s like, the week before (laughs), he had gotten her dressed for Aunt Jenny, I swear to you, he had to have looked to get these clothes out. I, I swear to goodness. Because, you have the winter clothes towards the front. What had he found, he had found a short sleeve onesie and the bloomers to a set, to a dress. And that’s what the poor child was wearing. And my aunt is like, so I didn’t come up with the, is she wearing pants thing, because the week before, he brought her down like that and my aunt said, Greg, what are you wearing, and he said, well, a sweat shirt and sweat pants, and she said, what’s the baby wearing? Well, it’s what I could find. So… she said, if you’re wearing sweat shirt, sweat pants, the baby probably ought to be wearing at least long pants and a long shirt. And so that, and so I can’t even take, I can’t really claim credit for the, is she wearing pants, but yeah. So anyway, that was the first day.

As time passed, Suzannah came to feel that this difference in the way she and Greg cared for Grace and their household was different and ultimately, OK.

And I am just, I’ve finally kind of… I won’t say resigned myself to, but I have really got my head around a little better the idea that he’s gonna do it real different than me
and that’s OK. She’s gonna be fine. But like, he can hear her cry for a lot longer than I can and be all right with it… Not like, there are different types of cries, but she has a face melt cry and I can’t stand that, that cry. I really just, I can’t. And he can. And so… I don’t think he like relishes it or anything like that, I think he’s just able to tune it out. Like… (laughs) I came home one day, I had gone out to run some errands and he had given her a bottle and he didn’t know there are different kinds of nipples and so it was a decorative bottle that someone had given us. I have no idea how fast the flow on that nipple was. But she didn’t like it. And you know, he’s like, I heated up that bottle twice, she wasn’t hungry. And I said, well what kind of nipple did you use? It’s like, I don’t know. And I look at it and it’s not the Evenflo that she’s used to. So I think that’s what it was, because I got home and she was like, starving. Chomped right on. So, I do think she was hungry. And he just didn’t know the nipple made a difference. And so she, she hollered. And literally he was holding her, he said, I couldn’t find the swaddlebe, I couldn’t find the swaddlepottamus, so I just was a human swaddlepottamus and I held her arms in and he’s like, I fell asleep. And so, with this child face melting in his ear, he fell asleep. So… yeah. But now he does know that the nipple makes a difference and I showed him what kind and taught him about the rice cereal, and I’m gonna have to go buy some more of the fast flow nipples because once you put rice cereal in, it doesn’t flow as fast. So she won’t want the infant nipples anymore. So… so yeah. It’ll just be different.
Suzannah never seemed to feel that the division of labor between her and Greg was equal, but she found a way to accept things that way. This acceptance did not come easily, but Suzannah felt that acceptance was preferable to the alternative.

You know, it’s just not worth fighting about. The one time that we have ever fuss ed in front of her, she started to cry and, I don’t know if that was just her feeling the negative energy in the room or what it was, but nothing really is… there are some things that are worth standing up about. But a couple of messy diapers and some dirty dishes in the sink just aren’t it… Not, not perfect and the feminist in me is irritated, but it’s not worth the animosity and communicationally, it’s worth mentioning, saying look, stop being such a lump. But… you know.

Calm acquiescence was just Suzannah’s way, and while she stated her case, she ultimately felt that letting things rest was her best recourse. Suzannah did wonder about the source of her own acceptance.

I wish that I could discern where that comes from. I also, you know I think it’s interesting, I think of my mom as someone who was assertive and you know, I mean feminist has negative connotations, but really did believe in her ability to, to be… as good or better, you know… I… I’m not being articulate about this. But I don’t think of her as someone who was like a, you know, Jan Brady. She was someone who worked in a man’s world, well, not, I mean, yes and no. She worked in a university, in a social work department, which is a pretty feminized profession. But, I think of
her as someone who really did believe in, that women were equal and that, you know, jobs should be, household chores should be shared and all of that, and yet, looking back, she did much the same thing. You know, it just ended up that when there were 3 kids, she worked part time to make sure that we could get around to where we needed to go and stuff like that and there wasn’t ever any conversation that dad might be that person.

Monicquea was similar in that she, too, found a way to calmly deal with some of the issues that arose between her and CJ over Kennedy’s care. Monicquea felt that CJ simply didn’t grasp the depth of the struggle she had felt since the early parts of her pregnancy.

I think because, yeah, I think because he’s just, just there, you know, he doesn’t really see the, the mental aspect of it. I think he, he knows that it’s there and he tries to be supportive in that aspect, but I don’t think he really grasps it in all that it’s meant and all that it affects and that it still affects. You know with the problem with my pituitary, I still think, you know, he knows it’s there and he’s concerned about it, but as far as everything else, he just doesn’t, he can’t grasp how… it’s really affected.

Like Suzannah, Monicquea lamented that CJ thought he did a lot to support her and Kennedy and that she just didn’t acknowledge or appreciate it. She did acknowledge to me, however, that “he tries to be helpful” and that he was cooking for them. Whether or not Mo managed to convey that appreciation to CJ sufficiently, it was clear to me that she was aware of his efforts, however small, and was thankful. That is not to say that she was completely satisfied
with CJ’s efforts. “He doesn’t bring home diapers or anything like that.” I asked why, and Monicquea replied, “Well, he probably would if I asked him to, but I feel like he should just know without me having to ask. I know when she’s out of diapers, he ought to know…”

Housework was less important to Monicquea in comparison to the needs of her child, and so she did not dwell on it.

Yeah, my main thing is making sure that first of all, she has what she needs and then because of my health concerns, I have to make sure that I’m taking care of what I need to take care of. So, as long as those are taken care of then I don’t… worry about the house.

Like the homes of all the women that I visited, Monicquea’s was maybe a little messy, but it was warm, happy, and filled with the sights and sounds of a thriving baby.

**Final reflections.** As my time with the co-researchers drew to a close, we spent time reflecting on their experiences and looking toward the future. In our last interviews together, when I asked each woman what her ideal work situation would be, every co-researcher in the group expressed a desire to work part time. Sydney longed for a career as a network analyst, but the option was not available to part time employees.

But and the other thing is I don’t want to be a computer tech for the rest of my life. I’d like to try and move up within the, a year from now and be a network analyst. So with that you can’t be a part time person. So it’s like, what do I want to do? Do I
want to try and stay home with her or do I want to move up in the career ladder? So it’s, I mean, it’s a tough decision right now, like… But, I mean, I, I’d love to do both. Carrie, Suzannah, Amber, and Monicquea all described their ideal positions as part time. However, the careers they had chosen or wished to pursue did not allow for part time work.

Another question I was able to ask four of the co-researcher in our final interview together was what advice they would give a woman considering the same path to worker-mother they had just taken. For Monicquea, the response was simple: “Definitely plan more… Expect the unexpected.” Suzannah reitered Monicquea’s advice, adding that she wished she had planned farther ahead during her pregnancy for maternity leave for the period that she was absent. Amber didn’t miss a beat. “I would probably ask them first, do you love your job?” Why, I wondered.

Because, I think that’s the biggest thing, if I did not like my job, it’d be a nightmare for me to get up and go to it. I mean, it is very hard for me to go to the job that I love. If you didn’t love your job? I mean… you know, do you feel, or feel from your job. Does your job make you a better person, does it make you, do you feel significant there, you know? I don’t know. Because a lot of people work jobs that they can’t stand because they have to, and I know now’s not the time to find a job, but… it’s a tough balance. It is, it’s a tough balance. It really is.

It really is.
**Epilogue.** Four of the five babies in this study have celebrated their first birthdays by the time of this writing. The co-researchers continue to work and parent, even as their lives change. Amber’s husband continues to work with her at Sylvan. A.B.5 is walking, wearing suits to church, and sharing valentines with his day-care friends. Carrie is back at work full time and has taken up roller derby and improv to complement her already full life. Levi is crawling and posing for portraits and charming Christmas card photos with his big brother and sister. He keeps his parents busy, always on the move and scavenging for something delectable to put in his mouth. Suzannah gradually adjusted to her role as supervisor, but lost her employee due to budget cuts six months after her return to work. She continues to absorb the duties of that lost position and is diligently working to finish her dissertation. She will graduate this Spring. Grace is walking, running, dancing, and jumping and starting to talk. Her favorite words or “uh oh” and “no”; she is particularly skilled at making animal noises. She is still her mother’s fashion pallet. Monicquea regained her driver’s license and old work schedule. Her health remains stable. Monicquea and CJ separated a few months after we completed her data collection, a painful adjustment for them both. He continues to be a large part of his baby’s life. Kennedy is an adorable, vibrant little girl, with no lasting effects of her premature birth.

For Sydney, the upheaval has been great. A week after we concluded our data collection, while Maggie was still battling RSV, Randy left his marriage to Sydney. His departure was sudden, unexpected, and came without much in the way of explanation. It was
a bitter split, complicated by Randy’s inconsistent and irregular attention to his daughter
during scheduled visitations thereafter. Sydney placed Maggie in a day-care center. Later,
she was forced to remove Maggie after Sydney’s mother witnessed a chilling moment of
neglect at the center. Barbara stopped working long enough to care for Maggie while Sydney
found other arrangements with a private sitter. Maggie is walking, enjoying a close
relationship with her grandparents, and keeps Sydney grounded and upbeat.

The move to motherhood has been a difficult, exciting, tumultuous transition for all
of the women. Some have had it “easier” than others—but all have undergone tremendous
changes, good and bad. Through it all, they have remained some of the strongest, most
optimistic and tenacious people I’ve ever known. Monicquea reflected on her experience
recently, demonstrating an insight and selflessness I found lovely and inspiring.

I am still trying to find myself and become better for my child’s sake. Emotionally I
am still depressed (I no longer take antidepressants) but from my experience I have
been able to more clearly pinpoint the things in my past that are causing this. I am
doing more things that are of interest to me, although finding the time is not easy.
Being happy with myself and the choices that I make is the ultimate goal for me. I
have found that my unhappiness is coming from being unable to predict and/or
control the uncontrollable. My journey is taking me along the road to happiness. It is
a long and windy road, one full of twists and turns but one without regrets. This
journey will be worth the taking because in the end I get to leave all that I have
obtained to my daughter with the hopes that she will have the memories, wisdom, and knowledge to achieve the same with her life (M. Stuttgard, personal communication, November 17, 2009).

Acceptance of the unchangeable, attention to self health and well-being, a focus on the health and happiness of her child, and hope for the future: a beautiful sentiment that captures the spirit of my co-researchers. They are as brave as they are beautiful.

**Reflective Metaphors**

As I worked through analysis, I strove to develop a metaphor that accurately captured the experiences of the co-researchers during this transition. The metaphor cited in the beginning of this chapter, Forrest Gump’s box of chocolates, does an adequate job of illustrating the breadth of experience I witnessed as a partner in this study with the co-researchers. It does not, however, describe the experience itself for each woman. The original title of this dissertation, “Birth of a Worker-Mother: Understanding the Transition,” stopped working for me early on. While a catchy play on words, “birth” was not a useful or descriptive metaphor for the changes that I saw in these women. It did not seem representative to me to say any of the women were “born” or “re-born.” Each co-researcher experienced the transition differently, under different circumstances and within different contexts, but I don’t believe any came out completely different people than who they began; changed, yes, but not completely new.
Eventually, I scrapped the idea altogether. It seemed overly simplistic and inexact to attempt to assign a single metaphor to represent the course of five such disparate experiences. Instead, I wrote to each of them and asked them: if you could liken your experience to a representative metaphor, what would it be? I provided examples of what I meant when I thought it would help, and then I left it to them. It had been a year or more for some of the co-researchers and I wondered how they would reflect on their experience. I wasn’t sure how—or if—they would respond. I imagined my request seemed sort of mystic, abstract. I remembered my own first attempt to develop a metaphor for my graduate experience in my first doctoral level class. The assignment was difficult and a bit like searching for something in the dark. Thus, I was surprised and indeed, overwhelmed, by the responses. Each co-researcher had created a metaphor for her experience that was so perfect, so accurate, it blew away any attempt I could have made on my own. I was reminded yet again of the capabilities and depth of spirit inherent in these women. The metaphors illustrate each woman’s feelings about her experience after a period of reflection, and exemplify many of the qualities that I found most appealing about each.

**Sydney Page – be patient, because it’ll change.** It was a full year after Maggie’s birth that I asked Sydney to reflect on her transition and to create a metaphor to capture her experience. Sydney chose “Be patient, because it’ll change.”

We have a saying around here at work, “be patient because it’ll change.” We say this because if we think it’s going to be a slow day, eventually by the end of the day
something will break and the whole computer system will go down and then its
craziness. So with working and being a mom, that’s how I think of things
sometimes… not every day is the same!!!! You don’t know if tonight you’ll get a full
night’s sleep or if she’s going to start teething again. You don’t know if you’ll be
able to stay at work the whole day of if Day Care is going to call you. You don’t
know if you go home tonight and that she’ll look up at you and say “dog” just plain as
day (S. Page, personal communication, November 30, 2009).

For Sydney, unpredictable, sometimes uncontrollable forces characterized her pregnancy,
birth, and post partum life. But I know her to be a tough nut. So she perseveres, with
ambition, self-reliance, and most of all, love for her baby girl.

**Suzannah Hochschild – the waitress in the big city.** When I asked Suzannah to
reflect back on her transition over a year after Grace was born and suggest a metaphor, she
created “Waitress in the Big City.”

It's sort of like being a waitress at a local diner at lunch time. I know how to take
orders and bring out food, I can make conversation and take care of business. Then I
move to a big city and get a job as a waitress working weekend evenings at the
holidays-- I still know how to take orders and make conversation, but suddenly I have
to do it faster, more proficiently and while focusing on more tables. (And I live in
fear of dropping somebody's soup on them!) (S. Hochschild, personal
communication, November 16, 2009).
Suzannah’s metaphor is reflective of her ability to take things as they come, while acknowledging a sense of being overwhelmed at times. Suzannah’s challenges came mostly after the birth of her child—after her move to the big city—and coping with new job responsibilities as well as responsibilities at home. She handled those challenges as she always does, with hopefulness and faith that “everything will be all right.”

**Amber Lynn – at the fair.** Amber’s metaphor for her experience is representative of her positive outlook and the wonder with which she considers all that has happened to her. She chose “at the fair.”

> So many rides, shows, choices, foods, some you love, some you hate, some make you sick, so ready to go, but so ready to leave. Something is always going on, changing, drawing you in (A. Lynn, personal communication, November 24, 2009).

For Amber, becoming a worker-mother has been a happy adventure. She was lucky enough to have an experience free of many of the negative factors that can plague a pregnancy, birth, and postpartum life. In her confident, good natured way, I think she has enjoyed the ride.

**Monicquea Stuttgard – the long journey.** Monicquea’s metaphor is “Traveling a Long Road,” inspired by Robert Frost’s, *The Road Not Taken*, Mo’s favorite poem. The metaphor captures the arduousness of her journey, but also demonstrates the grace and acceptance with which Monicquea has responded to her circumstances.

> My journey is taking me along the road to happiness. It is a long and windy road, one full of twists and turns but one without regrets. This journey will be worth the taking
because in the end I get to leave all that I have obtained to my daughter with the hopes that she will have the memories, wisdom, and knowledge to achieve the same with her life (M. Stuttgard, personal communication, November 17, 2009).

Moniququa’s experience is a stark reminder of all that can go terribly wrong when a woman embarks on the journey to motherhood. Still, she has a healthy, happy little girl. She can continue to work to support herself and her child. There is much to be thankful for.

**Carrie Johnson – the cherry on top.** Carrie’s experience was, on the whole, positive. She had a complication-free pregnancy, few surprises, and a supportive spouse and workplace. The metaphor she chose to capture her account is “The Cherry on Top.”

I was very happy with this sundae of a life I had made for myself; I loved my job, my husband, my freedom, my family, and the woman I had grown up to be. I was so worried that adding anything to it would just mess everything up. But at the same time, that little cherry baby looked so delicious that I couldn't help myself. The whole time I was pregnant, I was nervous that the cherry would change the sundaes that I knew and loved. And it did change it. But only by accentuating everything. My work is more meaningful, my love for my husband has more depth, my family is more colorful, and I have even more respect for myself than I did before. My life was complete before Levi...now it's just better (C. Johnson, personal communication, November 16, 2009).
When Carrie talks about her baby, her tough façade melts away. Her whole countenance changes. She visibly softens. I believe she is happy.

**Chapter Summary**

In this chapter, I have provided background information about each of the co-researchers’ biographical background, and education and work history. I have shared my perspective of each co-researcher. Next, I provided a narrative description of the experiences of the co-researchers, their choices, and factors that influenced their decisions. Finally, a reflective metaphor created by each co-researcher was provided to illustrate her experience. In the following chapter, Analysis and Implications, I provide a detailed analysis of the co-researcher’s experiences during this transition, the factors that influenced their decisions, and the role of patriarchy in their experiences.
Chapter 5: Analysis and Implications

The purpose of this study is to examine the experiences of first time mothers as they negotiate pregnancy and exit of and planned re-entry to the workplace around the birth of a first child. This study sought to answer four research questions. The first section of this chapter presents an analysis of the experiences of the co-researchers and answers the first two research questions: In what ways do women experience the negotiation of the transition of pregnancy, childbirth, and return to work? What choices do these women make when negotiating this transition? In the second section, I examine the impact of patriarchy on the women’s experiences and choices, as viewed through the lens of radical feminist theory. This section answers the last two research questions: In what ways do these women perceive the patriarchal structure of the society and the workplace to influence their decisions? In what ways do the patriarchal structure of society and the workplace shape the experiences and choices of first time mothers? The final section of this chapter highlights the implications of the findings of this study for human resource development.

Overview of Findings

There were four key findings that emerged from this study; three contribute to the scholarly literature and one contributes to HRD practice. The study produced three findings that contribute towards HRD and feminist literature. The findings are:

- The women in the study exhibited little to no awareness of the impact of the patriarchal structure of the workplace on their experiences and decisions;
The dominant performance orientation of HRD and organizations permeates not only these women’s working lives, but their personal lives as well, impacting their ability to enjoy and value their maternal role;

The radical feminist framework is limited in its ability to account for the dissonance between women who make different choices regarding work and mothering.

