Learning from the Pandemic

Possibilities and Challenges for Mothers and Families

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Pandemic-Intensified Motherhood: Making Sense of Increased Mothering Pressures during COVID-19

The COVID-19 pandemic and resultant stay-at-home orders and school shutdowns initiated a period of unprecedented household labour and childrearing for families across the world. Through in-depth qualitative interviews with seventy-six mothers from across the United States, I examine the increased demands placed on mothers as a result of the stay-at-home orders and the role of existing social and structural factors in fostering and maintaining these demands. I utilize the lens of intensive mothering to understand how mothers made sense of the augmented workload during the pandemic as well as the ways intensive mothering influences how mothers adapt to and meet these increased demands.

The COVID-19 pandemic brought unprecedented changes in work and family organization. As the virus ravaged communities, stay-at-home orders were expected to curtail the spread of the novel coronavirus. At the onset of the pandemic, as offices shuttered and many schools across the world switched to remote learning, all but those deemed essential workers were strongly encouraged to stay home. Although academic research on the effects of the pandemic across multiple areas is beginning to emerge, the news media has widely covered the experience of lockdowns, stay-at-home orders, and remote schooling on parents and children. One of the themes that has arisen is the increased demands placed on mothers as schools and daycare centres closed their doors. It is a well-documented fact that, on average, women spend more time on household duties than their male partners. Mothers spend more time caring for their children, carrying out household chores, and overseeing the general management of the household (Barroso; Daminger; Gerson). Given the gendered household labour breakdown, the pandemic exacerbated an existing unequal division of labour.

In this article, I examine the increased demands placed on mothers as a result of the stay-at-home orders and the role of existing social and structural factors in fostering and maintaining these demands. I utilize the lens of intensive mothering to understand not only how mothers made sense of the augmented workload during the pandemic but also how as an ideology—defined as a system of ideas that shapes structural policy and individual choices—intensive mothering justified school closures throughout this period.

Intensive Mothering

As a result of the pandemic lockdowns and restrictions, the intensity of parenting grew exponentially. Parents who relied on outside childcare—ranging from in-person school, daycare, and/or paid or unpaid caregivers—suddenly found themselves as the sole childcare providers. Mothers, in particular, faced increased expectations in this area. In the absence of in-person education, mothers were expected to educate or assist in the education of their child while also acting as their child's confidantes and playmates; they had to simultaneously prepare meals and ease new anxieties as COVID-19 fears peaked across the globe. Mothers worked around the clock to meet their child's needs, putting their own needs aside in the process. This child-centred and child-dominant mothering is rooted in the principles of intensive mothering. Intensive mothering supports the neoliberal state by capitalizing on and moralizing the unpaid labour of mothers to care for, nurture, and produce children who, in the future, can serve the interests of a capitalist economy. Even as safety nets and support for families has fallen in the United States (US), intensive mothering continues to be one of the most dominant mothering ideologies (Arendell; Avishai; Douglas and Michaels; Hattery; Hays). Whereas Sharon Hays's influential study on intensive mothering concentrates primarily on white women, studies following this work show that the intensive mothering ideology is experienced and practised across racial, ethnic, and social class groups (Blair-Loy and Dehart; McCormack).

In 1996, sociologist Sharon Hays introduced the term intensive mothering—a type of mothering defined as "child-centered, expert guided, emotionally absorbing, labor intensive and financially expensive" (8). This ideology centres on a gendered belief that childrearing lies primarily with women and that children and childrearing are so significant for families that households should be organized around the needs of children. Hays defines the ideology of intensive mothering as a "cultural contradiction" in that women are expected to be selfless and child centric while maintaining or pursuing careers that are demanding and take time away from the home and the child. Hays's findings point to an immense pressure to meet the demands of intensive parenting, coupled with the conviction that parenting is an inherent skill intrinsic to

mothers, not fathers (even if fathers are well intentioned). Mothers may question both the utility and validity of intensive mothering through recognizing the unreasonable demands of self-sacrifice that mothers must make to be wholly invested in this ideology. Nonetheless, mothers are influenced by larger social structures that continuously pressure women to be both career focussed and intensive mothers (Blair-Loy and Dehart; Ennis; Lamar et al.; Stone).

Socialization/Reproduction of Intensive Mothering

Mothers are continuously socialized into reproducing the ideology of good parenting through intensive mothering. Interactions with other parents and messages from traditional and social media as well as schools and daycares are constants in the background of the good mother-bad mother discourse. Mothers internalize messages that good mothers are those that protect and care for her children above all else and that "bad mothers" pay more attention to themselves or their careers (Guendouzi).

To dismiss intensive mothering as a choice begets a larger sociological discussion of the role of agency and self-determination in the construction of motherhood and the act of mothering. Intensive mothering is both a product of the socialization of motherhood and a response to the larger neoliberal institutions that fail to consistently provide for and protect children, families, and their futures. Whereas Hays views intensive mothering in opposition to capitalism and as a way to express "fundamental and irreducible ambivalence about a society based solely on the competitive pursuit of self-interest" (18), other scholars have pointed to the increasing competition, the lack of institutional support, and the ambiguity of class reproduction for middle-class families—all effects of the neoliberal political economy—as factors that drive intensive mothering (Brown; Wall). Capitalism exacerbates the demands on mothers to nurture, educate, and provide a strong foundation for their children in light of uncertain future prospects and lack of institutional support. The drive towards intensive mothering and the pressure to provide resources to children in the absence of state programs became even more prominent throughout the pandemic.

COVID-19 Lockdown and Intensive Mothering

Throughout the COVID-19 pandemic, the media abounded with articles on the increased expectations of women in general and mothers in particular. One poignant series featured in *The New York Times*, titled "The Primal Scream: America's Mothers Are in Crisis" (Bennett et al.), showcased a collection of articles examining the myriad crises endured by mothers as a

result of the pandemic and school shutdowns. The series featured interviews with working mothers and the various mental health ailments that resulted from the excessive work and childcare responsibilities mothers faced. The articles not only showcased the deep mental, emotional, and psychological crisis mothers were facing but also offered advice on how to navigate demands of works and increased parental responsibilities. Although the work was thoughtful and moving, even if limited in its scope and data analysis, questions on how and why mothers bore the brunt of the pandemic workload were absent from the series. Other news articles also highlighted the plight of working mothers and the mental acrobatics women undertook on a daily basis to simultaneously work and care for their children during school shutdowns (Bennett et al.; Grose; Lakshmin, "Mothers"; Lakshmin, "How Society"; Lenz; Lewis). The scholarly research that has emerged in this area gives credence to the trends highlighted in popular media.

Andrea O'Reilly examines why mothers are not considered essential workers by analyzing the comments and discussions in a Facebook group she started for working mothers during the pandemic. O'Reilly concludes that mothers do not "count"; it is not only that mothers' work is invisible but also that their role as an essential provider of care is not visible to society. This sentiment is echoed by Fiona Green and O'Reilly in their introduction to their edited volume, in which they write: "Despite the cataclysmic upheavals of the pandemic, one fact remains unchanged: Motherwork remains invisible, devalued, and taken for granted" (22).

During the height of pandemic stay-at-home orders, May Freidman et al. surveyed eighty mothers about their experiences. While the sample was overwhelmingly white and middle class and therefore not representative of the diversity of motherhood and motherwork, the narrative that emerges from this research shows how relentless the work of mothering has been during the pandemic, resulting in a myriad of isolating and trying experiences for mothers. Other studies also look at the increased expectations placed on mothers and the ensuing mental health crisis (Babore et al.), the decreasing productivity (measured in academic output for example) (Gabster et al.), and the drop in labour force participation among mothers (Petts et al.). The special issue of the *Journal of Motherhood Initiative* titled "Academic Motherhood and COVID-19" examines issues of motherhood, gendered labour, increased expectations, parenting, and unequal division of labour from the experiences of mothers in academia. The collection of articles shows the nuanced ways in which mothers coped and navigated increased demands on their emotional, intellectual, and physical labour.

Another study examined the role of race and socioeconomic class in the experiences of families during the first few months of the COVID-19 pandemic (Chen et al.). The authors found that lower-income parents and

families of colour reported more financial stress and hardship than white families and/or middle- and upper-middle-class families. Single mothers were disproportionally affected by the care crisis brought on by the pandemic, as their prepandemic networks were no longer tenable (Hertz et al.).

The research I have undertaken shows similar patterns—mothers across socioeconomic and racial and ethnic groups reported feeling overworked, undervalued, and suffering mental and physical health lapses. Moreover, while families in lower income groups were more likely to express stress surrounding their financial situation, mothers of colour as well as lower-income mothers felt pressure to provide outsize support for their children.

There are a number of factors that contribute to the disproportionate work that has been placed on mothers throughout the COVID-19 pandemic, including but not limited to pre-existing structural inequality in the labour force, inadequate investment in childcare resources, and deep-seated gender roles. In this article, I seek to shed light on how mothers understand and give meaning to their experiences during the pandemic through the lens of intensive motherhood.

Methodology

In March of 2020, my own children's school shuttered for what I hoped would only be a few weeks but turned out to be more than a year. The first few months at home juggling work, children, and domestic duties involved countless hours of time spent sharing stories with other mothers—via text chains, social media, as well as phone and video calls. Throughout these months, I took note of how the mothers I was in contact with either directly or through social media made sense of their experience as mothers and as paid workers in the labour force. The media abounded with stories of mothers taking conference calls in closets or napping in their cars—stories that rang very true in personal conversations—yet social media swarmed with posts on engaging with your child while text groups shared online educational resources and countless ideas for enrichment. Mothers were torn about how to help their children navigate school shutdowns while facing mental and physical health crises of their own. Mothers in private conversations shared stories of despair, anguish, and depression yet they felt immense pressure to mother as intensively or even more intensively than they had prior to the stay-at-home orders enacted in March 2020.

In September 2020, when it became clear that many schools across the country would remain closed or only partially open for in-person learning, I began to ask questions on how mothers had managed and would cope with added stressors and responsibilities. Would the majority of mothers continue intensive parenting in the face of remote learning and, for many, increased

paid-work pressures? How would mothers make sense and meaning out of these new roles? And more importantly, would the pandemic stay-at-home orders change how mothers understood and carried out their function in society?

During this period, I began interviewing mothers of school-aged children about their experiences mothering during the pandemic. Seventy-six mothers across the US participated in the research. To recruit participants, I initially posted on Facebook parenting groups across the country; some of the groups were primarily white women, some were diverse across racial and ethnic groups, whereas others were comprised of mothers who identified as Black or Latina. For groups that I was not a member of, I reached out to the founder/owner and asked them to post on my behalf. I also made a concerted effort to reach women in single-headed households or with political leanings different from my own network. In addition, I contacted various school and parent-based listservs and reached out to mothers in my existing network. From this initial sample, I used snowball sampling to reach other mothers. The in-depth interviews were conducted throughout the months spanning September 2020 through May 2021, in the midst of the pandemic. Two interviews were conducted in person and one via telephone; the remaining interviews took place over Zoom and were recorded with consent from the participants. All the interviews were transcribed using computer-aided transcription software and were coded through the qualitative software program Atlas T.i.

Measures

I interviewed the seventy-six women through an open-ended questionnaire. Each interview lasted, on average, 1.5 hours. The interviews consisted of several themes, including past and current household division of labour, paid-work obligations, parenting ideologies, and past and current expectations of motherhood roles, as well as the socialization of motherhood, such as questions about networks, media, and family of origin. In addition, I asked a series of questions regarding the function of schools and institutional support for children and families as a way to understand the pressures of intensive mothering as a product of the neoliberal state.

Participants

The participants in the sample were all mothers with school-aged children. Mothers ranged in age from twenty-five to fifty-seven, with an average age of forty-one. The modal category of race was white. Twelve per cent were Black, 4 per cent reported their race as mixed or multiracial, 7 per cent were Latinx, 4 per cent identified as Afro-Latinx, 8 per cent reported their race as Asian,

and 3 per cent self-identified as other. Mothers had, on average, 1.8 children with a range of one to four children. Children ranged in ages from three months to young adults, although the focus of the questions was on school-aged children (ages five to eighteen). The majority of mothers were married or living with a long-term partner; 14 per cent were divorced, separated, or widowed, and four per cent had never been married. All but two of the married/partnered couples were in opposite sex dyads. At the time of the interviews, 50 per cent of the respondents were employed full time; 33 per cent worked part-time, and 17 per cent were either unemployed, furloughed, or did not participate in the paid labour force. The sample is limited in that it skews white, urban, and middle class, yet there is a significant number of participants from other racial and socioeconomic groups, and the experiences of intensive mothering throughout the pandemic were echoed across all of the groups represented in the study. It is important to point out that a number of factors—in particular the availability of space, additional resources of time and hired help, as well as paid-work obligations—mediated the pressures of mothering during this period. For example, some mothers had access to paid live-in childcare or were able to temporarily move in with grandparents, alleviating some of the childcare burdens. Three of the women worked in healthcare and four women were teachers, and their mental health was particularly affected during this period. However, due to limitation of space, this article will focus on overall trends among mothers during the period studied.