These findings add to existing feminist research about HRD in organizational science literature. The findings contribute to critical HRD literature that examine patriarchy in organizations and the role HRD plays in supporting patriarchy. The last point addresses a weakness of the radical feminist framework in understanding a phenomenon that emerged from the study.

A fourth finding has the potential to impact the practice of HRD. This finding is:

The patriarchal structure of the workplace increases the risk that women who encounter physical complications during pregnancy, birth, and postpartum will be forced to leave the workforce.

This finding contributes to the existing literature on pregnancy and work, and work-life balance. The point provides valuable insight into how the HRD function within organizations can support women who face complications before, during, and after birth by championing changes in the patriarchal structure of those organizations that harms these women.
Analyzing Experiences and Choices

To analyze the data presented in chapter four, I utilized a narrative analysis process based on the work of Mishler (1986) and Hatch (2002) to understand how the co-researchers experienced the transition from worker to worker-mother. As described in chapter three, nine key issues emerged from the analysis that characterize the experiences of the women in the study. These nine issues were: identity, readiness and planning, physicality, economics, workplace support, the traditional structure of work, patriarchal structure enactment, patriarchy resistance and change, and women’s dissonance. Guided by the literature and the conceptual framework of the study, I identified six critical choices made by the co-researchers to gain an in-depth understanding of their experience. The six choices were: the choice to become pregnant and the timing of pregnancy, the choice of when to divulge the pregnancy to the workplace, choosing when to begin maternity leave, choosing who in the family takes a postpartum maternity/paternity leave, choosing when to reconnect with the workplace postpartum, and choosing whether or when to go back to work postpartum.

A model of the transition. To help me better understand how the co-researchers made their transitions and the role each of these critical issues play in their experiences and choices, I developed a model. This model is a visual depiction of the process the co-researchers went through as they transitioned from worker to worker-mother. Figure 1 is the model of the co-researchers’ transitions. Each of the key issues and choices identified during analysis are discussed in relationship to the model in the sections that follow.
First, I focus on the first five key issues identified in analysis and their relationship to the six critical choices made by the co-researchers during their transitions. These issues include: identity, economics, readiness and planning, physicality, and workplace support. This discussion answers the first two research questions, namely, In what ways do women experience the negotiation of the transition of pregnancy, childbirth, and return to work? What choices do these women make when negotiating this transition? I

I close the analysis with an examination of issues related to the role of patriarchy in the women’s experiences and choices. These issues are: the traditional structure of work, patriarchal structure enactment, patriarchy resistance and change, and women’s dissonance. This discussion answers the last two research questions, namely, In what ways do these women perceive the patriarchal structure of the society and the workplace to influence their decisions? In what ways do the patriarchal structure of society and the workplace shape the experiences and choices of first time mothers?
Co-researcher Transitions

Identity. Identity played an important role in the experiences of the women as they transitioned. Who the co-researchers were as women had a great deal to do with many of the choices they made and how they felt about their experiences. The transition itself was characterized by shifts in identity for each of the women. As the women transitioned from worker to worker-mother, their identities shifted perceptibly at three major points. These identity shifts occurred with pregnancy, birth, and the return to work and are represented by their titles on the model. The red lines between the phases acknowledge the significant shift
in identity felt by each woman in the study at pregnancy (PG), birth (BTH), and return to work (RTW). The red letters and numbers situate the six critical choices of the co-researchers within the phases of the transition in which they were made. Again, the choices are as follows:

1. To become pregnant and the timing of pregnancy;
2. When to divulge the pregnancy to the workplace;
3. When to begin maternity leave;
4. Who in the family takes a postpartum maternity/paternity leave;
5. When to reconnect with the workplace postpartum;
6. Whether or when to go back to work postpartum.

The identity shifts experienced by the co-researchers map closely to Mercer’s (2004) stages in the process of establishing a maternity identity. Each shift is characterized by a period of equilibration in which the co-researchers accept and adjust to their new identity within the context of their work and home lives. For each woman, the context of her identity shift was different, and thus her equilibration was unique to her circumstances. This equilibration is represented by the blue process box on the model.

The women began their transitions as workers. For all of the co-researchers, from the start, work was a priority in their lives. Even for Sydney and Monicquea, who were at the beginning points of their careers, working was an important part of who they were. Still, a desire to become mothers was also part of the identity of the women. Four of the co-
researchers intended to become mothers at some point in their lives. Suzannah exhibited the strongest desire to become a mother, a wish intensified by her infertility issues. Only Carrie considered not becoming a mother, but changed her mind when presented with the possibility that she might not have the chance. Even Sydney, the only co-researcher who did not choose the timing of her pregnancy, wanted eventually to be a mother. This desire, integral to the identity of the women, led each to pursue motherhood.

The first shift in identity came as the women moved from workers to pregnant workers. Accepting their new identity did not come easily for any of the women, even for Amber, Carrie, Monicquea and Suzannah, who planned the timing of their pregnancies. Four of the co-researchers took multiple tests to confirm their pregnancies. All of the women’s reactions were characterized by some level of disbelief. The co-researchers reported a moment in which acceptance of the pregnant condition occurred and they recognized themselves to be pregnant workers.

During this shift, each of the co-researchers demonstrated their continued investment in their careers, beginning their experience of equilibrating their working selves and their mothering selves. All of the co-researchers worked long hours and expressed firm desires to work as long as possible and return to work postpartum. Monicquea, Carrie, Sydney, and Amber seemed to strive to work even harder than ever, and expressed concern about how they would feel being away from work for maternity leaves. Suzannah, the co-researcher most eager for motherhood, demonstrated the most tempered balance, doing her work, but
not overdoing it. When the women experienced physical struggles, whether minor or serious, each accepted accommodation in order to nurture and sustain their mothering selves and their babies.

The adjustment to pregnant worker coincides with Mercer’s (2004) phase of commitment, attachment, and preparation. The co-researchers as pregnant workers focused on planning for the arrival of their babies. They gathered information, planned their absences from work, and prepared physically for their babies by creating nurseries and buying equipment. Mercer’s (2004) research indicates that women who actively participate in this stage adapt positively to motherhood. All of the women in this study were active planners. Carrie, Amber, and Suzannah conducted research, toured day care centers, and took childbirth and breastfeeding classes. Suzannah even wrote a formal birth plan. Sydney and Monicquea also planned during this stage, although some of their efforts were derailed or thwarted by the unpredictable complications each faced. Still, each of the women were active participants in planning and positively adapted to motherhood as Mercer suggests.

Postpartum, the women shifted in identity from pregnant worker to mother. For each woman, there was a moment at which she realized, I am a mother. The co-researchers worked to reconcile the women they were with the women they became. In every case, the women came to the realization that they were still themselves, only a sort of new or “enhanced” version. This seemed to come as a kind of surprised relief and acceptance of this new identity followed easily. All the women chose to take maternity leaves. I could locate
no research that examined how or why women make the decision to take maternity leave rather than their partner. I believe that this issue is “uninteresting” to researchers, likely because the decision is presumed to be based on the physical nature of birth and required period of recovery and demands of breastfeeding. While those needs were present, the women in this study did not seriously entertain any other option. I believe they took maternity leaves so as to embrace and savor their new identity as mother.

In this shift, the women’s priorities began to diverge. Sydney and Monicquea began to doubt their commitment to work, considering not returning. Sydney had only been at her job a short time, and Monicquea was the least invested in her job from the start, considering it only a place to start her career. These women chose to take the second and third longest maternity leaves in the group, respectively. In comparison, Amber and Carrie, the two women in the group who demonstrated the most emotional investment in their careers chose to take the shortest leaves. Sydney and Monicquea also chose to maintain a low level of communication with their workplaces, while Amber and Carrie reconnected quickly. Suzannah again struck the most even balance, taking the longest maternity leave, but reconnecting with work via regular email postpartum.

Mercer’s (2004) phase of acquaintance, learning, and physical restoration, corresponding with the shift from pregnant worker to mother, describes the new mother’s physical recovery and learning of her infant. This period of mother and baby getting to know each other followed the co-researcher’s shift to the role of mother. During this time, the
women recovered physically from childbirth, especially Sydney and Monicquea who had had c-sections. The women attempted breastfeeding, some successfully and some not, and four began learning the personalities of their babies. This phase was markedly different for Monicquea, who spent it at her premature infant’s NICU bedside. Acquaintance and learning for Monicquea and Kennedy occurred later in the transition, when Kennedy was allowed to come home.

In a final shift in identity, the women moved from mothers to worker-mothers as they returned to work. This was a far more gradual process than displayed at the other stages of identity development. There was no clear “aha” moment as there was at pregnancy and birth. Rather, these women seemed to settle into their new roles, taking on their new identities over time. For all, this period marked the final challenge in equilibrating their mother identity with their worker identity. Sydney and Carrie made concerted efforts to keep their worker and mother selves separate postpartum. These women’s experiences contrast with the work of Colbeck (2006) whose study found that women academics sought to integrate their work and family roles. In this early period, all of the women reported a significant shift in priorities indicating a protectiveness of their mothering selves. The co-researchers were no longer willing to work overtime and expressed little regret when being away from work to attend to the needs of their babies. This change in perspective was one of the most dramatic for all the women, but most of all for Carrie and Amber, whose work identities were most distinct.
Ward and Wolf-Wendell (2004a) found a similar “equilibrium” or re-prioritizing reported by women academics who work and mother. For the women in the study, however, work was not just equalized to the needs of their babies, it was subjugated. I believe this subjugating of work by the co-researchers is tied to the early postpartum timeframe in which this data was collected and their new assumption of the role of worker-mother. My suspicion is that the vehemence with which the women protect their personal time will moderate with the age of their children. Much of the literature on work-family balance post-return-to-work, like the work of Ward and Wolf-Wendell, focuses either on women who are established in their jobs and roles as mothers, having made the transition back to work for some time, or makes no distinction of time in the job postpartum (Colbeck, 2006; Grosswald, 2003; Keene & Reynolds, 2005; Wolf-Wendel & Ward, 2006; L. Young & Kleiner, 1992; Zedeck & Mosier, 1990). This study contributes to the literature on work-life balance by providing insight into specific experiences of these women in the early, six-week period post-return-to-work.

The becoming of a worker-mother by each of the women in the study corresponds well with Mercer’s (2004) stage in establishing a maternal identity of moving toward a new normal. In this phase, the woman gains confidence in her mothering and structures her mothering style to fit her infant, family, and circumstances. She copes with changing relationships with her family and friends, and in the case of the co-researchers, her
supervisors and co-workers. The women in the study continued during this period to get to
know their infants and adjust to their new realities.

**Readiness and planning.** Planning followed equilibrium in the transitions of the co-
researchers, in preparation for the next step, whether it was the birth of their child or their
return to work. Planning is represented by the blue hexagonal preparation box in the model.
This equilibrating-planning process was sometimes cyclical, depending on how successful
planning was or whether some unexpected event derailed the plan. When anomalies like
physical illness struck, the women often had to return to equilibrating to attempt to reconcile
their fluid identities within their adjusted life context. This process was repeated within each
significant step in the transition and is represented by the blue process steps in the model.

The women in the study did a great deal of planning and preparing to get ready for
their babies as described previously, and again as they prepared to go back to work. During
these times, the co-researchers expressed apprehension and anxiety about what was to come.
They coped with their fears by planning. Each co-researcher attempted to map out how long
she would work pregnant, what her baby’s birth would entail, how long she would stay home
postpartum, and how she would stage her return to work. Any perceived ambiguity and lack
of planning or preparation was stressful for the co-researchers. Carrie, whose maternity
leave plan remained ambiguous throughout much of her pregnancy, was somewhat distressed
by the lack of formality. When she finally received confirmation from her supervisor
regarding her paid leave, the relief she felt was palpable.
Research shows that planning plays an important role in the success of women’s transitions back to work postpartum (Houston & Marks, 2003). All of these women would return to work and to full time status, thus supporting the value of planning during pregnancy in returning to work. The more successful the women were in planning and perhaps more importantly, the more their experience matched their planning, the easier their transition. Sydney, Monicquea, and Suzannah are the co-researchers that consistently encountered the most difficulties in their transitions, and I believe this was related to how closely their planning matched their experience. The physical complications experienced by Sydney and Monicquea altered their ability to adhere to their plans to work long into their pregnancies and the length of their maternity leaves. These two women came the closest to not returning to work. I believe this change of heart to be related to how derailed they felt by circumstances for which they could not plan. Similarly, during her pregnancy, Suzannah planned to participate in the hiring and training of a new employee to be supervised by her. While she was on maternity leave, circumstances changed and Suzannah returned to work to find a new employee hired for her, and in a different capacity than she expected. This change jarred Suzannah and she experienced a great deal of distress and anxiety over her lack of control and her new role. This experience negatively impacted Suzannah’s feelings about work and her confidence as a worker. This study adds to the literature on work-life balance by suggesting that, while planning plays an important role in the success of women returning
to work during this transition, so, too does the degree to which a woman’s experience matches her plan and expectations.

**Physicality.** Internal forces in the model of transition represent issues generated from within the co-researchers themselves that impacted or influenced their equilibrating and planning. The one-way arrows represent the influence of these forces on the women’s equilibrating and planning in each stage of the transition. Physical complications were one of the internal forces acting on the women’s experiences. The physical challenges that can present themselves during pregnancy, birth, and postpartum vary from inconsequential to dire. No woman making this transition can predict where she or her baby will fall on this continuum. The women in this study and their children ran the gamut of physical experience during their transitions, with Sydney and Monicquea and their babies struggling with physical complications to the most severe degree.

The physical complications Sydney experienced most impacted her pregnancy. Because Sydney’s job was quite physical, she required accommodation to perform the work. Although this requirement caused Sydney to feel some distress, she expressed gratitude for the support. This is in contrast to Suzannah’s reaction to offers of accommodation as treating her as “an invalid.” Sydney’s conflict in emotion regarding accommodation at work adds to literature examining pregnancy and work that indicates that pregnant women sometimes perceive accommodations for pregnancy as frustrating and insulting, as Suzannah did (Halpert & Burg, 1997; Liu & Buzzanell, 2004). Comparing Sydney’s difficult experience
with Suzannah’s less complicated pregnancy, I believe feelings about workplace accommodations depend on the severity of the physical experience.

Complications at the end of her pregnancy forced Sydney to stop working sooner in her pregnancy than she planned. Monicquea’s physical complications impacted her most severely at and after birth; like Sydney, she was unable to work as long as she planned as a result. Both of these women were the only co-researchers that considered not returning to work. Research suggests that the high risk pregnancies and births experienced by Sydney and Monicquea may contribute to their change in minds. Both women were delayed in bonding with their babies, with Monicquea experiencing a significant separation from Kennedy postpartum and Sydney absent from her birth experience under anesthesia. A study by Mercer and Ferketich (1990) found that women who experience high-risk pregnancies and births and delayed bonding with their infants report higher attachment to their babies postpartum. The later mothers held their babies after birth, the higher the attachment. Sydney and Monicquea’s high risk experiences likely contributed to their altered desire to go back to work. Monicquea, especially, lost the bonding time afforded by a maternity leave with her child. The pull to make up for lost time, to hold close the child Monicquea came so close to losing, was stronger than her already weak attachment to her work. Had their experiences progressed without complications, I would expect that Monicquea and Sydney would have returned to work more willingly at the end of their leaves.
The babies of both of these women encountered physical complications after their birth. Kennedy was hospitalized for some time and required frequent doctor visits after she returned home. Maggie was a colicky baby and contracted RSV soon after birth and was hospitalized. These physical complications affected both of these women’s ability to be present consistently at work. While both women felt a small degree of distress about their absences, their commitment to their children outweighed any doubt about missing work. Both almost defiantly declared they would do what they had to do to support their baby’s health, up to and including leaving their jobs permanently.

The exploration of these women’s experiences represents a significant addition to the literature regarding pregnancy and working. Virtually no literature exists examining the experiences of working women who encounter serious complications during their pregnancies, births, or postpartum and how those experiences “change the game” for all the players. Physical complications experienced by both co-researchers and their babies in this study had a direct impact on their desire to return to work and continued employment postpartum. This study is unique also in that it followed these women throughout their experience rather than examining their retrospective accounts. I understand the significance of this difference first hand. I was very sick during both of my pregnancies. I had complications in my second birth. Looking back, I remember these events as impactful and having an effect on my work and life. I remember with great clarity some of the most horrifying moments. But that’s where my contribution ends. The specific memories of how
these events interacted with my working life have receded from my consciousness. A retrospective account of my experience today would not carry the same detail and subsequent impact that a concurrent telling would reveal. This study has that advantage and it yields valuable insight.

**Economics.** External forces in the model of transition represent contextual issues that impacted or influenced the equilibrating and planning of the co-researchers. Economics is one such force. The economic context in which the women lived and worked had a significant impact on the choices they made. This context also impacted the women’s levels of stress and enjoyment throughout their transitions. Economics dictated choice in some ways for all of the women. All of the co-researchers were adjusted to a lifestyle of dual incomes. Economic need, then, influenced how long the women worked while pregnant, how long their maternity leaves were, and whether they returned to work. For Lisa, Amber, and Suzannah, as long as their salaries were more than child care costs, it was financially imperative that they return to work.

For Sydney and Monicquea, who felt a pull to stay home postpartum, this economic pressure was stressful. Sydney had stronger reasons to return to work than Monicquea and felt the pressure less, but she did experience some disappointment regarding her lack of choice. Economic pressure was most prevalent with Monicquea. The complications Mo faced from pregnancy and birth racked up enormous medical bills for her and her baby. While her baby was covered by Medicaid, and Monicquea had insurance, the cost to her was
still considerable. Monicquea, who would have liked to remain at home with Kennedy, was forced to go back to work for financial reasons. This financial impact for all of the co-researchers maps well with family status theory that indicates that women make decisions to return to work based on family dependency on their wages (K. Marshall, 1999).

Support. Workplace support was another external force that impacted the women’s experiences. Supervisors played a critical role in the co-researchers’ transitions. All of the women gave their supervisors credit for being supportive during their pregnancies. Monicquea and Sydney, who required accommodation, reported that their managers were responsive to their needs and they were appreciative of that. Carrie, Suzannah, Sydney, and Amber each encountered varying levels of difficulty acquiring adequate information regarding maternity leave policies. Research examining pregnant women’s use of maternity leave policies indicates that employers often fail to provide adequate information about these policies (Liu & Buzzanell, 2004; Ward & Wolf-Wendel, 2004a, 2004b, 2005). Lack of information was bothersome to all, which was not surprising since this impacted their ability to plan.