Results

Twindemic: Overworked and Undervalued

Carly, a public-school teacher and a mother of two, lives with her husband, mother, and grandmother in Queens, New York. When the pandemic hit, she ordered craft kits from the internet, instituted daily outdoor time, created colour-coded schedules for various activities, and read to her children every afternoon. She also continued teaching her third-grade class through a combination of live virtual platforms and asynchronous learning. In between breaks, she made sure her grandmother who lived in Carly's home took her medicine while also preparing meals for her family. Her husband, also a teacher, had made a space for himself upstairs and worked throughout the day away from what Carly called the "family circus." A few months into the stay-at-home order, Carly gave up the schedules and crafts and relied on internet subscriptions to entertain her children while she worked. When her youngest son started daycare in the fall of 2020, she continued to work many nights while her family slept:

> After I dropped my son off [at daycare], I'd rush back home to get on Zoom at 8:20 [a.m.]. And then on my prep, instead of doing my work, I was like giving my grandma breakfast, emptying her commode, giving her pills, and then running back to the computer teaching. And then lunchtime, I would get my daughter from my mom, put her down for her nap. Um, and then give my grandma her lunch and stuff. And then I would end up doing work, I don't know, at night, and what ended up working for me, cause I'm just exhausted at night. And I, I need to like to be a good teacher and a good mother and just have like something in my cup for myself. I can't do work every night. So, what works better for me is if I just take one night, and I, you know, my kids go to bed early; everyone's shut down here. So, seven-thirty to midnight, like I'm just going to power through, get everything done, like done for the week and just pull one or two nights of that. So, then I have the other nights to myself, like how I tried to find a balance.

Even with this "balance," Carly felt overworked and undervalued both at home and at school. She employed terms like "good mother" and "bad mother" throughout the interview to signal the ways in which she was attempting to be a good mother—intensive enrichment as well as being nurturing and selfless—yet often feeling like she was failing at it. She saw herself as a "bad mother" when she lost her patience or experienced feelings of resentment towards her family. At the same time, she was aggrieved that her husband did not take a more active role in providing enrichment for the children and repeatedly pointed out that they were both teachers working from home. Yet despite her feelings of anger and resentment, she continued to practice intensive mothering through enrichment exercises, nurture, and above all self-sacrifice because as she put it, "if I don't do it, no one will." Like Carly, almost all (95 per cent) of the working mothers in the sample had similar stories of waking up early, staying up late, forgoing sleep to complete their paid work-tasks while providing essential mothering duties: playing with their children, assisting with schoolwork, and providing emotional support. Yet despite the near constant work, many expressed sentiments surrounding actions that rendered them "bad mothers" and "bad employees."

Effia is a widow with two young children and lives in the DC area. She often rose early to put in hours at work before her children awoke but was never able to catch up at work or at home:

> I woke up like two to three hours before they [children] woke up and then once they were awake, then I kind of had to be on with them. And once, you know, school started for my older son. I've kind of checked in with him, get him online, partly do work for me, you

know, this sort of in and out kind of stuff all day long. And then once the school day was finished, I sort of focus on them. I'm still trying to do a little bit of work in between when they were playing with each other or watching TV. And then I make dinner for them, put them to bed. And then I would work again for another three or four hours because as much as I was working during the day and joining meetings, I wasn't actually able to concentrate with all the mom stuff and that. And so, I did that for a while, but then my body was starting to just kind of fall apart.

Effia eventually put her children in summer camp, and in the fall of 2020, she made the decision to use some of her savings to send her older child to private school, which was meeting in-person. Nonetheless, the pressure to both perform at work and at home—to be an intensive mother, while continuing to work productively—proved relentless. All of the 76 mothers that participated in the study expressed degrees of burnout, which the World Health Organization (WHO) defines as follows:

> A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment.

Although the WHO classifies this as a phenomenon that takes place in an occupational realm, I maintain that maternal caregiving, while not paid work, absolutely shares characteristics with paid occupational labour, and, as such, women in caregiving roles have experienced high rates of burnout. The pandemic took a toll on mothers' mental and physical health as well as their overall sense of wellbeing. This was true for women in two-parent and single-headed households and across all racial and ethnic and socioeconomic groups. Single mothers (18 per cent of the sample) in particular expressed higher degrees of overwork, both in terms of childcare and paid work. Although overwork was a main driver in feelings of exasperation or burnout, mothers in the study conveyed feeling undervalued and unheard. As one mother commented, "I was screaming into the abyss"—a phrase that later appeared (unrelated) in *The New York Times* series about the experience of mothers during the pandemic. Ninety-five per cent of mothers echoed her sentiments of despair and overwhelm.

Whereas most mothers (78 per cent) felt intense social and internal pressure to tirelessly provide entertainment, emotional support, educational enrichment, and opportunities for socializing, not all mothers had the resources to be able to do so. Single-headed households and mothers who worked outside the

home were often unable to supplement or supervise their children's remote education—a worry that figured prominently in conversation with these mothers. Nearly all mothers (90 per cent) noted spending immeasurable time thinking and worrying about their children's wellness, particularly as it pertained to the lack of socializing, increased stress, and the overuse of technology. Around one-fourth of the mothers in the sample felt shame at not having the time or energy to educate and/or nurture them. This was particularly true for mothers who had little to no outside support and a demanding work schedule. Ann, a single mother of an eight-year-old girl, explained how exasperated she felt about not being able to provide what she deemed her daughter needed:

> I am tired of people thinking I am a superwoman because I am working and raising my kid on my own during the pandemic. Sure, she's a good kid, and she's smart and is going to be fine. But I am the only person she socializes with—and I have to work. I have zero time, and I feel ashamed that I can't give her what she needs: friends, a family, more time with me. I don't even send her to hybrid school because the schedule is too disruptive. There is no after school, and I just can't drop everything in the middle of the day to pick her up.

Intensive mothering lies within the borders of a neoliberal ideology that places the onus of raising children on individual families in general and women in particular. The new demands of the pandemic underscored this ideology even further as families lost any of the paid or government-supported institutional support they had previously relied on (e.g., schools, daycare, and babysitters). As one mother said, "We are doing what we already did before—planning, playing, cooking, cleaning, just more of it, and now throw homeschooling on top of it." The work that mothers shouldered throughout the pandemic is a continuation of the fulfillment of mothering expectations that most of these mothers have been doing since the birth of their child.

When Mothering Always Falls on Mothers

May, a mother living in New York City, has a daughter and a son with special needs. Both of her children learned remotely until September 2020, when they were able to attend school a few days a week. May's pandemic routine mirrored those of many of the mothers in the study. Her work as a makeup artist halted, and she found herself at home overseeing her children's education and spending increased time on household duties. In addition to these tasks, May poured efforts into advocating for increased service provision for children with special needs. (Her son has diverse learning and emotional needs and, at the time of the interview, had not been receiving state-mandated services in person.) When I asked her how she was feeling and coping throughout this

time, she answered:

> I don't think about myself too much, I guess. And I know that that's something that is symptomatic to, to being the caretaker where it's like everyone else's needs are priority over my own. And it's funny, cause it's like, I'm the first one to tell other moms who are doing this work—"take care of yourself," "You've got to take make that appointment for yourself." And I'm the last one to take that advice.

Women in different-sex partnerships perform, on average, substantially more household and carework than men (Hess et al.). Factors such as entrenched gender roles and socialization of intensive motherhood contribute to the disproportional amount of labour that women perform in the household. However, it is the effects of past and current neoliberal economic and political systems that maintain the entrenchment of gender roles. Throughout the twentieth century, mothers have increased their participation in the paid labour force, but government support for childcare, parental leave, and family services has not kept pace. Concurrently, in the US, the lack of protection for workers and paltry social safety nets, such as unemployment benefits or welfare, continue to exert pressures on working women to meet the increased demands of paid labour.

It is important to note that a large minority of partnered mothers (30 per cent) reported a more balanced division of labour during the pandemic—due largely to the physical presence of their partners at home. As one mother told me, "He [spouse] finally sees what I do all day, and he can't escape to the office." However, the majority (68 per cent) of partnered mothers in the study took on additional household labour in relation to their spouses/partners. The economic imbalance and childcare arrangements that were in place prior to the pandemic continued to have a strong effect on the division of labour during the pandemic—even if both parents were at home. Betsy, a mother of three, met her husband while they were both studying at a prestigious college. Postgraduation, both Betsy and her husband began working full time and eventually enrolled in MBA programs. Betsy worked in management consulting and finance for a number of years before becoming pregnant with her first child. During the time she was employed, she explained that the division of labour was balanced, but shifted once she left the paid labour force.

Later in the interview, Betsy spoke about missing her work as well as her identity as someone beyond a caregiver and mother. Yet she also took pride in her husband's accomplishments and was quick to say that it would not have been possible for him to advance professionally without her support at home. Like many mothers whose careers take a backseat to parenting, Betsy left the paid labour force and cited such factors as an unreliable school calendar, the financial and emotional costs of childcare, as well as the lack of available

institutional and family support networks for providing care and enrichment to her children as insurmountable obstacles to dual career household and parenting. The pandemic heightened household and caregiving responsibilities, whereas the lack of support for families during this period served to underscore the individual responsibility of caring for and raising children. Betsy had anticipated returning to work in some capacity when the pandemic hit but explained that it was unfeasible given the lack of available childcare and that her support at home was essential:

> So, this was going to be the fall when I got back to something or at least look to see what was in New York, cause I've never worked in New York City. So, you know, all that stuff derailed because I've got three remote learners, and they're stressed out, right. We don't need another stressor in the house. And I think looking for work, you know, through the pandemic would be stressful for me, but I think having one more thing on my plate would also be stressful to the family because my husband's working more than full time. My kids are remote learners. And there's a lot of, you know, work to do—it's anxiety and talking through things with the kids and helping them with their social life. They're all kind of too young to manage their own social lives. So even just making sure they're connected to their friends; it's full time. There is no way I could be working now.

Betsy is quick to put her children's and family's needs before her own—as mothers have been socialized to do. Whereas Betsy's story illustrates how many upper-middle-class families navigate the increasingly excessive work demands of the corporate world, working-class mothers also face similar dilemmas. Lily, a Peruvian immigrant living in New York and a mother to two girls was employed as a nanny before the pandemic hit. She enjoyed both her work as well as the independence earning her own money afforded her. She explained that although she has a degree in tourism and leisure from her home country, it had proved too cumbersome to translate those skills into marketable ones in the US. When her children were born, she took on all the household and childcare responsibilities, whereas her husband worked as a teacher. Lily eventually found work as a nanny when her own children were enrolled in school, and the household division of labour shifted somewhat; her spouse took on some of the early evening childcare responsibilities before Lily arrived home. She had been working full time as a nanny for a few years when the pandemic hit, and the gendered division of labour that had been the norm in Lily's early days of childrearing returned. Lily stopped working in person, and whereas her husband, a teacher, was able to work remotely, Lily became solely responsible for all of the household and childcare duties. She explained that one person needed to be working closely with her children, which drove her

decision to stay home with her children:

> My husband was working from home, and I actually, there were people that needed help [families that needed paid childcare] in Riverdale, but I was a teacher. I became a teacher because of my kids, I had to teach them. So, I had to stay home because of them. We lost one income—a big chunk of money, and I have been living from savings. Well, my husband, we still get his income, but, um, we cut down a lot of things, and I had savings. So, that is what is helping us. But I had to stay home because my girls could not do it on their own, and then it was like it was in the beginning [when the girls were babies and toddlers]. I do everything, and my husband is always tired.

In the fall of 2021, Lily went back to work two days per week when her daughters were able to return to in-person school on a part-time basis. Yet she remains in most ways tied to the household and continues to do the bulk of the household labour. Lily and her spouse reverted back to a pattern whereby her husband's income and job security outweighed hers and therefore was valued and protected in a way that Lily's job was not. Like Lily, many mothers in partnered households found themselves returning to a division of labour in which the male partner's took precedence over that of the mother. Both Lily and Betsy illustrate how the cost and demand of early childcare continue to be a factor in the household division of labour and childcare responsibilities throughout their children's lives. 70 per cent of the mothers interviewed earned less than their partners. Mothers' careers often take a backseat to childrearing—either because mothers exit the labour force altogether or change careers or jobs to ones that are less demanding and offer more flexibility. These mothers made a cost-benefit calculation at some point in the early days of childrearing and took on the additional roles of childcare and household labour. As a result, when the pandemic hit, mothers were already performing disproportionate amounts of household labour.