Flexibility on the part of supervisors improved women’s experiences. However, too much flexibility was not desirable. Carrie enjoyed the greatest flexibility at work during her transition. On the planning end, during her pregnancy, this flexibility bordered on ambiguous and she had some anxiety about being unable to plan her maternity leave. However, the flexibility she was allowed in planning her return to work postpartum led
Carrie to exhibit the most positive feelings among the co-researchers about her transition. Research shows that flexible workplace arrangements positively impact a woman’s decision to return to work (Desai & Waite, 1991; Estes & Glass, 1996; Jennifer Glass & Riley, 1998; Houston & Marks, 2003; McRae, 1993; Stone & Lovejoy, 2004). This positive impact was evident in Carrie’s experience.

Similarly, too much support was not desirable either. Both Sydney and Amber’s supervisors’ protectiveness of their employees sometimes bordered on what I call “parental” behavior. This behavior is similar to, but not the same as, the “covert” actions of supervisors described by Liu and Buzzanell (2004). I believe Amber’s unusually close personal relationship with her supervisor accounted for this behavior in her case, and Amber was not bothered by this protectiveness. Sydney, on the other hand, was bothered by her supervisor’s attentiveness and she was relieved when it subsided postpartum. I believe this attentiveness on the part of Sydney’s supervisor, Denise, was due to the complications Sydney experienced during pregnancy. Denise may have been alarmed by the obvious affliction of Sydney’s physical complications and became overly protective of her employee. Further, Denise was not a parent and was relatively young. A lack of experience as a supervisor and with the overt and frightening pregnancy complications Sydney experienced likely impacted Denise’s strong response during this time. The impact of these physical complications on relationships with and style of management of supervisors contributes to the literature on pregnancy and work.
Throughout the transitions and especially postpartum, the supervisors set the tone. If the supervisors modeled family and flexibility, the office was perceived by the co-researchers to be “family friendly.” The women’s perceptions that their office was “family friendly” impacted their return to work positively. Supervisors were often vocal in their support of the women in the study, aided the co-researchers in adjusting back to their jobs, made adjustments when necessary, and most importantly, acted as positive role models for the new mothers. Studies show that the more supportive a mother perceives her organization and management to be throughout her transition, the more committed she will be in return. Women who feel supported work longer and return to work more quickly (Houston & Marks, 2003; Liu & Buzzanell, 2004; Lyness, et al., 1999; Ward & Wolf-Wendel, 2005). This exchange in commitment seemed to hold true among all of the co-researchers, who worked as long as possible during pregnancy and returned within 12 weeks of giving birth.

As evidenced by Denise, there were specific characteristics of supervisors that affected their relationship with the co-researchers and how those women perceived their supervisor’s level of supportiveness and flexibility. Suzannah’s supervisor had a personality and management style that valued organization, thoroughness, and neatness. Suzannah perceived herself and her life as a mother as messy and this often caused her to feel embarrassed, as in when she had to call to report her tardiness. Amber and Suzannah felt the support by their supervisors was enhanced because the supervisors were women. Amber, Carrie, and Moniquea perceived a connection with supervisors who had children and felt
those supervisors were more sympathetic and understanding of their circumstances as a result. This connection is missing in Sydney and Suzannah’s relationships with their supervisors. I could find no literature that supports the notion that mothers feel comfortable with and supported by supervisors who are parents—and specifically, mothers—like themselves. Hopkins (2005) points to a dearth of research on “the personal characteristics that help explain the circumstances in which supervisors support and help workers with work-life difficulties” (p. 437). I speculate that this omission is because personal characteristics such as gender and parent status are not “fixable” in the context of the workplace. The findings of this study suggest that this void in the literature is worthy of further exploration.

Co-worker interactions were also important to the experiences of the women. Sydney’s co-workers teased her throughout her transition and she good-naturedly accepted much of their ribbing. She encountered one negative experience during pregnancy in which a male co-worker refused to help her with a heavy task. Her interaction with this co-worker is in line with research that demonstrates that men are particularly prone to believe that organizations provide too many workload concessions to pregnant women (Gueutal & Taylor, 1991).

Sydney gave birth in her workplace; thus her birth experience was impacted by the presence of her co-workers. While Sydney’s circumstance of birthing at work is usual, I consider that it is perhaps not as uncommon as one might think. There are over 11,000
registered and community hospitals in the U.S. (Health Forum, 2009). There may be no way of estimating how many employees in those hospitals are female or what percentage of those women has children. However, it seems reasonable to guess that women may give birth in their workplaces on at least an infrequent basis. This phenomenon is interesting at the very least and the ramifications on the employee and the workplace environment are intriguing and worthy of further exploration.

Sensitivities flared for most of the co-researchers postpartum. Indeed, Sydney grew less able to tolerate teasing as she moved through her transition. She was particularly sensitive to jokes related to her health and body postpartum. Suzannah was troubled with insecurity as she took over her job from a competent temporary worker who took her place during maternity leave. Amber was subject to envy and resentment from a co-worker who had struggled with a difficult pregnancy in the past. She also reported barbs from a co-worker who opted not to have children. These experiences underscore the complex dynamics between co-workers during this transition, and particularly between women at work who share differing experiences and choices. There is little research that explores these complex relationships beyond the perceptions by co-workers about workers who choose to become mothers.

Impact of Patriarchy

Missing from the discussion and the model of transition thus far is any reference to patriarchy. To fill that gap in the model, I turn now to an analysis of the influences of
patriarchy on the experiences and choices of the women in this study. Radical feminist theory as the conceptual framework of this study provides the lens through which to view patriarchal influence in the stories of the co-researchers. From a perspective grounded in radical feminist theory, patriarchy refers to the male dominated system of power within which our human relationships are created and sustained. This social organization is the fundamental source of women’s oppression. In the model of transition, patriarchy draws the central, horizontal line. The patriarchal structure of the workplace and society sets the standards around which the co-researchers equilibrated.

Patriarchy and perceptions. To most of the women in this study, “patriarchy” is a foreign notion, a word they’ve possibly not even heard. While all the co-researchers are intelligent, capable women who demonstrate awareness of inequality in society, to most, the vernacular of radical feminist theory is new. The first challenge, then, in exploring women’s perceptions of patriarchal influences in their lives, was finding a way to ask for their insight in a way that made sense to them.

Suzannah was the first co-researcher to transition away from and back to work around her baby’s birth. Thus, I was able to explore her perceptions of patriarchy first. Fortunately for me, Suzannah is a graduate student whose dissertation work is also grounded in feminist theory, so she was familiar with the topic and the terminology. We worked together in an attempt to identify patriarchal influences in her experiences and decisions. Even for Suzannah, this proved a challenge. She then assisted me in brainstorming ways to seek the
same information from the other co-researchers in a more accessible way. Still, this was a question and topic not easily communicated by me or understood by my co-researchers. Amber equated a “masculine organization” with “working with men.” Amber and Suzannah’s workplace contexts were inhabited and led by women. Both women felt that their workplaces were “nurturing” and so the notion that these environments might still exhibit a patriarchal structure seemed doubtful to them. Carrie’s workplace, representing one of the most masculine of all of the professions of the co-researchers, was “family friendly” and she, too, did not identify the workplace as having a patriarchal structure. Sydney became frustrated when we talked about the masculine structure of her organization, saying, “Ask me something, ask me a different question.” Her response is illustrative of the difficulties the co-researchers and I encountered while attempting to get at the heart of a complex, esoteric issue.

Ultimately, there emerged a short answer to the question of the ways in which the co-researchers perceive the patriarchal structure of society and the workplace to influence their decisions: they don’t. At most, awareness of patriarchal influence existed in gradients. On some issues, there were hints of recognition from the co-researchers that some aspect of work or social life was unjust, unfair, or wrongly oppressed them in identifiable ways. On many more issues, however, there appeared to be a lack of awareness that these external forces had any impact at all.
A lack of awareness on the part of the co-researchers does not deny that structural impacts to their experiences and choices existed. From my perspective, these impacts seemed all too apparent. In each of the following sections, I examine the remaining key issues that emerged from analysis that characterize the experiences of the women in the study. These issues were: the traditional structure of work, patriarchal structure enactment, patriarchy resistance and change, and women’s dissonance. For each of these issues, I discuss their relationship to the model of transition and with the other key issues and choices identified during analysis.

**Traditional structure of work.** The traditional patriarchal structure of the co-researchers’ workplaces, including full time, business hours schedules and standard leave practices, presented challenges to the co-researchers’ transitions. In the model of transition, workplace schedules and policies are part of the patriarchal structure of work, represented by the center line. The women equilibrated around this line, adapting and adjusting to the structure of their workplace. Interestingly, none of the co-researchers had employers with extensive work-family policies available. FMLA, maternity leave, and some flex-time represented the extent of the work-family policies in the study. This surprised me a little, but emphasizes that work-family policies and programs that go beyond federal mandate may not be as prevalent or available as the organizational literature on work-life balance leads one to think (Batt & Valcour, 2003; Coyne, et al., 2004; Eaton, 2003; Higgins, et al., 2000; Kramar, 1998; Kropf, 1998; Lewis, 2001; Rogier & Padgett, 2004; Saltzstein, et al., 2001).
Personal leave. All of the co-researchers worked full time, 8 hour day shifts, 40 or more hours a week, during and after their pregnancies. The relief valve for all employees to take time away from these rigid work schedules was personal leave. All of the co-researchers earned some sort of leave to accommodate the need for personal time off.

For Amber, Carrie, and Suzannah, during their pregnancies, this traditional scheduling structure caused few difficulties. Although they did have to take some leave for prenatal appointments, none voiced any complaints related to their workplace policies regarding scheduling during this time. For Sydney and Monicquea, who faced daunting physical obstacles during pregnancy, coping within this structure was more challenging. Monicquea’s later working hours, from 12 pm – 8 pm, fortunately allowed her to schedule many of her frequent doctor’s appointments in the mornings before her workday started. Sydney’s position, however, provided no such possibility.

Postpartum, leave issues loomed larger for the co-researchers. Suzannah’s, Monicquea’s and Sydney’s employers required that they use all available personal leave before taking unpaid family leave for maternity absences. As a result, all three women faced zero flexibility in taking time off postpartum. For Monicquea, whose baby did not come home until two weeks after she returned to work, this could have presented an even more stressful circumstance than it actually did. Instead, for reasons unknown to her, Monicquea’s employer failed to deduct all of her personal leave, and she managed to salvage four days of paid leave postpartum to spend some time at home with her baby. Even though her leave
was paid, these four days amounted to yet more absences for Monicquea away from work after already being out for eight weeks of maternity leave. Monicquea struggled with the conflict of wanting more time with her new infant, but simply being out of that time. Sydney and Monicquea’s babies required extra care postpartum due to complications from prematurity and RSV. These women had to take additional time off for these appointments. Without leave or partners with time off available, these women had to take days off unpaid. Suzannah, too, was out of leave and was unable to take her baby to a pediatrician appointment postpartum as a result; her spouse, who had leave available, took Grace. All of these women were placed in the position of choosing between the medical needs of their infants and their jobs due to lack of available personal leave that had been consumed by maternity leave. The choice was forced by the rigid structure of their workplace policies.

Workplace policy also set boundaries for workplace support, with the two interacting as external forces on the experiences of the women. Sydney was fortunate in that her employer dealt with the personal demands on her time felt throughout her transition with patience. However, many of the supervisors demonstrated that there are limits to which these structural boundaries can be pushed, and acted as guardians of those boundaries. Amber told a story of a co-worker who struggled through a difficult first pregnancy, found herself with a difficult, sickly baby, missed days of work, and generally “walked around like a zombie in a fog.” When this co-worker began a second pregnancy during the time that Amber and I worked together, Amber told me of her supervisor’s bitter reaction to this co-worker’s
preparation for a second paid maternity leave. This woman’s complications clashed with the hours and the policies of her workplace and the expectations of her supervisor. The result was a negative situation for all involved. Amber’s story illustrates how the rigid structure of organizations and the absence of work-family policies and programs create difficult situations for both employees and employers.

Suzannah’s supervisor, too, demonstrated an expectation that the policies that governed the workplace were not subject to modification. In preparing for maternity leave, Suzannah found that Roxanna would not consider a leave allotment greater than the FMLA requirements of 12 weeks. Had Suzannah taken longer, she may have forfeited her job. With no additional leave postpartum, Suzannah seemed ready to consider alternative work arrangements to help her cope with her work and home responsibilities, but felt that Roxanna would not be open to telecommuting options or other ways to make work more accommodating for her. Although a co-worker managed a work-from-home arrangement, Suzannah felt her supervisor only tolerated this schedule because she inherited it from a previous supervisor and had no choice but to accept it. “I think if Roxanna had her druthers, Keri would be an 8 to 5er too.” Suzannah felt bound by the standard operating procedures of her office and adjusted her personal needs accordingly.

**Maternity leave.** As Suzannah found, the length of maternity leave available to the co-researchers was at least in part determined by organizational policy for all of the women. Four transitioned under the guidance of FMLA, which allowed a maximum of twelve weeks
of maternity leave before their jobs were no longer protected. Suzannah took the maximum amount of leave available to her under this policy and indicated she might have taken more if possible. Monicquea and Sydney took less than twelve weeks due to financial restrictions, but the twelve week standard set by FMLA was the boundary within which each had to make that decision.

Carrie’s situation was unique in that her supervisor agreed to her plan to come back to work at four weeks in a part-time status and work her way back to full time within sixteen weeks. Carrie felt her supervisor would have been uncomfortable had she attempted to take sixteen full weeks off with paid leave. This approach would have been a flagrant circumvention of FMLA and she felt was something he would or could not condone. “Since I started back much earlier than necessary, I guess he felt it was okay to let me work part-time for that fourth month.” Carrie gave up some full time leave she could have taken, so her employer felt giving a little back by extending her leave was an acceptable exchange.

Amber’s organization was too small to be subject to FMLA requirements, but her workplace had an implied, if not written, policy of six weeks maternity leave. Amber, like Suzannah, felt that she should have had more leave available, even if she was financially unable to take longer. Amber did not ask for additional leave, so it is unknown to what extent her supervisor would have worked with Amber.

More influential to the co-researcher’s experiences than the policy restrictions on length of maternity leave available was the status of such leave as paid or unpaid. Unpaid
leave meant financial hardship, which was a primary consideration for all of the women as they decided how long to be away from work postpartum. Carrie and Amber, the two co-researchers who received paid maternity leaves, both expressed how important paid leave was to their experience. For Carrie, paid leave was “vital.” Amber also credits paid leave with her ability to take a maternity leave at all. Interestingly, these two ladies, who assert that without paid leave they would have had to take shorter leaves, took the shortest amount of maternity leaves in the group. At four and six weeks, Carrie and Amber returned to work postpartum faster than any of the other mothers, despite all co-researchers citing financial restrictions as a deciding factor in length of leave. The limited research that examines the choice of timing and length of maternity leave indicates that women who perceive their organization as “supportive” work the longest prior to birth and take the shortest leaves (Houston & Marks, 2003; Liu & Buzzanell, 2004; Lyness, et al., 1999; Ward & Wolf-Wendel, 2005). Carrie and Amber viewed paid maternity leave as perhaps one of the most important supports they could receive during their transition and paid back that support with long stays during pregnancy and early returns postpartum.

**Patriarchal structure enactment.** As mentioned previously, for all of the women in the study, there was a marked lack of awareness of the impact of patriarchy on their lives. There was ample evidence, however, of enactment and sustainment of patriarchal structure in the choices and experiences of the co-researchers. Radical feminist theory has a long history of explaining women’s behavior, and this very lack of awareness, in response to male
oppression. These explanations generally take on one of two positions: that women defer to their subordination out of powerlessness and self-preservation, and that women are conditioned to adhere to the male dominated structure of society, internalizing their oppression (Echols, 1989). I saw evidence of both of these explanations in my work with the co-researchers.

**Policies and complicity.** Workplace policies regarding scheduling and leave were generally easily recognized and understood clearly by all of the women in the study. The co-researchers were aware of how those policies affected their choices and experiences during their transitions. Each of them accepted these policies as irrefutable. I believe this acceptance represented the co-researcher’s lack of power in their workplace and their reflexive desire to protect their jobs.

Monicquea, without a driver’s license and returning to work postpartum, did not question her 12-8 schedule. It was a co-worker who suggested she challenge this framework as unworkable and shift her working hours from 8-5. Without that urging, Monicquea was prepared to be at work for 12 hour shifts, nearly 4 hours of which would be spent waiting for her shift to begin. She was prepared to find someone else to care for her baby during those extra hours. She was prepared to give up yet more hours with her new infant, because she accepted that her schedule was inflexible. “I mean, I kind of thought about it but I didn’t think that they were gonna allow me to do that. Because that was the shift that was set in place for my position.”
Monicquea felt that she did not have the power to change her schedule herself. She feared if she could not work the hours she was hired to work, that she might lose her job. Thus, she submitted to what would have been a great hardship because she felt she had no other choice. Monicquea’s acquiescence is a testament to the power of the patriarchal structure of the workplace.

The other co-researchers accepted their scheduling restrictions without question just as Monicquea did. They abided by the guidelines and policies for their maternity leaves, even if that meant having no additional leave available to them postpartum. They worked around those restrictions, as Suzannah did, when they could to meet their obligations. In fact, none took any degree of their scheduling flexibilities, no matter how small, for granted. Carrie expressed much appreciation for the chance to return to work on her own terms. Amber and Suzannah were grateful for the limited flextime they had available. The attitude of the co-researchers often seemed to be, express thanks for what latitudes you’ve been given, because any exception is a gift. In many ways, the women in the study seemed to feel as if they dare not expect or ask for more than they’d already been given. And what choice did they really have? To not comply with the policies set forth by their organizations could end in their termination from the workplace, a consequence none could economically withstand. In spite of that reality, Monicquea and Sydney took that risk as they struggled with time off postpartum. What choice did they have?
**Ideal male work model.** One of the most prevalent of patriarchal structures that seemed to be internalized by the co-researchers was the ideal male work model. This patriarchal standard of worker is represented in the model of transition by the center line. It is around this ideal male model of worker that the co-researchers equilibrated. At work, they adjusted and modified their lives, much as evidenced in the previous section, in accordance with the expected ideal model of worker. When I talked with the co-researchers about the concept of an ideal male work model, all recognized the existence of this culture in workplaces today. None of the co-researchers, however, felt that they were influenced by the pressures of an ideal male work model in their own workplace. Rather, the co-researchers internalized this culture, having been immersed in it their entire working lives, so as to no longer be able to detect its influence.