When we include what sociologists call invisible labour—the planning, organizing, and caring labour that mothers overwhelmingly perform—the gender gap grows exponentially (Daminger). The women I interviewed mimic this pattern closely. All mothers reported carrying more of the visible and invisible household labour before the pandemic. Prepandemic, one-parent households relied on a bevy of paid help as well as family and friend networks, many of which became unavailable during the pandemic. School and daycare provided the bulk of the weekly childcare. Pandemic household and care labour overwhelmingly fell to the mothers in two-parent households. This is not to say that fathers did not increase the amount of household and childcare labour performed during this period; in fact, many of the mothers in the study reported that their spouses did indeed perform more of the visible work, such

as cleaning, helping with schoolwork, and playing than they had engaged in prior to the pandemic. In eight of the two-parent households, male partners took on the bulk of the remote learning assistance, particularly when there were infants at home, or fathers were seen as having higher skills in technology or certain school subjects. Fathers were also more likely to play with their children than they were to take on additional household cleaning or cooking. Nonetheless, the share of women's household and care labour increased disproportionately to that of their male partner.

Intensive mothering is the idea that children should be a mother's first and foremost priority, and sacrifices should be made to ensure this prioritization. Although mothers face innumerable social pressures in multiple areas of their lives—professional, homemaking, beauty standards, and likability—intensive mothering continues to place the onus of caregiving on women. Pandemic school closures reinforced the external and internal pressure of intensive mothering. Between March and June 2020, the first phase of school shutdowns in the US, many public schools were unable to meet the educational and socioemotional needs of children. Whereas some schools offered daily live virtual teaching, others only provided asynchronous remote education, often leaving students and parents to fend for themselves. Many mothers took on the additional tasks of supplementing schoolwork with tutoring, internet classes, art activities, and reading. Mothers felt pressured to make up for the lack of resources their children were not receiving, and their social networks reinforced this pressure.

Discussion and Conclusion

Screaming into the Abyss

The mothers in this study experienced a sense of being overburdened and burned out due to the extreme demands placed on their time as well as a sense of "not being heard." Yet they maintained an incredible sense of duty to keep providing for their family. Mothers took on more of the childrearing, productive entertaining, feeding, and household chores while feeling more at odds with the demands being placed on them. Even if some admitted to loosening their standards—perhaps by allowing more screen time, a messier house, or faster meals—the sheer amount of time and energy mothers spent with and for their families was much higher than before the pandemic. Yet all the mothers expressed throughout the interviews a strong sense of guilt and feelings of inadequacy.

I repeatedly asked respondents why they thought there was so much anger expressed by mothers in private but no real public outrage. Three important themes stood out in their discussion of this question. The first is the internalized sense of the qualities that define a good mother, which are the same qualities

that underlie the ideology of intensive mothering. The pandemic magnified the weight that women attach to their identities as mothers and the self-worth that accompanies this identity—in large part because the constant presence of their children made their roles as mothers the most prominent ones. A dominant theme in the discussion of good motherhood was the negation of the mother's own needs in the face of their family's needs across a number of dimensions. Mothers spent time, energy, and resources on ensuring their children were entertained, well fed, healthy, and had their emotional needs met. In contrast, mothers sacrificed hours of sleep, leisure time, paid-work hours, and mental and physical wellness to meet the demands of their families.

A second theme that emerged was the current structural conditions in the US that place the onus of childrearing and childcare on individual families and women in particular. A majority (83 per cent) of mothers in the study were employed in paid labour (although many worked part time), yet most had chosen or changed careers early in their childrearing years to reflect the existing childcare conditions. Mothers took on flexible jobs, or jobs that required less active time at the workplace, and some took time off to stay home with the children in the early years. As a result, many of the partnered women in the study earned lower incomes than their partners and/or were employed in careers that demanded less time. Single mothers were the ones that struggled the most, as they were not able to reduce their workload and depended heavily on extended family for assistance. When the pandemic hit, many mothers had already sacrificed some aspect of their careers to care for their children. The expectation of the neoliberal state is for families to be largely responsible for childcare needs. The pandemic childcare crisis was merely an extension of the existing political and economic structure that is already heavily reliant on women's unpaid labour.

The third theme that contributed to a lack of outrage was the entrenched gendered division of labour. Overall, mothers took control of remote schooling, additional childcare, and household chores during the pandemic. Although over 70 per cent of mothers in two-parent households reported that their spouses became more active participants within the households and increased their labour to levels higher than prior to the pandemic-induced shutdown, mothers continued to function as the anticipator, planner, and manager of the household. Mothers in two-parent households reported that this pattern was a result of the division of labour in the early years of childrearing—when many mothers, in the absence of affordable childcare or faced with taxing work schedules, moved out of high-pressure paid work and took on more responsibilities at home. Men were viewed as less capable at managing or less invested in what mothers deemed important facets of household management and childrearing.

Some of the possible policy implications that come out of this study centre

on the need to increase state support for childcare as well as universal parental leave. The majority of mothers (86 per cent) believed that childcare is (and should be) a function of public schools. They also maintained that the state should play a role in providing early childcare. All mothers pointed to the lack of government childcare programs, high cost of daycare, lack of meaningful parental leave, and increased precarity in the labour force as the most important factors that led to the kind of job and career choices (part-time work, flexible occupations, and lower pressure careers) that resulted in unequal economic power in the household. Family-oriented policies—such as mandated parental leave, early childcare, free after-school options, and summer and vacation childcare—can begin to dismantle the continued gendered labour force in and out of the household. For women to be able to fully participate in the paid labour force, the state needs to position itself as a partner in childrearing and shift the onus of responsibility from an individual, family-based ideology to a communal one. To be certain, intensive mothering is a result of both external pressures and entrenched socialization, yet the experiences of the mothers in this study suggest that the lack of support for working mothers serves as a catalyst for the entrenched socialization of this ideology.

Intensive mothering has been dominant in the discourse of parenting and mothering for decades. Even though the pandemic has exacerbated the demands on families in general and mothers in particular, mothers continue to view their successes and failures as mothers through this lens. The sacrifices of sleep, mental and physical health, careers, and personal pursuits were, while wholly lamented, pillars of self-worth used in the construction of ideal mothering during the pandemic. Mothers have deeply internalized the messages of motherhood as a gendered martyred role, and the larger societal failure to provide parents with a safety net during this time underscores the role of mothers as intrinsic providers of unsupported care. As one mother said to me: "The pandemic just highlighted what we [mothers] have already been doing. We have been doing it all with little help from day one. This is really not that different."

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ABIGAIL CONNOLLY

"Being a Mother in the Pandemic Was Intense": Lived Experiences of the COVID-19 Pandemic in Britain and Japan.

In a world where not one country has achieved gender equality and where in every country women do the majority of unpaid carework, socially constructed gender norms perpetuate women's secondary status to men. The deep-rooted association between femaleness, caregiving, and the domestic is linked to the idea of female bodies as potential maternal bodies. When women become mothers, the social locations of gender and parental status intersect to exacerbate inequality.

Through qualitative research with online communities of English-speaking mothers in Britain and Japan, I examine how and why the female caregiver norm affected lived experiences of the COVID-19 pandemic. During the pandemic, "motherhood" as oppressive institution and "mothering" as positive experience were both visible in the highs and lows of lived experiences. Different-sex couples often decided it made sense for mothers to do more unpaid care, even to the detriment of their careers and wellbeing and going against their gender-equitable beliefs. Mothers felt guilt for their perceived failure as an intensive mother, ideal worker, and wife/ partner. However, mothers still enjoyed and valued this time with their families.

Gender-blind government responses to the pandemic against a backdrop of existing gender inequality saw many mothers performing the role of traditional housewife alongside homeschooling and paid employment. My findings support the case for gender transformative macro-level policymaking and crisis response, which mitigate the invisible influence of the female caregiver norm on household-level decision making. Furthermore, to achieve gender equality, we must raise the status of care in society as something everyone needs and everyone can give.

Introduction

There has been an alarming lack of public health research with a gender dimension (Smith), and gender analysis was lacking at global and national levels as the COVID-19 crisis emerged (Wenham et al.). Gender parity was set back a generation by the pandemic and has not recovered (WEF). This article presents a snapshot of the early COVID-19 pandemic captured through the lived experiences of English-speaking mothers in Britain and Japan. It contributes to knowledge of the gendered impact of the pandemic, specifically on mothers.

I first introduce the key concepts of gender, motherhood, and cooperative conflict before describing the context of Britain and Japan. After outlining the multi-method qualitative research design, I share findings under four themes: what "made sense"; social media; family; and time. Findings support the case for policies that proactively mitigate the influence of gender norms on everyday decision making and for elevating the status of care in society.

Key Concepts: Gender, Motherhood, and Cooperative Conflict

Lived experiences of mothers in the pandemic can be understood in the context of the social structure of gender (Acker; Risman), the institution of motherhood (A. Rich), and cooperative conflict between different-sex couples (Sen; Agarwal). Gender is "one of the most obvious criteria of social differentiation," forming the "basis of economic, political, and social inequalities" (Acker 936) as a significant dimension of social stratification where women have a lower status than men. As a social structure, gender is "embedded at the individual, interactional, and institutional" levels (Risman 446), constrains choice, and shapes daily lives (432). Gender norms define acceptable behaviour for men and women as part of the gender system alongside gender roles (male breadwinner/female homemaker); gender socialization (raising children for gender roles); and gendered power relations (patriarchy) (Cislaghi and Heise 410). Gender norms and roles are amplified in parenting through different societal expectations for mothers and fathers (Aarntzen; Risman). The femaleness of care is connected to the female body as a maternal body, with mothering "the archetypal caring relationship" (The Care Collective 33). Yet care has a low status, as it is the traditional "domain of women, servants or others deemed inferior, whilst simultaneously serving to reinforce the notion of that inferiority" (27–28).

Adrienne Rich distinguishes the positive lived experience and identity of "mothering" from the oppressive institution and ideology of "motherhood." Within "motherhood" is the expectation for the mental load of anticipating the needs of the family to be carried out invisibly by women (Emma). Intensive

mothering beliefs place responsibility for child welfare with the mother who should devote all her resources to childrearing (Hays). For fathers, care is masculinized, as "providing for" in the male breadwinner role, thus reinforcing the gendered division of labour (Jordan 23). The masculinized ideal worker norm demands that employees are devoted to and available for work, unencumbered by caregiving responsibilities (Williams). The incompatibility of caregiving responsibilities and intensive mothering with the ideal-worker norm pushes some mothers out of the workforce and "creates stressful lives" for those who stay (Risman 442). Internalization of the female caregiver norm leads to greater work-family guilt among mothers than fathers, influencing their work decisions (Aarntzen et al.). Furthermore, employers may assume women are less capable or committed because of actual or potential unpaid care responsibilities (ILO). This discrimination contributes to the motherhood pay gap (Grimshaw and Rubery) and maternal wall (Williams).

In this socioeconomic context, different-sex couples cooperate to increase the total resources of the household while in conflict over how resources are used and the division of labour (Sen). Gender norms influence this cooperative conflict, including the boundaries of what can be bargained at home and negotiations in the labour market (Agarwal). Household level decisions serve to reinforce gender norms in society, as women "may 'choose' part-time or informal work that can be combined with these unpaid [care] responsibilities" so that "men 'specialize' in paid work while women 'specialize' in homemaking" (UN Women 82). Thus, in every country of the world, women do most of the unpaid carework (ILO).

Background: Mothers in Britain and Japan

As a British mother living in Japan, active in online communities, I had an opportunity to simultaneously document the lived experiences of mothers on two continents, as March to May 2020 saw school closures and the introduction of COVID-19 control measures in both countries.[1]

Comparable in size, these island nations are densely populated as well as high-income industrialized democracies with constitutional monarchies (Totman); both have failed to make progress on gender equality in the workplace (Giustini). Japan consistently ranks much lower in the Global Gender Gap Index (WEF), but the United Kingdom (UK) performs badly on economic gender equality compared to its European neighbours (Giustini). Britain and Japan have female employment rates at around 70 per cent (Gender Equality Bureau), but women are disproportionately in precarious part-time, contract, and lower-paid jobs (Brinton and Mun; Giustini; Grimshaw and Rubery; Yamamitsu and Sieg). The ideal-worker norm persists in both countries, although Japan has a more demanding work culture, and actual or

potential unpaid care affects women's employment, especially if they become mothers (Brinton and Mun; Cook; Giustini; M. Rich; Taylor et al.). Britain has "weak policy support for working mothers" (Grimshaw and Rubery 25) and the most expensive childcare among high-income countries (Cook and Grimshaw; Fawcett Society). Mothers in Japan also struggle as half of working women leave the workforce, at least temporarily, when they become mothers (Gender Equality Bureau). Intensive mothering beliefs are strong in both countries (Budds et al.; Kobayashi et al.; Koyama) coupled with negative attitudes to working mothers (Giustini). Furthermore, intensive mothering ideology is disseminated by mothers online through social media, crossing international boundaries (see Verniers). Entry to parenthood sees the balance of unpaid carework between different-sex couples shift further to women (Kobayashi et al.; McMunn et al.).