With the exception of Sydney, the other co-researchers spoke of “readiness” as an impetus to attempt conception. Unlike Sydney, for Amber and Carrie, and to a certain extent, Suzannah, “readiness” arrived when their careers were established. Their timing of pregnancy supports Coyne, Coyne, and Lee’s (2004) findings that women are increasingly delaying pregnancy as they give way to further development of their careers. I believe this delay comes from the pressures of patriarchy, the pressure to adhere to that ideal male work model. For Carrie and Amber, readiness came once they were well entrenched in their careers and working in a “family friendly” environment. While Suzannah was not long in her position when she became pregnant, she was known at and familiar with the office. She
was also witness to a friend and co-worker’s recent pregnancy and successful transition in that workplace. I believe that the timing of this “readiness” coincides with a sense of security at work. Each of these women had reason to believe that their pregnancies would not be unusual or unwelcome in their workplaces. It seems likely to me that expecting that their pregnancies would be easily accepted allowed these women to be less fearful of a pregnancy’s negative impact on their careers. The women appeared to be cognizant on at least a subconscious level that to not adhere was to risk career damage.

Even with that sense of safety, Suzannah and Carrie delayed revealing their pregnancies. Both expressed a fear of miscarriage as their reason for remaining silent about their condition. Carrie remarked once, “I’m not sure why I’m so hesitant to go ahead and tell everyone at work.” She surmised that it was her fear of “jinxing” her health, but I can’t help but wonder if she felt at least a modicum of fear about how her news would be received by the people in her workplace. Carrie said that she expected them to be very happy for her, and I believe that she did feel that way. But perhaps on some level, there was a slight apprehension that all would not be as well as expected. Suzannah told her supervisor earlier than she shared the news with her co-workers, but only when asked. Suzannah had witnessed her supervisor’s measured response to a co-worker’s pregnancy, failing to congratulate the co-worker and resisting her efforts to lengthen her maternity leave. Suzannah’s supervisor had no children of her own. Given these factors, I suspect Suzannah harbored at least some uneasiness about her supervisor’s reaction to her own pregnancy.
Sydney and Monicquea were the two youngest co-researchers and the women who were least established in their careers at pregnancy. Both women made comments about their pregnancies costing them their jobs, indicating awareness that pregnancy may be perceived as a negative event in women’s work lives. Sydney told her supervisors right away about her pregnancy because she feared they may rescind the job offer once they learned of her situation. She expressed frustration about the timing of her pregnancy, because it impacted her career aspirations. “…I wanted to be 30. I wanted to be in my career.” The timing and exposure of this pregnancy threatened that goal. Monicquea, too, referenced her boyfriend’s fear that she might lose her job due to her pregnancy complications. Although Mo voiced confidence that such a thing would not happen to her, she seemed aware that the possibility existed. I don’t believe it’s coincidental that these fears came from the two women in the study who were at the start of their careers, when they felt the least secure in their positions. I believe there was a fear on the part of these two women that they were not well enough “established” on that center line to tolerate such a dis-equilibrating experience.

Suzannah, Amber, and Carrie all opted to maintain regular contact with their workplaces during maternity leave to varying degrees. I believe this prompt re-connection is evidence and part of the co-researcher’s attempt at equilibrating back to that center line as quickly as possible postpartum. The contact with and performing work during a formal maternity leave demonstrated by Carrie, Suzannah, and Amber would seem to be a modern occurrence, facilitated by the advent of new technologies and the connected nature of today’s
world. Researchers have typically looked at this perpetual connectedness in terms of work-life balance issues, but not specifically during maternity leave (Colbeck, 2006; Edley, 2001; Howell, et al., 2002; Lewis, et al., 2003; Milliken & Dunn-Jensen, 2005). The experiences of these women lend greater insight into the extent of the “blur” between work and home in today’s world and factors that affect that connectivity. There is a paucity of literature that examines worker-mothers’ experiences while they are away from work on maternity leave. Most studies are quantitative and specifically examine the factors that influence women’s decision to return to work, such as maternity leave policies, flexible workplace arrangements, and employer planning and support (Berger & Waldfogel, 2004; Desai & Waite, 1991; Shirley Dex, et al., 1998; Estes & Glass, 1996; Jennifer Glass & Riley, 1998; Houston & Marks, 2003; McRae, 1993). This study reveals important insight into the interaction of women and work during a time when that interaction may be expected to be minimal or non-existent. The experiences of the co-researchers indicate this separation may not be as significant during this time as might be expected. Two incidents described by Sydney and Suzannah highlight the importance of this phenomenon. Sydney, who did not initiate contact with work during maternity leave, was kidded by her supervisor as she organized her return that she believed Sydney was not coming back. If connectedness is the new normal, any efforts of an employee to break those ties may stand out as significant, and not in positive ways. During Suzannah’s maternity leave, her supervisor and co-workers had an expectation that she would check in and maintain work obligations, but she was denied financial support
for a conference in which her work was presented because of her leave status. This strikes me as an unfair and oppressive trade-off.

There was an important interaction between the influence of patriarchy, the center line, and identity, the phases in the model of transition. Amber, Carrie, and Sydney spoke of striving to maintain separate selves at work and at home. Amber told me of her newfound ability to leave work at work and focus exclusively on her son when she was at home with her family. Amber credited working through her maternity leave with her ability to maintain that separate focus. Carrie also felt that her ability to focus exclusively on her job or her child at separate times made her “a better mother.”

Separating working from mothering was hardest for the women who experienced physical complications during pregnancy. Here, too, is interaction between that center line and the internal forces of physical complications. This conflict makes sense; those who bumped up against structure the most frequently by virtue of unavoidable absence were those least able to conform to the model as “conceptual men” (Ranson, 2005). Sydney struggled the most of the women in the study during her pregnancy and after, because she required the most accommodations due to her and her daughter’s physical illness. Sydney’s equilibration in the pregnant worker and worker-mother phases was constantly under attack by her and her baby’s physical symptoms. Sydney feared that her need for accommodation infringed on her work persona and negatively affected those around her. “Ugh. I have to sit down a lot. And I’m finding that people are, I don’t want to say getting slack, but getting slack.” Sydney
fretted over her inability to push through some of the illness that kept her from being her normal self.

Moniquea, who also experienced a host of complications, was less bothered by the conflicts that arose between her health issues and work during her pregnancy and postpartum. However, she seemed to be the least emotionally invested in her work than any of the co-researchers. This was borne out by her desire to not return to work postpartum, and explains why she was unaffected by many of the same fears and anxieties that the other women experienced. For Moniquea, equilibration was not as important a priority as it was with the other co-researchers by virtue of her weaker work identity.

All these women, including those who were sick, reported examples of feeling or behaving “driven” during and after their pregnancies in their work, something they each attributed to an “internal” pressure. Indeed, I call this drive a part of the internal forces as displayed in the model, exerting pressure on their transitions. None of the women felt that this drive to work hard and be present in their positions came from any external demands from their workplaces. In fact, most were quite rejecting of the suggestion. I don’t doubt that it is true that there were few or no overt pressures placed on the co-researchers to make these choices. The internal desire to press on in this way, however, came from somewhere. Personality, ambition, and work ethic explain much, but I don’t believe, all of this drive. I believe the co-researchers’ subconscious awareness of that center line set forth by their patriarchal contexts and the desire to equilibrate around it sparked at least a part of their
commitment. Working diligently, putting in long hours, being present in the office before and soon after birth, keeping up with the job in lieu of parental obligations—these were all things expected from an ideal male work model—those were the characteristics inherent in that center line. The co-researchers did what was expected, even if that expectation was never voiced. What choice did they have?

**Performative orientation.** Even during maternity leave, when the women in the study were not working full time at their jobs, the ideal male work model continued to be the center line around which they equilibrated. A performance mindset is characteristic of this masculine conception of work and the worker. As I began this study, I expected to see evidence of the performance mindset in the women’s stories about work; I did not expect this mindset to nearly co-opt their mothering experience. Productivity was a refrain I heard repeatedly from nearly all of the co-researchers during their maternity leaves. Suzannah was the first to encounter and put words to this difficult issue. By Suzannah’s definition of productivity, she was not “productive” as she cared for her home and her baby. Where do we learn our definition of productivity? My co-researchers’ stories and feelings lead me to believe that we each learned to define productivity at work.

Throughout her pregnancy, Amber had fretted over being away from work for six weeks of leave. She chose to work until her baby was born, and then resumed some working immediately after A.B.5 was born. Amber worked a great deal throughout her maternity leave. I believe these choices were in part driven by Amber’s desire to remain productive in
the way she was most comfortable, in the way she had learned to define productivity at work.

Monicquea’s and Carrie’s pull to the performative center line during this period was not as strong as the other co-researchers. Monicquea’s maternity leave experience was unique among the co-researchers. She spent her leave physically recovering and visiting her infant in the hospital. The bulk of the caring for Kennedy during that time was done by the NICU—Mo could only be present whenever possible. By the time Kennedy came home, Monicquea was back at work, performing the tasks at work as she had before she gave birth. She did not have that window of time where her baby and her home were her primary responsibilities. This difference of experience seems significant. Monicquea’s high risk pregnancy and traumatic postpartum experience trumped the center line pull.

Carrie did share a maternity experience similar to Suzannah, Amber, and Sydney, who all equilibrated around the performative center line. She was better able, however, to resist the feelings of being unproductive that the other women felt. Carrie felt that attachment parenting enabled her to escape the pull. But there is another important difference between Carrie’s and Suzannah’s experiences that may account for Carrie’s ability to resist equilibrating around the performative center line and Suzannah’s struggle with it. Carrie took a four week maternity leave. Then she began transitioning back to work, adding on work tasks at her own pace. Suzannah stayed home for 12 weeks with light communication with her workplace. The duration of time that Suzannah spent in a life stage that was in direct conflict with the masculine conception of work was considerably longer
than Carrie. Suzannah had a lot more time to experience “women’s work” in isolation. Had Carrie taken a similar type and length of leave, she very possibly could have had different feelings about the issue.

The ubiquitous presence of the performance mindset even in the mothering lives of the co-researchers represents perhaps the most disturbing finding of this study for me. It appears to me that the experience of motherhood is in danger of being co-opted by the patriarchal center line.

**Social roles.** Once again, patriarchy defines the center line. This time, a second designation for the center line in the model emerges: the traditional social roles of men as wage earners and women as homemakers. These deeply ingrained, traditional social roles impacted the choices and experiences of many of the women in the study. There is evidence in the anecdotes and stories of the co-researchers of a “hidden curriculum” that has taught them and their mates to accept the patriarchal structure of our society. These lessons learned about gender roles are reinforced until they become invisible, unquestioned, and unquestionable. This hidden curriculum acts as an external force working on the choices and experiences of the women and even their partners. While these social roles were in evidence more substantially at home, they played a large role in the women’s experiences and spilled over into the workplace. These women felt the pull to both representations of the center line—the performative, ideal male work model set by a patriarchal workplace structure and
traditional gender roles at home set by a patriarchal social structure. The direct conflict of these two paradigms caused the women difficulty.

One decision that was at least in part influenced by internalized gender roles was the choice of who stayed home postpartum. All of the women in the study opted to stay home with their babies following birth. The co-researchers each stressed that economics played an important role in this and other decisions they made. If finances are the root issue, one might assume that economic security at home would require that the lesser-earning partner would take on primary care giving responsibilities. Amber, Sydney, Monicquea, and Carrie each earned more than their mates. Although these women did not fit the traditional man-as-breadwinner model, they still opted to take on primary care giving responsibilities for their children after birth. Sydney required recovery time after a c-section, making her choice more obvious, as did Monicquea. Carrie pointed to her choice to breastfeed exclusively and the resulting needed to be close to Levi for frequent feedings. In the early weeks postpartum, hospital lactation consultants commonly recommend that mothers not offer bottles or pacifiers to their babies to establish breastfeeding success and reduce the chances of “nipple confusion” (R. V. Johnson, M.D., 1994). Amber did not share these same circumstances. She not only made more money than her husband, she experienced anxiety and dread about taking time away from work. She felt that A.B. staying home would hurt their relationship, and so she made the choice to take some time away from work postpartum. It would seem that the pull of the traditional gender roles influenced Amber’s choice.
True to traditional gender roles at home, four of the co-researchers assumed the "second shift" (Hochschild & Machung, 1989) after the birth of their children. Adhering to these traditional roles stressed the co-researchers’ ability to equilibrate around the center line set forth by the patriarchal structure of their workplaces by impacting their level of fatigue and focus.

The doubling of the workday for mothers is not unusual. A recent study by Gjerdingen and Center (2005) found that estimated workloads at home increased 64% for mothers postpartum compared to 37% for fathers. This increase “likely represents the largest sudden expansion of work that most men and women will face in their entire adult lives” (p. 113). Suzannah and Monicquea remained the two women in the study who bore the majority burden of child care and housekeeping in their homes. Sydney maintained the primary responsibility for housekeeping. Amber also performed the bulk of house work, often taking her free Friday afternoons to clean while A.B.5 was at day-care. She continued to be the person that cared for A.B.5 during night shifts and took responsibility for dropping the baby off and picking him up from day-care. This double workday for the co-researchers increased the stresses they were under and impacted their ability to function effectively at work, as evidenced by the “low moments”—errors made at work—of Amber and Suzannah.

These co-researchers differed in their level of dissatisfaction with their double workdays. Monicquea was the only co-researcher who was not married. She seemed resolute that Kennedy was her responsibility, and seemed to give little thought to the fact that
she handled Kennedy’s care and that of her home. Suzannah, Sydney, and Amber expressed varying levels of dissatisfaction with the lack of balance in their home lives. Suzannah was the most vocal of the women regarding her unhappiness with her husband’s level of assistance. She often expressed frustration with the division of labor at home.

Despite the objections of these women, I found that, in many ways, both the women and their partners helped to perpetuate this arrangement. A lifetime of conditioning to these roles was hard to break. I believe the efforts to sustain these roles by the co-researchers and their mates represent a deep, abiding conditioning to the traditional patriarchal structure of man as breadwinner, woman as homemaker. Both groups, however, seemed mostly unaware of this fueling of the fire.

For their part, men have much to gain by allowing women to bear the burden of housekeeping and child rearing. The co-researchers’ partners each worked full time jobs, some working shifts and long hours. Suzannah’s spouse took few vacations and days off. Monicquea’s partner performed extremely physical labor, coming home tired and in need of rest. Carrie’s husband worked several days on at a time, sometimes through the night, always placing his life at risk as a police officer. Amber’s husband worked furiously to prove himself in a relatively new position. Sydney’s husband faced deployments and a highly stressful, sometimes life threatening job as a Marine. Each of these men would be spared extra work by turning that second shift of home labor over to the women in their lives. Whether or not they were aware of doing so, the co-researchers’ mates did just that.
All of the co-researchers felt that they quickly became the default “experts” in the care of their babies. Their partners began to look to them to explain every whimper or cry, and sometimes pleaded their comparable ignorance to escape care giving. The women in the study felt they had been groomed their whole lives to be smart about babies by virtue of working in day-care settings or by babysitting. In some ways, they seemed unable to articulate why they knew things; they just did. Their inability to articulate this is evidence of the subtle nature of the education of gender roles in society. Mother as expert would seem to be a self-fulfilling prophecy regardless of a lifetime of training. The mothers in this group spent the bulk of their time with their infants. They took maternity leaves. They breastfed and were otherwise responsible for the day-to-day care of their children. They searched for and secured child care arrangements for their children. They shopped for and clothed their babies. By way of action, they were the experts on caring for their babies. By allowing the women in their lives to manage these tasks, both partners in each relationship ensured the cycle of expertise was perpetuated.

Although the men in the group often demonstrated competence in caring for their children, just as often, they behaved in inept ways. This seemed to me to be a way, perhaps subconsciously, of sabotaging themselves as care givers. Suzannah provided my favorite example of this type of behavior, describing coming home to a happy but nearly naked, vomit-encrusted baby. Greg’s apparent ineptitude as a care giver for Grace frustrated Suzannah a great deal, because she was certain he was a capable provider. Suzannah seemed
unsure whether Greg’s failure to manage what she considered self evident tasks in the care of their child was legitimate, an intentional effort to escape parenting, or a symptom of her own overzealous standards.

Intentionality is not an easy thing to decipher. Carrie was the co-researcher most satisfied with the level of support provided by her husband in terms of housekeeping and child care. Still, after three weeks at home with Levi postpartum, Carrie felt that Emerson improved his capability for caring for the baby and the house, but did not reach her level of efficiency. The weaknesses of the even the most invested of the men point to the notion that care giving for men did not come as easily as it did for women. It is my assertion that this difference in competence arises from a lifetime of grooming of women for motherhood which has no equivalent among men.

Amber and Suzannah were frustrated by their spouse’s need for and success in finding “me” time. The men seemed to feel entitled to this time because they worked hard. That the women, too, worked hard, but did not enjoy these breaks seemed to be overlooked by their partners. By pleading worse conditions, lack of knowledge, and experiencing difficulties while caring for their children, the men often proved themselves to be the less reliable care givers. In nearly every case, the women took the bait, and resumed or usurped care for their children. Whether this was by design or by default or a mix of both is unknown.
Suzannah recognized that by voluntarily taking on the majority of home and child care, whatever the reason, she perpetuated the burden for herself. She looked to her own mother as a possible explanation for her own actions and beliefs. Her mother was a worker-mother who deferred to her husband and assumed household chores and child care duties in the family. Suzannah’s insight about the model set forth by her mother provided another example of a way in which women learn traditional roles throughout their lives. Her mother’s example and Suzannah’s acceptance of that division of labor as “normal” acted as an internal force on Suzannah’s choices.