Against this backdrop of gender inequality, COVID-19 control measures in Britain and Japan were informed by advisory bodies with low female representation and did not sufficiently consider gender (UNDP; Wenham and Herten-Crabb).

Research Design

This multi-method qualitative research aimed to capture a snapshot of lived experiences of the first lockdown in Britain and state of emergency (SoE) in Japan. The first data source is one private Facebook group for mothers in Britain and two in Japan, where all content is in English. I observed and participated in the groups for eighteen months, and I combined the template organizing method (Crabtree and Miller) with ethnographic content analysis (Altheide) to look systematically at 114 pandemic-related posts and 2,394 associated comments made from February to May 2020. The second data source is an online survey developed with parents and shared through social media in June 2020. The survey was completed by 212 mothers (Britain n=176; Japan n=36). I focussed analysis on the 183 respondents who had a male spouse or partner living with them (Britain n=149; Japan n=34). The third source is ten semi-structured interviews with survey respondents, conducted on messaging apps (Britain n=6; Japan n=4). I developed a coding framework and identified themes. This research has ethical approval.

Findings

I present findings under four themes (what "made sense", social media, family, and time) alongside the images which I created to share findings with the Facebook groups (see Figures 1-5). Quotes are anonymous, used with consent, and referenced by country, ages of children (if known), and source. One

mother described the findings summaries as confirming her "thoughts and anxieties" (Japan, Facebook). Participants were positive about their experience in the research: "I really appreciate you allowing me a forum to say all this stuff!" (Britain, infant and three, interview); "Thank you for listening to me complain!!" (Japan, fifteen, interview); and "It's great to know that I could put into words what many of us were feeling" (Britain, Facebook).

Doing What "Made Sense"

This theme addresses how mothers felt decision making about household division of labour during lockdown/SoE was influenced more by circumstances than preferences (see Figure 1).

What made sense

Who did housework / childcare / homeschooling when was decided by things out of our control:
who earned more
who was on furlough / worked less hours
whose employer was understanding
who could work from home

We did what made sense for the family.
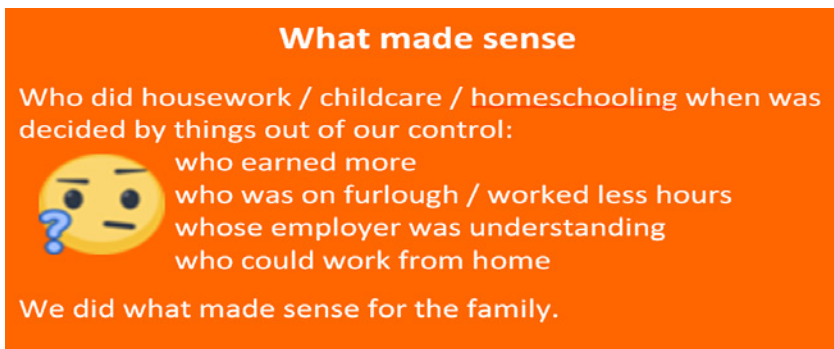
Figure 1: Findings Summary

Nine of the ten interviewees greatly increased time spent on unpaid care because of their employment situation, with almost two-thirds of survey respondents saying they were primarily responsible for unpaid care. Reasons given for this division of labour include maternity leave, furlough, male partners having to go out to work, and male partners having less flexible employers. These mothers expressed resignation, saying it "made sense," it "fell" to them, and they "didn't have a choice". One mother ran the household, a business, and took care of elderly in-laws as her husband had to go out to work. She, however, found the situation fair: "I am home too so it makes sense" (Japan, fourteen, interview). Others expressed frustration:

> So, before we even had kids (or got married) I was very VERY clear that I would do half and no more. Half the housework, half the childcare. No more. 50/50 or nothing. So, we've been able to maintain something pretty close to than [sic] until the pandemic, when his work became really important, and of course I became the person who had to keep the house running. (Japan, one and five, interview)

> I am a committed believer in gender equality, but I'm finding it so hard to live my beliefs. My work is much more flexible than my husband's, and as a result, I'm running the household and doing most of the associated tasks. Even when I'm not actually doing the tasks, I'm asking him to do them. (Britain, nine, survey)

The ability to negotiate with employers affected family dynamics. Some said husbands found it more difficult to work flexibly: "I'll decline meetings if she [daughter] needs me, or take her out for fresh air. My husband just keeps her in his office and doesn't feel comfortable stepping away from his desk. This has been a source of tension" (Britain, two and pregnant, survey). Another described working full time from home while her husband was an essential worker: "He helped as much as he could and took as many days off as he could, but his work wouldn't cut his hours regularly, so that was hard" (Japan, two and seven, interview). One mother was relieved not have to negotiate with anyone:

> I am thankful I am on mat leave and not trying to work from home and provide childcare as well. I think this would really have put pressure on our relationship in whose work gets prioritised when we both work in high pressure jobs. […] our roles are more conforming to traditional wife/ husband roles but I think that is by virtue of me being off work. (Britain, newborn and two, survey)

Of survey respondents, 9 per cent said their husbands became the primary caregiver in lockdown/SoE out of necessity. However, mothers who did less unpaid care than their partners also experienced feelings of guilt (see theme four). For 10 per cent of the survey respondents, they recognized a shift to more equitable division of unpaid care: "I don't share the childcare with my partner, but he has been doing twice as much as he did before the pandemic" (Japan, school-age, survey). Being at home allowed some fathers to take on some mental load: "The biggest change from the pandemic is him knowing our daughters [sic] routine and growing in confidence to manage it himself and not asking me questions and anticipating her needs more" (Britain, two and pregnant, survey).

However, all survey respondents in Japan and 97 per cent in Britain said they "know what needs to happen when" for the family; they carried the mental load of whether to do a task. Furlough, reduced work hours, or presence at home for fathers did not always translate into increased carework. Mothers were eager to explain: "It's a massive adjustment for my husband" (Britain, three and nine, survey); "This looks like my partner won't help, but in reality, he just doesn't always know how" (Britain, two, survey); "My husband has a brain full of his work things" (Japan, nine and twelve, survey); "He doesn't enjoy having so much involvement in the childcare, so I feel like I can't ask

him to do anymore" (Britain, one, interview); and, "With a new, breastfed baby, I didn't feel like there was much he could do" (Britain, newborn and three, interview).