During our time together, Suzannah talked a great deal about learning to accept that Greg’s standard of care was different from her own. “She’s gonna be fine,” she said out loud several times, as if to reassure herself that, whether wearing the pants she selected—or even wearing pants at all—Grace was in good hands with her father. Suzannah’s struggle with accepting her husband’s standard of care was not uncommon. Several of the women contributed in much the same way to the situating of themselves as primary home and child caretakers.

Sydney’s husband Randy, who she felt shared equally in the care of their daughter, was less involved in housework. This arrangement, it turned out, was Sydney’s choice. Even though her banishment of Randy from the house while she cleaned excused him and forced more responsibility on Sydney, she preferred it to what she perceived as his less-than-stellar efforts to help. “It’s, it’s a little, it’s a little confusing,” she admitted. Monicquea
exhibited a similar, if not uncommon, self-defeating behavior with CJ. Mo expected CJ to know what needed to be done without her asking. This struck me, probably stereotypically, of a youthful sentiment. Still, Mo felt that Kennedy was her responsibility and that she was used to doing things for herself. While Monicquea’s position was understandable, it did not serve her well in getting the help from her partner that she needed, when she needed it.

Interestingly, in spite of CJ’s lack of participation in Kennedy’s care and her feeling of exclusive responsibility, Monicquea still bestowed on her daughter CJ’s last name. When I asked her why, Mo replied, “Ah, because her father’s involved and because he’s on the birth certificate, so I just kinda felt like she needed to have his last name whether we’re married or not.” Had CJ not agreed to place his name on the birth certificate, Monicquea says she would have changed her opinion. I was struck by the fact that Monicquea chose the traditional practice of giving the child her father’s name, even though she was unmarried and reported feeling solely responsible. This is, to me, an example of the way Monicquea equilibrated around that traditional social role of man as head of household, in spite of the fact that it was Monicquea that headed her own household.

Another interesting action reported by the co-researchers that caught my attention was the “setting up” of their partners in caring for their children and homes. Amber left her husband “honey do” lists of chores. “You know, if they, you do the same chores every day, every week, every month, but for whatever reason, they just don’t remember that routine, you know?” Since he couldn’t seem to remember, Amber left A.B. reminders. Suzannah found
herself doing things to make her partner’s jobs easier as well. For example, Suzannah paired Grace’s clothing and placed them on hangers together so that complete outfits were ready, she said, to make it easy for Greg to dress her. Suzannah said she did this “because I do want Greg’s help with this, I… I have very carefully matched every outfit in her closet.” When Greg selected clothes on different hangers, Suzannah was bothered, although she labeled her response “a little crazy.” This “setting up” of her spouse seemed to be a way of leading Greg to the type of care for Grace that Suzannah wanted or needed from him.

The language that Suzannah used in this example reveals another important issue that surfaced with all the women. When speaking of their partners, the co-researcher’s referred to relying on their husband’s “help” with things at home. The word “help” and its variations came up 220 times in our meetings together. When discussing getting A.B.5 ready in the morning, Amber said, “… the truth is, I do better doing it myself than A.B. helping me.” Referring to the same topic of preparing Grace for school in the morning, Suzannah said, “…and so when he can help, that’s great.” Sydney spoke of Randy’s participation in house cleaning, saying, “…there’s some days he’ll help out. He’s like, what do you want me to do and it’s like, OK, this and this and this.” Monicquea felt that, when it comes to caring for Kennedy, CJ “…tries to be helpful.” Carrie reported at our last interview that Emerson “is still doing OK helping out…” and referred to “…letting him do a lot of other things…” in caring for Levi. Perhaps there are no better words to use when speaking of sharing responsibilities. But it seems significant to me that the women referred to the efforts of their
partners as “help.” This phrasing implicates a subordinate role to the co-researchers’ primary care giving status. This subordination of the men’s role as care givers is another way in which the women equilibrated around the traditional roles of men as breadwinner, women as homemakers.

The co-researchers that felt the most one-sided in their division of labor at home shared Monicquea’s resignation with their lot as primary home and child caretakers. Amber remained optimistic, seeming unsurprised by her role and willing to focus on the moments that A.B.’s efforts were good enough for her. Suzannah also felt that acceptance was her best recourse, although she did so with less ease or optimism than Amber or Monicquea. Suzannah felt she should to continue to ask for help when needed, and that she should “lower [her] expectations.” These expectations included what she would be able to accomplish in any given day and the support she would receive from her spouse. These women appeared to hold a great deal of power in their relationships, yet they assumed the burden of responsibility at home largely without argument. Perhaps they drew that power by virtue of their roles as managers of the home. Giving those duties up meant giving up that power. Suzannah felt that acquiescence saved her damage to her relationship resulting from arguments with her partner. If self-preservation meant keeping their families happy and whole, then perhaps acquiescence was a reasonable recourse. Perhaps, too, this willingness to not argue about division of labor allowed the co-researchers to achieve equilibrium.
**Women’s dissonance.** An unexpected finding surfaced as I examined the influences of patriarchal structure on the co-researchers’ choices and experiences. There appears to be a dissonance among women that centers on parenthood and choice. With regard to parenting and work, women exist on a continuum. On one end, there are stay-at-home mothers (SAHM). In the middle are the women who mother and also work. On the other end one finds women who work, but do not parent. The women in this study, worker-mothers, stand in the center. Their stories illustrated a sometimes tense conflict between themselves and the women who sandwich them on either ends of that continuum. I believe this issue arises in some ways from the different and competing patriarchal center lines around which these groups of women equilibrate. Worker-mothers and women who do not work attempt to adhere to the ideal male work model center line, while SAHMs would seem to be bound to the traditional gender roles as center line. However, I am not convinced that these conceptualizations tell the entire story. Examining this conflict brings to light issues of choice and conflict that may not be well explained through the lens of radical feminist theory. I conclude this discussion of patriarchal influence with an analysis of this limitation.

All of the co-researchers shared distinct feelings about stay-at-home motherhood. I find it strangely difficult to describe the impression I got from these women as they talked about SAHMs. There seemed to be a mix of distaste and fear as each talked about her desire to avoid staying at home to mother. A primary reason many of the co-researchers gave for wanting to avoid stay-at-home motherhood was a fear of boredom or, more specifically,
feeling unproductive. All wanted to continue doing the work that they enjoyed and valued.
Monicquea captured the sentiment, saying, “I have to stay busy and if I’m trapped inside the
house all day, not gonna be a good situation.” Monicquea, like the other co-researchers,
distinguished between the busyness of work and the busyness of mothering at home. “I just
kinda think, you know, you would get kinda worn out with that just being your whole…
every day.” This feeling, echoed by other co-researchers, exemplifies the performative
mindset shared by most of the women and described previously.

Sydney provided a good example of how this performative mindset can create
tensions between worker-mothers and SAHMs. Although she respected women like her
sister who made the choice to stay home, Sydney struggled with divided feelings for women
who are SAHMs. Many of the women she knew personally who stayed home exemplified
everything she feared about staying at home herself. Conversely, she felt these women
resented her for continuing to work and remaining “productive.” The performative mindset
impacted the way Sydney, and perhaps her SAHM friends, viewed the worth of stay-at-home
motherhood.

I experienced my own unexpected conflict with a SAHM during the time that I was
working with the co-researchers. I located an old high school friend on Facebook and we
chatted via email about our lives and what we were doing. My friend, Melody, had two
children and had chosen to stay home with them throughout their childhood. I still work, and
shared with Melody my job and a little about my own children and frustrating babysitter
search. Melody responded to my description of my life with, “well, my children are a priority, so I stopped working.” The implication was that my children were not a priority because I had chosen to return to work. When I shared this story with Suzannah, she was horrified and angry on my behalf. “Oh my gosh, well and what does it say about our patriarchal society that stay-at-home moms do feel like they have to justify?” Why do women feel they must justify their choices to one another, or criticize those who make different choices? I believe this division among women in part stems from the performative mindset, our conceptions of the ideal male work model, and deeply entrenched gender roles. These conceptions place one role in conflict with the other: mothers who work are “productive” and equilibrating to the ideal male work model center line, while mothers who stay home are equilibrating to the traditional gender role center line. The patriarchal structure of our workplaces and our society fuel this dissonance between worker-mothers and SAHMs.

Amazingly to me, there is also conflict among worker-mothers. As demonstrated by the women in this study, each woman’s experience on the road to motherhood is unique. Some women transition easily and without incident. Others suffer inconvenient, severe, or even grave setbacks along the way. It would seem easy for women to forget that not all mothers share the same experience. Amber shared a story about a co-worker in her office that highlights this tension that can arise between worker-mothers. This co-worker, Debbie, had had a previous difficult first pregnancy and sickly child, and was preparing for her
second birth. The co-worker harbored resentment toward Amber for working through her maternity leave. Amber was hurt by what she perceived as an unfair attack. Amber and her supervisor, Becky, reacted negatively to this co-worker’s barb and returned the anger. Becky refused to allow the co-worker additional paid maternity leave when requested, and Amber defended Becky, noting that both of them were weary of this woman’s difficulties and “constant complaining.”

Amber had a relatively easy pregnancy and birth, free of complications. Her son was healthy and cooperative. This woman struggled with a litany of complaints and with a first child plagued with illness. Amber, probably because she felt attacked by this person, was unable to forgive her for having a different experience from her own. And yet, when I probed just a little more about the co-worker’s difficulties, Amber softened instantly, making excuses for the co-worker and rationalizing her behavior as a result of lack of support at home. Amber also acknowledged as we talked that this woman likely envied A.B.5’s easy-going temperament and health, and Amber’s own close relationship with her supervisor. Amber’s story illustrates how complex the relationship can be between worker-mothers. The range of experience can create hostilities one might not expect from a group of women coping with many of the same, but also potentially very diverse, challenges.

I believe one root of this issue to be the ideal male work model as center line. The easier the pregnancy and the less interference from the travails of parenthood, the more closely and easily a woman can equilibrate on that center line. Women like Sydney and
Monicquea, whose mothering selves are obvious at work because of the complications they experience, are less able to equilibrate to that center line. Amber and Becky’s reactions seem normal on the surface given that the co-worker initiated the conflict with a nasty comment of her own. But perhaps there is more to their reaction than meets the eye. I can’t help but sympathize with this co-worker. I, too, was horribly sick during my pregnancy, and it was impossible to hide. I, like Debbie, found it extremely difficult to cover my struggles. Debbie likely found Amber’s relatively smooth and seamless transition intimidating and feared it set a standard she could not meet. For their part, Amber and Becky could not help but notice that Debbie was not at all meeting the expected standard of an ideal male work model. Each found the other difficult to forgive for these transgressions. Thus the stage was set for discord.

At the other end of the spectrum of parenting experience, there is conflict between worker-mothers and women who work, but are not mothers. This relationship is perhaps even more complicated than the others. Women who work but do not parent by-pass motherhood for a variety of reasons. Some choose not to become mothers. Others try to conceive or adopt and for any number of reasons, are not successful. Infertility, as evidenced by several of the women in the study, is a circumstance rife with emotion and turmoil. Add such charged emotion to the mix, and the relationship between these groups of women can become complex and inscrutable.
Amber shared an example of the type of conflict that one might expect between these two groups of women. A co-worker who is not a mother commented in Amber’s presence “that she was glad that she was not a ‘breeder.’” Well, that really just struck me, and just rubbed me the wrong way.” This type of open contempt for another’s choices is a clear source of strife between the two groups of women. Emotion associated with infertility may feed the malice in remarks like this, although that can’t be discerned in this exchange. However, I believe the ideal male work model as center line may also play a role in this type of conflict. Women who remain childless equilibrate to the ideal male work model center line more easily. If those women internalize that model as “normal,” they may resent any who do not conform. Women with children generally struggle to equilibrate around that center line. This failure to conform may create resentment between the two groups of women.

Another explanation. The concepts of a performance orientation, the ideal male work model, and gender roles can help explain this conflict between women, but I believe there’s more to the story. The word that appears frequently in stories about women’s conflict is “envy.” The implication of envy is that women are not entirely satisfied with the choices that they’ve made; someone else’s choice is desirable. Yet, there’s more to this conflict than simple desire for something one wants but doesn’t have. Few choices in life are ideal; nearly every choice requires sacrifice of something desirable. If one chooses chocolate, one misses out on pie. Yet, one doesn’t typically feel resentment for those that choose the pie. The
women’s dissonance encountered in this study is characterized not just by envy, but by bitterness and blame. The stories the co-researchers shared with me and that I experienced personally were weightier than just wishing for something someone else had. There is resentment, even anger, inherent to choice.

Looking at this issue through a radical feminist theoretical framework, as I have in the previous section, it would seem that it is the patriarchal structure of society and work bounding those choices that is problematic. It is the oppressive structure that makes each choice distinctly less satisfying than either chocolate or pie. Mothers who stay at home assume undervalued jobs, conforming to a “lesser” role in traditional social structure. Mothers who work are forced to adhere to a rigid workplace structure that can be hostile to parenting. Women who work but choose not to mother buck traditional gender roles, likely encountering challenges men in similar positions do not simply because they are female. If by choice, these women forego the experience of mothering. Still, I am troubled. I don’t believe this adequately explains the tension between the groups of women.

Sometimes there’s significance in what’s not said. Sydney and Monicquea were surprised by a newfound and unexpected desire to stay home after the birth of their children. Monicquea made no apologies for her change of heart, but Sydney ducked her head sheepishly when she told me she didn’t want to go back to work. She seemed almost apologetic about the admission. There was one other co-researcher that said nothing aloud about wanting to stay home. In fact, she recounted for me several times the many reasons
she had for wanting to go back to work. But in those weeks leading up to her return, Suzannah didn’t strike me as someone eager to go back to work. I wrote about Suzannah’s demeanor repeatedly in my observation notes after a visit postpartum in which she first described feeling unproductive at home. When I asked Suzannah when she was going back, she hung her head, and told me her chosen date with disappointment in her voice. Even as she told me of how frustrating it was to be home and how much she missed feeling able to measure her accomplishments, her body language screamed that the alternative of going back to work was not what she wanted. Taken in isolation, I was unsure what this conflicting information might mean, if anything at all. I am not sure if Suzannah even had any awareness of her body language as she spoke to me. Perhaps she wasn’t even cognizant herself of any desire to not return to work. Still, I believe the message she sent was clear. As I reflect on all three of these women’s messages to me about staying home, in the context of the rest of the data, I believe there is meaning.

I believe it is possible that these co-researchers were moved in part to make the choice to return to work because they felt they were supposed to. These women had rewarding jobs, sufficient salaries, supportive supervisors, co-workers they liked, and a myriad of other reasons to return. Partners, relatives, friends, co-workers, supervisors—all of the other people in their lives had heard them say they were returning, that they wanted to go back, that they didn’t want to be SAHMs. Their reasons for not wanting to be a SAHM were still there, able to be recalled and articulated. Suzannah prided herself on being a feminist—
she was a progressive, modern woman. As Sydney put it, she was able to “have it all.” So what were they to do with a change of heart that they didn’t expect or even allow themselves to feel?

I believe this feeling of being expected to return to work may be the result not just of patriarchal structure, but of a sense of responsibility to women and to the feminist movement. Thanks to the work of radical feminists and the feminists that came before and after them, women have made dramatic progress in society. Where once the option to work was not even available, it is now only one of multiple options, however flawed, available to women today. Perhaps women like Suzannah, Moniquea, and Sydney—and me—feel that in order to honor the legacy of the work of feminists who came before us, we are supposed to “have it all.” We are old enough to have mothers and grandmothers who witnessed or were part of the strong feminist gains since the turn of the 20th century and to have encountered our own difficulties with oppression. We know not to take for granted the rights availed to us today. Perhaps we feel it is our job to continue to push against the boundaries of patriarchy that we know all too well could close the ranks of the male dominated workplace to women all over again. Perhaps we wonder, if we don’t, who will?

If my co-researchers and I made the choice to return to work in some way compelled by obligation, it makes sense that perhaps women who make other choices face similar dilemmas. Perhaps SAHMs feel they have let the feminist movement down by staying home with their children in the traditional woman’s role. Perhaps women who voluntarily opt not
to have children and pursue a career feel they have not embraced their distinctly female ability to mother. It would be presumptuous to postulate about these groups. But it seems reasonable to me to suggest that if my co-researchers in any way felt compelled to return to work in the way I’ve described, it makes sense that there could be tension, bitterness, and resentment between them and women who chose differently.

Radical feminist theory imposes no judgment on the type of choice a woman makes. Women do not have to do what men do in order to be free of oppression. They can embrace feminine traits while rejecting the social system that devalues those traits. What matters is not the choice a woman makes, but that she has the freedom to choose. If oppression is unjust restraint, a removal of power or control over one’s own life, then this feeling by the co-researchers that they must return to work is itself a form of oppression; it is oppression by perception. Radical feminist theory would cite patriarchy as the root of women’s oppression. But I don’t believe that the co-researcher’s internal feeling that they must return to work is only a result of the patriarchal structure in which they live. Thus, the theory cannot adequately describe this phenomenon.

**Patriarchy resistance and change.** In spite of the evidence of the ways in which patriarchy influenced the experiences and choices of the women in the study, and the frequent lack of cognizance of this impact, there is hope. The fact that these women chose motherhood in spite of the masculine structure of their workplaces and the pull of the ideal male work model is, in itself, a form of resistance to this model. Inasmuch as these women
struggled to equilibrate around that center line, they were willing to take the risk inherent to veering off course in pursuit of their natural right and capability to have a baby and grow their families.

There were glimpses of feelings of fierce deservedness and recognition of unjustness among the women. This resonated with me as an awareness of and resistance to the patriarchal structure that impacted the lives of the co-researchers during this time. Several co-researchers, like Amber, showed a strong feeling of entitlement with respect to the flexibilities and accommodations they were given as worker-mothers. Amber’s assertion that she “deserved more” maternity leave than she received is an example. For some, there was a belief that the work relationship was reciprocal, and the co-researchers had expectations for support and flexibility in exchange for their hard work. This demonstrated a confidence in and a valuation of their contribution to the organization. Sydney, who slogged through much of her pregnancy, felt she earned the right for time off.

Other co-researchers felt the give and take between themselves and their co-workers. Amber, Carrie, Suzannah, and Monicquea all noted at various points that, while they may have needed assistance during their times away from the job, they were ready and willing to return the favor for their office mates when needed. The interesting thing about these co-researchers’ stories on this topic was the tone. I used the word “entitlement” previously because it most closely captures the fervor with which these women talked about their contribution. There was a defensive, defiant edge in the voices of the co-researchers when
they spoke of “deserving” or “earning” the right to time away from work. This attitude demonstrates a sense among the co-researchers that the existing structure of work caused them to have to justify their contribution and time away from the job. If they could not justify their absence as earned, the penalty might be derailment from the center line.

At least one co-researcher, Carrie, experienced a remarkable amount of support and flexibility from her supervisor, Seth. Carrie’s situation of a lengthy paid maternity leave, coupled with a phasing back to work gradually was unique and was made possible by her supervisor’s willingness to circumvent the system. Seth’s manipulating of the FMLA paperwork allowed Carrie to take the phased approach to her return and retain full paid benefits throughout her transition back to work, regardless of the number of hours she worked. Seth’s solution was an extraordinary and creative way to meet Carrie’s needs in a restrictive system.

Just as the women resisted the pull of the ideal male work model by having children, so too did the traditional gender roles felt by the women in the study not go wholly unchallenged by them. All of the co-researchers worked. This was, in itself, a form of resistance to the traditional social roles of man as breadwinner, woman as homemaker. In spite of the challenges they faced every day, the co-researchers continued to work at their jobs. Suzannah recognized what she sacrificed in time with her daughter, but felt it worthwhile. “So, you have to trade off somewhere I guess.” Other co-researchers echoed
Suzannah’s dedication to her work, expressing satisfaction that they could, as Sydney put it, “have my cake and eat it too.”

Sydney and especially Carrie enjoyed a high level of equality at home. Carrie was particularly satisfied with the division of labor with Emerson at home. She found that their give and take enabled them both to participate in the raising of Levi, and split the household burden evenly. He cooked, she cleaned. She fed the baby, he bathed him. Carrie felt as if she had successfully overcome the traditional gender roles at home. Carrie noted that before Levi’s birth, she and Emerson shared an equitable relationship in terms of housekeeping. I believe that the inequitable patterns of housekeeping may have been similarly established in the other families prior to children’s births. When babies arrived, these patterns remained unchanged.

Emerson was also the only man in the group who had other children. Due to relationship difficulties, however, he was unable to participate in caring for the children at that time. I believe that, after missing his first opportunities at participating in his children’s lives, Emerson made the commitment to not miss this child’s. Levi represented a second chance for Emerson to enjoy babyhood, and he took it, participating more readily in the care of this child.

Sydney, like Carrie, enjoyed an equitable sharing of child care tasks with Randy. I often remarked both in conversation and in recorded observations that Randy was unusual in the confidence and willingness with which he cared for Maggie. This level of involvement
made Randy’s leaving of the family that much more shocking when it occurred just four months after Maggie’s birth. In light of his decision to leave, the willingness with which Randy participated in the care of his child is lost as evidence of equality at home. Upon Randy’s announcement that he no longer loved Sydney and wanted to leave, she asked him how long ago he stopped loving her. “He said, a year ago. I said, a year ago. So you didn’t love me when I got pregnant with Maggie or through the pregnancy? He said, no. I said, then why did you stay? He said, because I had to.” After he left, Sydney assumed full custody of Maggie. Randy was allowed supervised visits every two weeks. He has failed to show up for many of those visits. In Sydney’s estimation, Randy’s support and participation in parenting before and after Maggie’s birth amounts to little more than an act. It is interesting that the role he felt he was “supposed” to play was that of equal partner.

**Other Theoretical Limitations**

Women’s dissonance is not the only issue in which the radical feminist theoretical framework of this study has felt inadequate. Two additional aspects of the findings of the study stand out as insufficiently explored using this lens: difference in experience of oppression and men as supporters.

Even at the conclusion of this work, I retain the belief that there is some unity of experience among the co-researchers who made the transition away from and back to work around the birth of their children. There were common threads of challenge, frustration, conflict, guilt, sadness, joy, hope, and success that I hope I have been able to share for and
with them throughout the description of these experiences. However, it seems apparent that the women in this study experienced oppression differently and to varying degrees. The radical feminist theoretical framework, with its focus on universality of experience, is insufficient to explore and expand on these unique differences.

Additionally, I don’t believe the radical feminist theoretical framework adequately accounts for the men in this study who served not to further oppress, but to help liberate the women from the patriarchal structure in which they experienced their transition. Radical feminism has sought to explain what motivates men to dominate and oppress women. The framework is insufficient to account for motivation of men who choose to support and help empower women.
Implications for HRD

A primary motivation for conducting this research study was my own struggle in becoming a worker-mother. I was sick during pregnancy, and felt self-conscious and embarrassed by my need for accommodations. My child’s birth came at a critical time for an important project I was leading. Postpartum, I scrambled to get back to work as quickly as possible, and to find a way to be both worker and mother. In the weeks immediately following birth and the months after, I continued to struggle to find a workable balance between the needs of my infant and family, the needs of my organization, and my needs as a human being. Four years after the birth of my first child, I can now survey the career damage I have sustained as a result of my decision to work part time, from home in an effort to achieve that balance. While my organization has provided me policies and supervisors that are supportive and flexible, my use of that support and flexibility has not come without a price. As isolated as I sometimes feel, I know I share good company in feeling this way.

There has to be a better, more just alternative to coping to survive as a worker-mother in the existing structure of work. Who wins if things remain the same? Inasmuch as I have missed out on the career perks I might have acquired had I not had children, my organization has missed out on the contribution I could and would have made had I felt their support without cost during this period in my life. For it is only a finite period. Children grow, and every bit as fast as every parent warns that they do. Soon my children will be off to school,
and my time will be more my own than it has been in years. How shall I spend it? Frankly, I’m no longer sure the answer will be in ways that benefit this employer.

My intent in this study was to learn about the experiences of other women going through what I went through, to find out how their experiences might be like or unlike my own. I wanted to understand their workplace contexts and to examine how those contexts impacted their experiences. In so doing, I hoped to gain insight into ways organizations, and specifically, the HRD function within organizations, could better support women like me. I sought a win/win. While I don’t think this study reveals any one sweeping solution, I do believe it makes important contributions to the scholarship, research, and practice of HRD.

**Contributions to HRD scholarship.** This study, by virtue of being a qualitative, narrative inquiry, makes a methodological contribution to the scholarship of HRD. HRD research is dominated by positivist philosophies and quantitative methodological approaches (Bierema & Fenwick, 2005; Fenwick, 2004; Sambrook, 2004). This positivist research seeks to “measure, count, explain, propose causal relations and predict future outcomes” (Sambrook, 2004, p. 613). While there is a place for this research and such work is undeniably important to the advancement of the field, the approach cannot answer all of the questions inherent to the field of HRD. This qualitative study utilizes an interpretive, innovative methodology in narrative inquiry and contributes a new way of “seeing” and researching HRD (Sambrook, 2004).
The feminist foundation of this work builds on the nascent but growing body of critical literature in HRD. Bierema, Tisdell, Johnson-Bailey, and Gedro (2002) provide four compelling ways such a feminist perspective can add to the scholarship of HRD. Specifically, a feminist framework:

- supports HRD’s regard for learning as a foundational practical, theoretical, and philosophical component because such a perspective is concerned with the construction of knowledge;
- adds a missing—female—voice to the discourse of knowledge creation in HRD;
- broadens the range of perspectives and theories of performance, learning, and change upon which HRD defines itself as a field;
- promotes meaningful change and improving the lives of individuals, organizations, and communities, a value the perspective shares with HRD.

The addition of feminist perspectives to scholarship in HRD helps to “advance, improve, and revise the field of HRD” (Bierema, et al., 2002, pp. 3-4).

The radical feminist theoretical framework of this study enabled me to focus on getting to the root of the issues encountered by the co-researchers, and explore the ways in which patriarchy is formed and sustained in their lives. This perspective provides a new way of examining the ways in which HRD supports the oppressive organizational structures that negatively impact the experiences of women making this transition.
The radical feminist framework, while invaluable to this study, is limited in its ability to account for a dissonance between women who make different choices regarding work and mothering. The framework is also insufficient to account for the diversity of experience among the co-researchers and the role of men in supporting and empowering their successes. These limitation indicate a need for more and varied feminist theoretical frameworks for analyzing the experiences of women like the co-researchers in this study. Feminist theory is rich, vast, and diverse, and provides a multifaceted lens through which to view the complexity of women’s experiences at work.

**Contributions to HRD research.** This study adds to the empirical research that examines the ways in which HRD perpetuates the patriarchal structure of organizations. Studies such as those by Howell, Carter and Scheid (2002), which explores women’s workplace learning through HRD initiatives, and Rand and Bierema (2009), which examines the “Old Boy Network” in on-line social networking, elevate and focus on gendered issues and advocate for organizational change. Each of these works, including my own, constitute small bricks of knowledge that together, build a stronger, more complete picture of the state and role of HRD in organizations today.

**Implications for HRD practice.** This study highlights many of the challenges and successes worker-mothers encounter as they transition away from and back to work around their first birth. The take-away for HRD practice depends on what one believes the purpose of HRD to be. If the purpose of HRD is to “[develop] and [unleash] human expertise through
organization development (OD) and personnel training and development (T&D) for the purpose of improving performance” (Swanson & Holton, 2001, p. 90), then the practical implications of this study should include policy and program recommendations that assist worker-mothers in coping with the challenges they face or capitalize on their successes.

The stories and experiences of the co-researchers indicate that the following policy and program changes, all without penalty, can make transitioning easier in the current climate of work:

- Provide accommodation for worker-mothers who encounter physical complications during pregnancy;
- Enable the worker-mother to have control of return-to-work scheduling, including the ability to return part time and work up to full time;
- Provide greater leave flexibility, or paid maternity leave, such that a worker-mother is not left “leave-less” postpartum;
- Provide flex-time and telecommuting policies that enable flexible working hours;
- Provide meaningful part time opportunities.

Additionally, the following recommendations, many of which may be addressed through training, may help supervisors of worker-mothers support their employees more effectively:

- Identify and be able to provide clear direction and access to leave policies;
• Recognize common complications of pregnancy, birth, and postpartum condition and how those complications impact the health and function of worker-mothers;

• Identify signs that a worker-mother needs accommodation and work with employee to address need;

• Avoid “parental” or invasive overprotection of worker-mothers.

These modifications, again, provided without penalty to the employee, can help worker-mothers transition more effectively away from and back to work around the birth of their child in the existing workplace context. However, I believe such changes to be surface treatments only and ultimately, insufficient.

I do not share the narrow, performative goal for HRD outlined by Swanson and Holton. To limit the practical implications of this study to policy, program, and training modifications would be unfaithful to my goal for HRD, the experiences of the co-researchers, and the radical feminist framework upon which the study is grounded. The deeper narrative of the co-researchers in this study points to an unforgiving workplace structure within which policies, programs, and training can only help to a limited degree. Changing policies and programs without changing structure would seem to me an effort in merely maneuvering square pegs into round holes. Abundant work-life balance research—and my own personal experience—highlights the limitations of this approach in helping worker-mothers cope under existing workplace structures (Apter, 1993; Blair-Loy, 2003; Caproni, 2004; Edley,
2001; Jennifer Glass & Riley, 1998; Hewlett & Luce, 2005; Hobsor, et al., 2001; Lewis, et al., 2003; MacDonald, et al., 2005; Saltzstein, et al., 2001; Spain & Bianchi, 1996). If the inherent masculinist structure in which HRD exists and which it supports is not addressed, no amount of scheduling adjustments will ease the burden of worker-mothers or any other marginalized group in the workforce for that matter.

Thus, I believe the practice of HRD can be improved more effectively and at a much deeper, more meaningful level in the following ways:

- Opening of the field of HRD to critique
- Questioning the masculinist orientation of work that undergirds the policies created and advocated by HRD
- Reduction or replacement of focus on efficiency and performance

**Opening to critique.** One of the key findings of this study indicates that the co-researchers were largely unaware of the role of patriarchy in their experiences and decisions. If masculinist structures are so indigenous to the workplace that employees like the women in this study can no longer detect them, the same would seem to hold true for HRD practitioners. As evidenced by the findings of this study, absence of awareness of patriarchal structure does not equal absence of impact. Unless HRD practitioners open their minds and practice to the possibility that these masculinist structures exist and influence their practice, there can be no assessment of the impact of such a mindset and no resistance to such structures and subsequent change.
HRD practitioners do not thus far seem to be open to such a suggestion. Swanson (2004) criticizes research like this study for its “inherent bias,” advocating “unisex research” as a solution. Bierema (2009), a leader in critical HRD scholarship, blasts this resistance to critique as “a prime example of masculinist rationality and an exhibit of a powerful elite White male telling us what should, and should not, count for knowledge” (p. 71). If it is possible to suspend the emotion that perceived injustice incites, I assert that the logic of rejecting a well respected and valid perspective on the “threat of bias” is unsound. HRD is not just about performance, but learning. How does one learn, if not from a variety of perspectives? And how does one grow without learning? How can HRD claim to be concerned with learning if the field itself resists such? When we close our minds as practitioners, and our scholarship as researchers, to other possibilities and paradigms, we stop growing as practitioners and as a field. HRD practitioners—and the HRD function itself—fight for relevance within organizations; how can we claim relevance if we fail to learn and grow?

**Questioning masculinist structures.** The women who encountered physical complications in this study were the most likely to encounter difficulties during their transition. The rigid patriarchal structures of their organizations failed to yield when these women needed it most, harming them by potentially costing them the jobs they want and need. This phenomenon is yet another call to open HRD to questions about the masculinist orientation of work and of the ways in which HRD supports that structure. It is the HRD
function that generally creates and administers the work-life balance policies and programs in organizations. If HRD practitioners continue to design and advocate policies and programs based on a flawed or unjust system, these policies and programs will continue to go un- and under-used (Blair-Loy, 2003; Christensen, 2005; Hochschild, 1997). Organizations will continue to risk losing contributing members of their workforce.

Reducing or replacing performance orientation. One of the key findings of this study is that the dominant performance orientation of HRD and organizations permeates not only these women’s working lives, but their personal lives as well, impacting their ability to enjoy and value their maternal role. I believe this phenomenon once again points to a need for HRD practitioners and researchers to examine the blind emphasis we place on performance at all costs. This dedication to the performance paradigm disallows other perspectives that may support and make the workplace a more hospitable place for nearly 50% of—if not the entire—working population. When performance co-opts life, I believe it’s time for HRD practitioners to ask ourselves again, what is our goal? Is it to create automatons whose sole purpose in the organization is to churn out “productivity” and profit, to live and die by the “right” kind of to-do list, no matter the cost? Is that what the reader wishes for his/her own job? It’s certainly not what I wish for mine. What about innovation? What about worker satisfaction? What about “balance”? What about the next generation of workers these worker-mothers are struggling to raise?
In today’s recession economy, the balance of power is tipped ever greater in favor of organizations. Workers of all description are at risk of being downsized or underemployed and seek to preserve their livelihoods. This circumstance creates a dangerous power differential. This is a time in which workers, especially marginalized ones, are least likely to rock the boat and most likely to adhere to the status quo, no matter the cost. Who will advocate for those workers in these troubling times, if not HRD?

There is much to be gained by opening the field of HRD to new and different perspectives, examining the patriarchal structures within which HRD exists, and considering dominant paradigms other than performance: a more equitable workplace, a chance to grow as a field, a more relevant, responsible HRD, among many other things. But I believe the more important question remains: what will be lost if we don’t do those things? The bright, capable, dedicated women in this study represent a small fraction of the worker-mothers in the workforce. Several of them were at risk to, and may yet, leave the workforce as a result of the difficulties inherent in living this dual role in a patriarchal workplace and society. If just one of these talented individuals withdraws her contribution, it is the workforce that has lost the most significantly. HRD scholars and practitioners, with critical thought, learning, and growth, are primed to mitigate that loss.

Conclusion

Inasmuch as every birth and every child is different, so is every worker-mother’s transition. Some of the women in this study thrived, seemingly having it “easy.” Others
struggle every step of the way. Each discovered new facets of herself as she moved from worker to pregnant worker to mother to worker-mother. Support of co-workers, supervisors, and partners made a tremendous difference in the way these women experienced this transition. The patriarchal structure of our society and workplaces manifests itself in subtle, yet distinct ways. Even with support, this structure made the going tough. Workplaces built on the ideal male work model held policies based on this model that sometimes created difficulties for the co-researchers as they dealt with the challenges of parenthood and working. Many of the women internalized the performance mindset typical of many organizations, and perpetuated by the HRD function, that prevented them from feeling as if their roles at home were valuable or productive. Gender roles that are deeply ingrained, taken for granted, and difficult to resist or eradicate impacted the way these women made decisions and experienced life during this time. In spite of pockets of awareness and resistance, the damage that these patriarchal influences wreak is evident. Adversarial discord arises among women who subscribe to gender roles to different degrees. Relationship discord results when women feel isolated and alone in the care of their children and homes. There is a conflict, a tension for these women between loving their mates, being desperately grateful for and happy with the family they have created, and being angry about and worn down by the burden of too much to do. And in spite of themselves, these women and their partners often perpetuate the very cycle that brings them pain. HRD stands poised to leverage the perspective a critical HRD can provide, to advocate for all workers and infuse
the workplace with new insights and contributions currently missing from the discourse. I ask again: if not HRD, then who?
References


Appendices
Appendix A: Recruitment Flier

Pregnant? Working? Wondering how you'll do it all?

You are not alone!

I'm looking for women like you...

Lots of women just like you have difficulty managing pregnancy, childbirth, and child rearing while working within many US organizations.

I am a doctoral student at NCSU, conducting a research study to learn about the experiences of women who are pregnant for the first time as they go through pregnancy, the exit of, and planned re-entry to the workplace around the birth of their child.

If you are:

- Over the age of 18
- Pregnant for the first time*, in your first or second trimester (between 1 and 27 weeks pregnant)
- Currently employed in some capacity (part time / full time)
- Intending to return to work following the birth of your child

I want to hear your stories!

Women often don't have the opportunity to share their feelings about their pregnancy, childbirth, parenting and experiences at work. This is your chance! Share your experiences!

Together we can make the workplace a better place for women!

For more information about participating in this study, please take a tab and contact me!

(Laura LaMonica, 252-393-2686, 252-342-6321, llamonica@hotmail.com)

* Women who have been pregnant before but who have not carried a baby to term are eligible.

Your participation is completely voluntary - you can decline or withdraw at any time.
Appendix B: Sample Email Response for Recruitment Advertisement

Hi, Sarah. I'm so pleased to hear from you and I appreciate your interest in the study. Let me tell you a little more about me and then a little about the study.

I'm a working mom myself, and my first baby became sort of the impetus for the entire study. I'm also a budding feminist theorist, so my focus is on doing what I can to improve women’s' lot in life. My degree is in Adult Ed and my specialization is Training and Development, so I'm approaching this from a Human Resource Development angle, specifically looking at what organizations do (or don't do) to help women succeed as worker-mothers. Hopefully, the findings of the study will be useful to organizations in creating new ways to support women who do choose to work and mother at the same time.

Participation in the study primarily involves interviews over the course of the pregnancy and a few weeks post-partum, with some informal “coffee talks” in between. There are 5-6 interviews, depending on when I catch a participant in her pregnancy. These last about an hour. Informal visits are as short or as long as participants feel comfortable. I’m also providing a journal to participants to let them write down any thoughts that come to them between meetings if they are inclined to writing.

I know that working moms are a group of folks already VERY pressed for time! With that in mind, I do my very best to take excellent care of my participants, compensate them for their time and contribution, and ensure that they get as much out of being a part of the study as I do. I make a conscious effort to be as considerate of the other demands on my participants and accommodate their needs as much as possible. In addition, I think there’s something really therapeutic and wonderful about sharing pregnancy and motherhood stories as you go through them. Pregnancy, particularly while working, can be sort of isolating (at least, it was for me). I like to think participation in the study can be an outlet for sharing, commiserating, and perhaps working through a lot of the heavy feelings that go along with the experience. One participant has pointed out that it's a way for her to capture the experience forever, and will be something she can look back on and share with her child. I like that.

That's a general, brief overview of what I'm doing and looking for. If you have more questions, I'm thrilled to answer and I'd love to have you participate.

Thanks,
Laura LaMonica
Appendix C: Informed Consent

North Carolina State University

INFORMED CONSENT FORM for RESEARCH

Title of Study: Birth of a Worker-Mother: Understanding the Transition
Principal Investigator: Laura T. LaMonica
Faculty Sponsor: Dr. Julia Storberg-Walker

GENERAL INFORMATION
You are being asked to take part in a research study. This is a research project that is being done for partial completion of a doctoral degree at North Carolina State University. Your participation is voluntary. You have the right to be a part of this study, to choose not to participate, or to stop participating at any time. The purpose of research studies is to gain a better understanding of a certain topic or issue, described below. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you being asked to participate in. If you do not understand something in this form, it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

RESEARCH STUDY PURPOSE
Many women experience difficulty accommodating pregnancy, childbirth, and child rearing while working within many U.S. organizations. Mothers who choose to return to work after the birth of a child struggle to balance working and parenting. Others may stop working permanently or for long periods as a result. The purpose of this research study is to examine the experiences of women who are pregnant for the first time as they go through pregnancy, the exit of, and planned re-entry to the workplace around the birth of their child. I am interested in learning about how your workplace impacts your decisions (if at all) as you go through this process.

PROCEDURES
If you agree to participate in this study, you will be asked to participate in six interviews lasting 1-1.5 hour each, as well as several short, informal meetings. These interviews and meetings will take place over a period beginning now (in your 1st/2nd trimester) through the birth of your child, and continuing up to 6 weeks after your return to work post-partum. In these interviews and meetings, you will be asked to share your stories about your experiences
with pregnancy, childbirth, and work. You will be asked to keep a journal of your experiences as well.

A summary of the type of participation asked in this study and its associated approximate time commitment is included in the table below.

<table>
<thead>
<tr>
<th>Type of Participation</th>
<th>Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six face-to-face interviews, place to be determined by you</td>
<td>Each interview lasting 1.5-2 hours, for a total of 9-12 hours.</td>
</tr>
<tr>
<td>• At neutral location (restaurant / coffee shop)</td>
<td>• Occurring over a period* ranging from an approximate minimum of 23 weeks (approximately 5-6 months) to a maximum of 47 weeks (approximately 11 months)</td>
</tr>
<tr>
<td>• At your home</td>
<td>* Total length of participation is dependent on week of pregnancy upon entry into study, length of pregnancy, and length of maternity leave</td>
</tr>
<tr>
<td>• At your workplace</td>
<td></td>
</tr>
<tr>
<td>Interviews occurring:</td>
<td></td>
</tr>
<tr>
<td>• 2nd trimester</td>
<td></td>
</tr>
<tr>
<td>• 3rd trimester</td>
<td></td>
</tr>
<tr>
<td>• 2 weeks postpartum</td>
<td></td>
</tr>
<tr>
<td>• 1 week prior to scheduled return to work</td>
<td></td>
</tr>
<tr>
<td>• 2 weeks after re-entry to workplace</td>
<td></td>
</tr>
<tr>
<td>• 6 weeks after re-entry to workplace</td>
<td></td>
</tr>
<tr>
<td>Monthly informal meeting, place to be determined by you</td>
<td></td>
</tr>
<tr>
<td>• At neutral location (restaurant / coffee shop)</td>
<td></td>
</tr>
<tr>
<td>• At your home</td>
<td></td>
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<tr>
<td>• At your workplace</td>
<td></td>
</tr>
<tr>
<td>• These informal meetings do not have an agenda. Conversation can be casual, on the topic of your choice. The goal is to simply “touch base,” see how you are, and provide</td>
<td></td>
</tr>
<tr>
<td>Each meeting lasting approximately 1 hour, for a total of approximately 5-11 hours</td>
<td></td>
</tr>
<tr>
<td>• Occurring over a period ranging from an approximate minimum of 23 weeks (approximately 5-6 months) to a maximum of 47 weeks</td>
<td></td>
</tr>
</tbody>
</table>
me a chance to see you in the context of your life as worker-mother.

(approximately 11 months)

* Total length of participation is dependent on week of pregnancy upon entry into study, length of pregnancy, and length of maternity leave

- Journal completion (weekly or more frequently)
  - You will be asked to record thoughts and emotions in a personal journal on at least a weekly basis

- 10-15 minutes a week or more, depending on your desire to write
- Total of 0-12 hours of commitment, based on your desire to write

**RISKS**
Because pregnancy and childbirth are very intense and emotional experiences for some women, there may be some discomfort when discussing the topic.

**BENEFITS**
Women often do not have the opportunity to share their feelings about their pregnancy, childbirth, and experiences in the workplace. These are stories I believe many have inside that they wish to share with other women on a personal level. I believe it will benefit you to share your stories and know that doing so may ultimately make the workplace a more hospitable, equitable place for women.

**CONFIDENTIALITY**
The information in the study records will be kept strictly confidential. Data will be stored securely in folders in a locked filing cabinet or in a password-secure folder on a computer. No reference will be made in oral or written reports that could link you to the study. You will not be identified by your real name in data collected in this study. Rather, a fictitious name (of your choice, if you wish) will be assigned.
CONTACT
If you have questions at any time about the study or the procedures, you may contact the researcher, Laura LaMonica, at 123 White Oak Bluff, Stella, NC 28582, (252) 393-2686, (252) 342-6321. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7514, NCSU Campus (919/513-1834) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148)

PARTICIPATION
Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed at your request.

CONSENT
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may withdraw at any time.”

Participant’s Signature ___________________________ Date __________
Investigator’s Signature ___________________________ Date __________
Appendix D: Interview Guides

Preliminary Interview Guide / Interview #1 (Second Trimester)

Introduction

Thank you so much for agreeing to participate in this study. This is our first interview of several. I know your time is valuable and so we’re going to keep this to an hour and a half or less. Again, thank you for your time.

Because this is a research study involving real people like you, it is overseen by a review board, the IRB, to make sure no harm comes to participants. One way we ensure that you’re protected is to obtain informed consent from you about your participation. Let’s go over the form together, OK?

[REVIEW INFORMED CONSENT FORM]

Great. Thanks again. Now, I’d like permission from you to tape record this interview. This is just so that I can get an accurate record of the things we talk about here. Once we’re done, I’ll take the tape home and transcribe it into text. I’ll give that transcription back to you and let you read it. That way, we make sure that I’ve accurately captured the things you’ve said. Is that alright? May I tape record our conversation?

Excellent! Thank you. I’m turning the tape recorder on now and we’ll start the interview.

The Interview

First, I’d just like to get to know you a little bit. Can you start by just telling me a little bit about yourself, who you are, a little about your life?

[Conversation and additional questions as they arise]

Great, thanks. There are a couple of stories in particular I’d like you to tell me about. First, could you tell me the story of your work? How did you come to be where you are now? What’s your work history been like?

[Conversation and additional questions as they arise]

And second, tell me the story of your pregnancy so far.
Thanks for that. I know this is a really exciting time for you. Have you told your employer yet about your pregnancy? How did that go? OR What’s your plan for that? What do you expect?

[Conversation and additional questions as they arise]

Conclusion

Thank you so much, [name]. I’ve really enjoyed talking with you and I’ve learned so much. Now, I don’t want to pass our allotted time, but before we go, is there anything else you’d like to say that you didn’t get to earlier?

[IF NO]

OK, well then to close, can you tell me one story related to the things we’ve talked about that you’d like to share?

Thank you so much for your time. I’ll be in touch soon and have the transcripts for you to review. Thank you!

Preliminary Interview Guide / Interview #2 (Third Trimester)

Introduction

It’s great to see you, [name], and am looking forward to hearing how things are going. I’m turning the tape recorder on now and we’ll start the interview.

The Interview

So tell me how things are going with your pregnancy. How are you feeling?

[Conversation and additional questions as they arise]

I appreciate you sharing that with me. And can you tell me about work? How is that going? How is the job? How are things with your coworkers and employees?

[Conversation and additional questions as they arise]
Thanks for that. Can you tell me a little bit more about what challenges you find you are facing both at work and at home?

[Conversation and additional questions as they arise]

What makes things easy or hard? What things most influence the decisions you make regarding how you go about your day as a worker-mother?

[Conversation and additional questions as they arise]

Great. In general, what’s it like being a worker-mother?

[Conversation and additional questions as they arise]

Thanks. Are things now how you expected them to be? What’s the same? Different? How do you feel about that?

[Conversation and additional questions as they arise]

**Conclusion**

Thank you so much, [name]. I’ve really enjoyed talking with you and I’ve learned so much. Now, I don’t want to pass our allotted time, but before we go, is there anything else you’d like to say that you didn’t get to earlier?

[IF NO]

OK, well then to close, can you tell me one story related to the things we’ve talked about that you’d like to share?

Thank you so much for your time. I’ll be in touch soon and have the transcripts for you to review. Thank you!

---

Preliminary Interview Guide / Interview #3 (2 Weeks Postpartum)

Note: Interview Introductions and conclusions are fairly standard as described above, from this interview through the remainder. I will not repeat these sections in guides shown here the interest of brevity and redundancy.

The Interview
You must tell me about this baby of yours! S/he’s beautiful! How is s/he?

[Conversation and additional questions as they arise]

Wonderful. And now the most exciting question of all! Tell me your birth story.

[Conversation and additional questions as they arise]

What’s it like for you, being a mother?

[Conversation and additional questions as they arise]

Thank you for sharing that. Tell me how you’re feeling about work.

[Conversation and additional questions as they arise]

What are the easiest parts of your day now and what do you find most challenging?

[Conversation and additional questions as they arise]

What makes things easy or hard? What things most influence the decisions you make regarding how you go about your day as a worker-mother?

[Conversation and additional questions as they arise]

Thanks. Are things now how you expected them to be? What’s the same? Different? How do you feel about that?

[Conversation and additional questions as they arise]

What do you expect life will be like as a worker-mother from now on?

[Conversation and additional questions as they arise]

**Preliminary Interview Guide / Interview #4 (1 Week Prior to Return to Work)**

**The Interview**

Tell me you and your little one. How are things?
Thank you. And more specifically, how is motherhood?

Great, thanks. Now tell me your feelings about your job and returning to work.

What are the easiest parts of your day now and what do you find most challenging?

What makes things easy or hard? What things most influence the decisions you make regarding how you go about your day as a worker-mother?

Thanks. Are things now how you expected them to be? What’s the same? Different? How do you feel about that?

What do you expect life will be like as a worker-mother from now on?

Preliminary Interview Guide / Interview #5 (Two Weeks Post Return to Work)
The Interview

Tell me you and your little one. How are things?

Thank you. And more specifically, how is motherhood?
Great, thanks. Now tell me work. How are things going? How are things with your employer and coworkers?

[Conversation and additional questions as they arise]

Thank you. In your own words, what is life like as a worker-mother?

[Conversation and additional questions as they arise]

What are the easiest parts of your day now and what do you find most challenging?

[Conversation and additional questions as they arise]

What makes things easy or hard? What things most influence the decisions you make regarding how you go about your day as a worker-mother?

[Conversation and additional questions as they arise]

Thanks. Are things how you expected them to be? What’s the same? Different? How do you feel about that?

[Conversation and additional questions as they arise]

What do you expect life will be like as a worker-mother from now on?

[Conversation and additional questions as they arise]

Preliminary Interview Guide / Interview #6 (6 Weeks Post Return to Work)

The Interview

Tell me you and your little one. How are things?

[Conversation and additional questions as they arise]

Thank you. And more specifically, how is motherhood?

[Conversation and additional questions as they arise]
Great, thanks. Now tell me work. How are things going? How are things with your employer and coworkers?

[Conversation and additional questions as they arise]

Thank you. In your own words, what is life like as a worker-mother?

[Conversation and additional questions as they arise]

What are the easiest parts of your day now and what do you find most challenging?

[Conversation and additional questions as they arise]

What makes things easy or hard? What things most influence the decisions you make regarding how you go about your day as a worker-mother?

[Conversation and additional questions as they arise]

Thanks. Are things how you expected them to be? What’s the same? Different? How do you feel about that?

[Conversation and additional questions as they arise]

What do you expect life will be like as a worker-mother from now on?

[Conversation and additional questions as they arise]

This is our last interview together, ___. I want you to take a few minutes to think back to when we first met. Think about our time together and your life over the last few weeks and months. What is your story as a worker-mother? How do you feel about your experience? What made you do the things you did or didn’t do? Anything you want to share is great.
Appendix E: Start List of Codes

Male dominance
Hidden curriculum
Personal as political
Maternal thinking
Ideal male work model/economic man
Co-worker perceptions
Manager perceptions
Policy
Accommodations
Family support
W-L balance
Mothering
Performance
Appendix F: Self-Reflexive Statement

My name is Laura and I'm a feminist qualitative researcher.

I am writing this dissertation and conducting this research through the lens of radical feminism. Am I a radical feminist? There are those that say because I am married, have children, and am heterosexual, that I cannot truly be a radical feminist. I'm not sure I accept that argument given the breadth of belief in this brand of feminism. What is most important to this perspective and this research project is the belief that patriarchy is the root of oppression. I am becoming convinced that I wholly believe this. Sexism predates all other biases and -isms. Women are the original oppressed group. Radical feminism posits that patriarchal structure is the facilitator of sexism. It is through culture and the structure of our lives, societies, and by extension, workplaces, that women's oppression is supported and continued. This I also believe. Sexism has been around forever. Historically, our way of life has built a world that revolves around man. The structure we grow up in implants beliefs in ourselves as women that continue and feed the status quo. This is the "hidden curriculum" that teaches women to skip math and science, to feel complete only in a relationship, to defer to maleness, to doubt our ability, to feel as if we have no other option but to either acquiesce and accept, or die from head wounds from beating them against walls. I don't know that I believe that women are voluntarily complicit. I think it's conditioned for so long, ingrained so deeply, we know innately that to fight is futile. Or we believe that one person cannot change history or the future. I think that's how I feel - a little helpless. The way of the patriarchal world is so deeply entrenched in this country, it's very hard to imagine any other way of being. I know it can be done - I see it done at least in some ways in other cultures. But here? I just can't imagine.

I know that in modern academic feminist circles it is not cool to believe in an essential woman, but I do, at least to some extent. I believe in a unity of women's experience. As much as I know each is different, and unique, I believe women do share some commonalities of experience. And finally, this perspective places women's experiences, women's voices at the center. Through the personal is political, radical feminism gives voice to many women through a single woman's experience. It makes one person's struggle important on a broad level. I believe in women's unique and powerful voices. I hear them from the margins, I scream from the margins myself - and this perspective gives my voice power and strength.

Part 2

In the transition from worker to mother-worker, I believe women's choices are buffeted by the realities in which they make these choices. In the workplace, we are bound by policies that say in what way we will experience certainly maternity leave, and in many ways,
motherhood - what time frame, at what economic and emotional cost. There is no wiggle room for adversity. The reality, however, is that the physicality of pregnancy is both unpredictable and uncontrollable. When things go badly, they can go very badly. What is most required of context when babies enter the equation is FLEXIBILITY. Because the bottom line is, it's like a box of chocolates - you don't know what you're gonna get. And if you get a bad draw, bad on you. The system doesn't care. And no matter how understanding the co-worker and boss, the system sets the tone. Bosses, no matter how sympathetic, are bound to the rules and regulations in which they operate. And they are conditioned by the exact same machine we all are. The one that says, mothers are not special. They simply belong at home. They are not workers. Consciously or not, this belief system, operating in an unforgiving, rigid structure of workplace policies, creates a formidable set of boundaries within which a new mother must try to work.

At home, I think there's a slightly different dynamic, but the system and structure is similar. While there are no written policies, there are assumptions and understood, unspoken "rules." Mothers provide primary care. Period. And wives clean house. Men work. Those are the rules. Anything that asks spouses to move outside of those boundaries creates tension and ultimately, rejection. No matter how progressive men and women pretend or attempt to be, they will always default to that mindset. And honestly - where's men's motivation to change? Seriously. Why would they? Women may attempt to change it – or not (I think some people martyr themselves intentionally – I'm looking at you, self) – but it will be an uphill battle. The structure in which we live continues to support those beliefs. Workplaces demand that men be men and work their little bums off. And so there is no rest for those weary. Understandably, they don't feel like raising children. Unfortunately, the same wheel spins the same way for women - and yet, the expectation for us is that we just "add it on" and "get it done." And we do. We always do. But at what cost to our psyche and our souls... our marriages? Our children?

The complexity, I think, is that I believe many women want lives outside the role of mother and homemaker. Some women want to work. Some women crave that identity and that purpose. Some women are driven to pursue who we are besides being a mother. And so somehow those women propel themselves through this miasma of shit because to give up and not do so would hurt worse than facing the (albeit unpleasant) reality of life.

Part 3

1. Workplace policies that bound choice
2. Physicality means experience is unpredictable
3. Flexibility is critical
4. Co-worker and supervisor support important
5. Support bounded by workplace structure
6. Mothers belong at home, caring for baby and keeping house
7. Men work and not much else required
8. Why should men want to change the status quo?
9. Do women want to change it? Really?
10. Women will get it done anyway
11. Damage to psyches, marriages, children
12. Want lives outside of motherhood, work identities
Appendix G: Generalizations

Identity

1. Women's relationships with their own mothers, and the example/model set by their mothers play an important role in their own mothering.
2. There are three distinct and major identity change aspects that a woman goes through – pregnant worker, mother and worker-mother. Accepting and taking on the identity of mother by itself doesn't come easily, whether or not child is planned/desired. Integrating that identity at work is a second challenge.
   - These identities compete, conflict and complement. This can be stressful or a happy surprise.
   - Priorities and perspectives change post-partum. Order rearranges, but she still wants it all!
3. Many women derive pleasure, purpose, significance from their jobs and do not want to give it up. They give of themselves in great quality and quantity to the jobs they care about. They need "adult...ness" and work even without need for money. For some, baby changes this balance of "is it worth it."
   - Women tend to view their relationship with work as reciprocal. There is an expectation for support in exchange for their hard work. That would indicate confidence in their contribution.

Readiness/Planning

4. Women do a great deal of preparing to ready themselves for baby - physically, mentally, at work. There is a lot of fear and anxiety about the unknown. Any perceived ambiguity and lack of planning/preparation can be stressful.
5. Things rarely go as planned

Physicality

6. The physical challenges that can present themselves vary from dire to inconsequential. No woman knows where she'll be on the continuum.
7. The worse the symptoms/complications, the more motherhood encroaches on work and pushes against the boundaries of structure. Both the workplace and our levels of comfort.
8. When those things conflict or clash (work vs. physical), it's very hard on the woman. A lot of conflict about wanting sympathy and understanding and wanting normalcy. "treat me the same"
Economics

9. The economic context in which a woman lives can have significant impact on the choices she makes and can affect her level of stress and enjoyment during this time.
   - Women who work adjust to a lifestyle of dual incomes. It becomes a necessity for the family. She works to survive, provide the best, for daycare, clothes, to protect child and herself from stresses of lack of sufficient income.
   - Money influences how long a woman works pregnant and how long her maternity leave is.
   - Money influences who takes maternity leave. Usually moms earn less - logically she stays home. There are exceptions! Tracey, Mary Beth, maybe Lisa, Mo. Structure says SHE takes leave!
   - Money is a source of stress. How to pay for baby? What if I have no job, no insurance? Medical bills and guilt and sensitivity come from relying on other support.

Workplace Support

10. The supervisor sets the tone. If a boss values and models family and flexibility, the office is "family friendly." There are characteristics of supervisors that make them more or less supportive/flexible.
11. Flexibility = support. Mother control is the best flexibility of all. There is such a thing as too much flexibility (ambiguous) and too much support (parental).
12. There are boundaries to support and flexibility. The limits are set by the nature of work and the workplace. (and characteristics of the supervisor?)
13. Coworker interactions can be very complex. CB can create unique dynamics, both positive and negative. They can be supportive or stressful.

Structure of Work

14. The traditional structure of the workplace presents challenges to motherhood. Policies sometimes have to be dealt with to get by. Some do help and they are appreciated and used
   - That structure may or may not be well known. Policies are not always readily accessible.
Patriarchal Structure Enactment (Internalization)

15. Social roles are heavily ingrained our whole lives. Men as workers, women as mothers. Even as we enter work, these expectations remain.

16. Regardless of how they exist, when standard gender roles exist in a dual income family with children, they cause pain. There is a conflict/tension for women between loving their spouse, wanting to enjoy family, and being angry about and worn down by the burden.

17. Women are adopting some of the patriarchal notions from the workplace into their lives. Work teaches us what is productive, what is a worthwhile expenditure of our lives/time. We can't even see it. "Patriarchal" is so foreign a notion, it just means "working with men."
   - The structure and expectations of work and the workplace are heavily entrenched in our psyche. We take for granted and operate within those limitations. To go beyond seems quite abnormal or unthinkable.
   - For some, maternity leave is in name only. They stay connected, reconnect much sooner than the "official" return date. Conversely, there seems to be an expectation from work that they'll do that. W/o that connection, there is a thought that she may not come back.

18. Women can't see a way to be different. We accept the tiniest concessions as "adaptation" or expect nothing at all. It is what it is. You just do it. To fight is futile.

19. Women and men play crucial parts in sustaining gender roles at home that are deeply ingrained. In our language, in the way women "set men up" so as to ease their burden, in the way men manipulate to keep the status quo, in the way we fail to communicate over our need for change. Do we get what we expect? How complicit are we? What we tolerate, we empower to continue. What's the payoff for each?
   - Men certainly work hard, push back, to keep the status quo. We may not consciously advocate this, but we may indeed enable it. .
   - Some women don't seem to mind (at least out loud) and even enjoy the control? They feel like it's OK?

20. Women seem, for the most part, unaware that any of these internalizations exist. Is it that we don't see or is it that we don't fight? Both?

Patriarchy Resistance/Change

21. And yet, there are glimmers that we get it and are making small attempts to duck and roll.
   - There is at least some level of recognition, feeling of unjustness that resonates even if not articulated that way. Maybe we aren't ignorant of our compliance.
   - Some resistance in some small ways to traditional roles at home, but not much.
Although, working itself is resistance!
- Women are at least a little cognizant that motherhood makes them different. They know they are "protected" by law, but still do have fears of retribution. We claim our drive to work is “internal” – but is it from our internalized structure?

**Women’s Dissonance**

22. There is a really awkward tension/hostility AMONG WOMEN related to motherhood. We look to one another for support, but also tear each other down and fail to support efforts to change.
- Workplace is a new battleground. For mothers vs. nonmothers, we turn on each other, resent each other, see each other as adversaries. Even mothers fight other mothers. And it's because of the patriarchal context.
- The level of conformance to the societal roles sets up battlegrounds among women.
- Beyond this, they seem to view SAHM as the antithesis of all those things (purpose, significant, appreciated). Internalization of what is worthwhile.
Appendix H: Generalizations Summary

Summary Portrait of Co-researchers’ Transition to Worker-Mother

The Experience

The transition under study, the movement of women from worker to worker-mother, is characterized by the development of identity. In the beginning, the woman is Worker. She works for a variety of reasons: pleasure, money, a feeling of significance and purpose, contribution to a greater whole. These women often give of themselves in great quality and quantity to jobs they care about, working with people they care about. In return for their labor and dedication, they expect the reciprocal loyalty and support of their workplace during their transition. These women are ambitious, with career aspirations, goals, and intentions to work indefinitely into the future.

The women in the study, or co-researchers, make the decision to become pregnant for a variety of reasons. Primarily, there is a sense of “readiness.” For four women, established fertility issues or apprehension about infertility propel them to try sooner than later. In one case, pregnancy is a surprise. Timing of pregnancy is a bit of a cosmic thing. Where a year or more might be expected to conceive, instead it “takes” on the first or second try. For one woman, success is hard earned after months of trying.

The first identity shift these women experience happens at a positive pregnancy test. Remarkably, for most, one test is insufficient. “Dollar Tree” tests are a hit, with a woman able to take multiple tests for little cost. Even with these positive indicators, few are immediately convinced and follow-up with “real” tests at regular prices from regular drug stores. Reaction varies, usually characterized by some level of disbelief. Ambivalence and denial are common. Most report a moment in which “acceptance” of the pregnant condition occurs. It is in that moment that the woman shifts from Worker to Pregnant Worker. Here, many still don’t yet feel like a “mother.”

Pregnancy is characterized by planning, readiness, and expectations. There is much to be learned. Books are purchased, web sites reviewed, friends asked, and doctors queried. Preparations for absence from work are made, often with the assistance of the supervisor. There is some fear and anxiety, more for some than others, about the unknown during this time. Written policies can provide some guidance and clarity. FMLA applies in some cases, and is the blanket policy under which most maternity leave issues are covered. Specific policies about maternity leave, even FMLA, are not always readily accessible or, in one case, available. HR reps and even supervisors are sometimes either unaware or unable to adequately explain the intent and instruction of the policies. Complicating matters are
confusing rules about which types of leaves (PTO, Sick Leave, Major Sick Leave, Disability Leave, etc.) must be accessed and used, in which order. Women must be vigilant in working out the details. Any perceived ambiguity or lack of support or responsiveness from supervisors regarding planning can be especially stressful during this time.

In spite of such furious preparations, things often do not go as expected or planned. Again, forces beyond anyone’s control intervene. In pregnancy and birth, this most often takes the form of physical illness and complications. The breadth of symptoms and complications experienced by women during pregnancy is vast, ranging from inconsequential to life threatening. On one end of the spectrum, some women feel terrific, aside from some fatigue in the first trimester. These women are able to work up to or beyond their due dates, sometimes working more than they did prior to pregnancy, putting in massive amounts of overtime and effort to help prepare for their absence. Because they are able to operate within the “normal” framework of work (regular work hours, no accommodations necessary), these women fare well during pregnancy, mostly attributing their drive to excel to “internal pressure.” As the number of physical symptoms and complications associated with pregnancy rise, the co-researchers begin to bump against the boundaries of the structure of work. Sick women miss days. They are unable to continue at the same level of effort as before. Depression also robs them of their ability to enjoy pregnancy. They require job accommodations, they must see specialists for extra appointments, they are placed on bed rest forcing an early maternity leave, they leave early and unexpectedly for emergency birth. This tension between work demands and expectations and the physical limitations of pregnancy and birth can cause a great deal of conflict in the women workers themselves. On one hand, they desire and certainly need empathy, support, and understanding from their supervisors and coworkers. On the other, they crave normalcy. They want to be treated as any other employee. They want to do as they’ve always done. Frustration and anxiety results.

The second identity shift for co-researchers occurs at or immediately following the birth of their child, when they move from Pregnant Worker to Mother. There seems to occur a moment at which she realizes, I am a mother. She must reconcile the person she was with the person she is now. In every case, women came to the realization that they are still who they were, only a sort of new or “enhanced” version. This seems to come as a kind of surprised relief. Acceptance comes easily, even appreciatively. The miracle and love of baby overshadows any doubts. There is a sense of great responsibility, but it is met joyously, with pride, courage, and calmness.

The co-researchers do not escape the physicality of motherhood during this stage of the transition. There is a period of physical recovery post partum, especially for those who have had c-sections. Breastfeeding can be an emotional and physically trying proposition.
Ultimately, two will succeed at this venture and three will not, although all wanted to breastfeed and attempted to do so. And of course, lack of sleep during this time is pervasive and all consuming. For one mother, the recovery from illness and exhausting work of maintaining a faithful and devoted presence at the NICU becomes the theme of her maternity leave.

The third and final identity shift for the women in this transition occurs upon their return to work. Here, the co-researchers become Worker-Mothers. Factors that affected at what point that return should occur include financial pressures, policy restrictions, physical limitations, and a simple desire or “readiness” to return. For at least two co-researchers, the desire to return did not reappear as expected. These two co-researchers did not wish to return but had no choice financially. During this move back to work, all of the women noted a decisive shift in priorities and recognition of new limitations. Baby necessitates a new way of doing. Work, previously all consuming, is no longer. Overtime is unthinkable. In several cases, there was a brutal moment, a low point post partum, in which the typically on-the-ball woman drops a ball in a most uncharacteristic way. In this moment, she realizes that she has new limits. She must set new, often lower expectations for herself and her capabilities given her new circumstances.

Even here, at the return to “normal,” the physicality of motherhood plagues. Fatigue comes from lack of sleep and the increase in responsibilities. The result is sometimes fractured attention, an inability to focus. In one case, it is at this point that the baby was able to come home from the hospital, and thus began regular care giving without the benefit of a maternity leave. Physical separation from the baby for the first time for the other mothers was a new and sometimes significant stressor. Two mothers opted for formal daycare arrangements for their children. One located a private sitter. Two relied on family members – one spouse and one grandmother. Cost, location, ratings, availability, and physical restrictions (premature infant) were the deciding factors.

Other Contextual Observations

Supervisors play an extremely important role in the success of a woman’s transition during this time. If the supervisor values family and models a “family friendly” approach to business, the office then becomes “family friendly.” In such offices, children have a “presence” and are woven into the fabric of the day to day life of work. Flexibility is the most important support a supervisor can provide. Flexibility in time, in expectations, in patience – these are crucial. Mother control is the best flexibility of all. The more a woman can define the terms of her absence from and re-entry to work, the better she copes. There is, however, such a thing as too much flexibility and too much support from supervisors. Too much flexibility can be ambiguous and amorphous, leading to the distress described
previously. Women need some guidance. Too much support, however, can become parental. Depending on the relationship between woman and supervisor prior to pregnancy, this can either be irrelevant (for those with previously close relationships), or disarming and uncomfortable (for those who did not share such a relationship previously). There are boundaries to the support and flexibility able to be provided by supervisors. These are defined by the workplace, its policies, and characteristics of the supervisor.

Coworkers play a slightly less influential role in the experience of women during this transition. Still, coworker interactions can be very complex. Motherhood creates a unique dynamic at work, and can stimulate tensions, hostility, competition, and also support, friendship, encouragement, and commiseration among coworkers.

**Patriarchy at Home**

The patriarchal structure of our society and workplaces manifests itself in subtle yet distinct ways. Perhaps nowhere is the dominance of men more persistent than at home. Gender roles are deeply ingrained, taken for granted, and difficult to resist or eradicate. Traditionally, men are the wage earners, and women the homemakers. There is evidence in the anecdotes of the co-researchers of a “hidden curriculum” that has taught them and their mates to accept the patriarchal structure of our society. Women learn to be subordinate; men, dominant. These lessons learned about gender roles are reinforced until they become invisible, unquestioned, and unquestionable.

In the households of four of the women in the study, though three of them were the primary wage earners in the family, this traditional arrangement persists. If finances are the root issue, one might assume that breadwinner status would require that the lesser-earning mate would take on primary care giving responsibilities. This did not happen, usually by choice. Instead, this structure is further entrenched with the birth of a child. These co-researchers became the primary caregivers, adding to their already significant household duties. The men in these families “help.” (Note: I use this word because it appears so frequently in conversations about men’s caretaking.) Some partners do more than others, but ultimately, the burden of care giving and housekeeping fell to those mothers. One woman in the study felt she was the exception, sharing equally in care giving and housekeeping responsibilities.

It’s important to note again that this arrangement is often (although certainly not always) by choice. Both the mothers and fathers in this study play crucial parts in sustaining these gender roles at home. The women, for their part, often go to great lengths to make things “easy” for their mates or fail to communicate their desire for more equity in caretaking and housekeeping altogether. Men take advantage of these concessions, doing just enough to
balance “being helpful” with retaining the status quo. More than one woman in the study admits to seeking the sense of control that comes from running a household. Others seem defeated, suggesting that to fight it is perhaps more exhausting and futile than simply doing what must be done without argument.

These standard gender roles cause significant tension for some of the co-researchers. On one hand, these women love their spouse, and are desperately grateful for and happy with the family they have created. On the other, they are often frustrated and angry about all that they must do and the burden those responsibilities place upon them. This study ends early in the life cycle of these mothers, so this feeling is not shared by all. But there is at least some recognition that the conflict exists or that it may potentially develop or continue over time.

**Patriarchy at Work**

The patriarchal structure of the workplace is evident in the lives and choices of the women in this study as well. The co-researchers display a tireless dedication to their work. Several nearly dreaded the shortest of maternity leaves, unsure how they would cope with such a break in their work lives. The workplace (and societal) emphasis on performance and production at all costs seem to influence these women’s perception of what is productive, what is a worthwhile expenditure of their lives and time. What, seen through a patriarchal lens and reinforced through the hidden curriculum, may be deemed “women’s work” – housekeeping and care giving – is often perceived as unproductive, boring, or stressful in its cyclic tedium.

For all of the limitations, expectations, and boundaries of the policies and structures inherent in the workplace, most are accepted by these women workers without argument. Faced with no remaining leave, hours away from their children with no possibility of part time work, and work hours that are a challenge to adhere to, the co-researchers cope with a sigh and a shrug. Rarely, if ever, do they expect or ask for change. In fact, every woman in this study expressed a sense of being “lucky” in having experienced this transition in their way in their own workplace.

It is difficult to determine how consciously complicit the women in this study are in sustaining the patriarchal structure in which they live and work. In many ways, they display a striking lack of awareness of their own internalization of this structure. Many just seem grateful for what they have. They dare not expect or ask for more. And yet, there are glimmers of discontent, resignation, of feelings of unjustness that resonate, even if they aren’t articulated. Perhaps patriarchy is simply both – *invisible and invincible* – to the women in the study.
Patriarchy Played Out

One of the by-products of patriarchy in the lives of these women and those around them is an unexpected finding. There appears to be an extremely awkward tension, hostility even, among women related to motherhood. The level of conformance to societal roles sets up a contentious battleground, with worker-mothers in the middle of the continuum. On one end is stay at home moms (SAHM). The women in this study, while expressing great respect for SAHM’s, still seem to view that role as the undesirable antithesis of their own. At the other end of the continuum are women who work who are not mothers. The issues of choice and fertility associated with becoming a parent make this relationship a complex and potentially strained one. Finally, there can be resentment and competitive, adversarial discord between worker-mothers based on how each responds to the structure of the workplace and society, and to each other.