Evidently, choices in lockdown/SoE were constrained by circumstances and influenced by gender norms.

Social Media: Support and Stress

During social distancing, the Facebook groups were sources of trusted information and social support. At the same time, mothers got overwhelmed by information that was not always useful and felt inadequate when comparing themselves to others (see Figure 2).
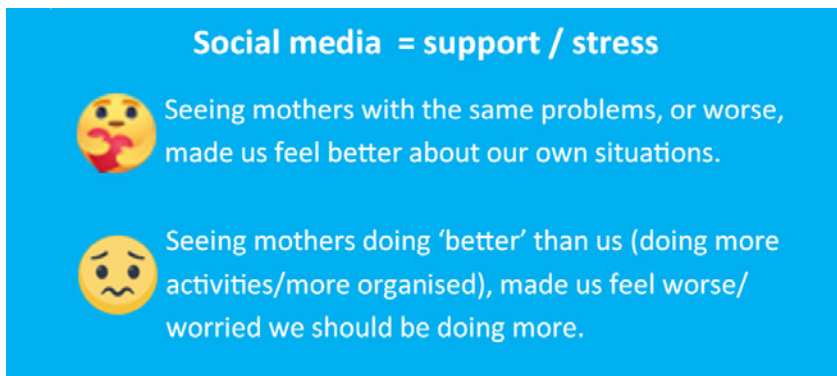
Figure 2: Findings Summary

Mothers sought trusted information and advice from peers. Of the Facebook posts I reviewed, 60 per cent contained some form of information sharing, and 20 per cent contained a request for information. The associated comments contained official information, personal experiences, advice, humour (including memes), and venting. As the Facebook groups are private, they are conducive to sharing personal experiences. Information posts fell under the following categories: food (e.g., shopping and cooking); education (e.g., homeschooling and early years activities); and health and hygiene (e.g., COVID-19 prevention and testing). The English-speaking mothers in Japan were especially reliant on peer support for finding information in English and for translating information in Japanese to English.

Mothers felt supported by reading posts from others like them who were having similar experiences: "It was comforting to know that other people were feeling a little lost and trying to find solace with other like minded [sic] people" (Britain, two, seven, ten, and pregnant, interview). Another described reading posts on one Facebook group a particularly good source of support, "just from

knowing I'm not alone", but found other groups less helpful because those mothers were having "really different experiences" to her (Japan, two and seven, interview). Mothers recognized they faced different challenges in lockdown/SoE depending on the ages of their children.

Mothers also described being "overwhelmed" and "swamped" by information online: "I'm considering taking myself off FB [Facebook] for the next few weeks, as it is pushing my anxiety levels through the roof. I'm trying so hard to keep calm and carry on until I read yet another 'fact' and then I start to crash" (Britain, Facebook). Another said, "I have started to avoid it [social media]" (Japan, fifteen, interview). Sometimes information did not solve the problem: "I think we have all the tips in the world. But what is actually happening to other mums who have got to fit preschoolers childcare and full time [sic] work?" (Britain, Facebook). Seeing peers online seemingly doing well contributed to guilt and stress:

> Theres [sic] a lot of unspoken competition with parenting, and I think in the pandemic it was sometimes hard to see people who looked like they had it all together (baking, homeschooling, doing activities like camping in the garden, etc.) when sometimes I was just making it though the day (Britain, two, seven, ten, and pregnant, interview).

Mothers used social media to seek and share trusted information from peers but risked information overload. They could validate their own experiences and feel supported but risked developing feelings of failure by comparing themselves to others.

Family: Never Alone, Feeling Alone

The early days of the pandemic were characterized by extreme highs and lows: "Lock down [sic] was a real rollercoaster" (Britain, three, survey). Survey respondents gave three words to describe the lockdown/SoE, and most words described feelings, almost 70 per cent with negative sentiments (see Figure 3). Half of the respondents gave a mixture of seemingly incompatible positive and negative sentiments, for example "stressful, relaxing, scary." It was "enjoyable" yet "monotonous" and "liberating" yet "claustrophobic." The juxtaposition of "family" and "lonely" in Figure 3 speaks to mixed lived experiences on the theme of family.
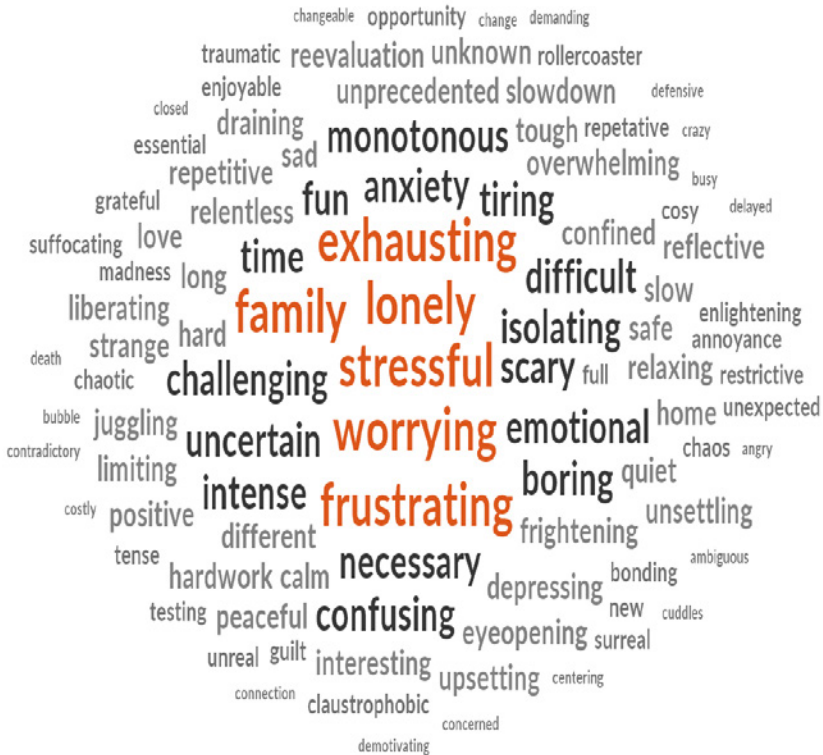
Figure Three: Survey—What Three Words Would You Use to Describe the Lockdown/ SoE?

When asked what positive aspects of the lockdown/SoE (if any) they would like to continue, 67 per cent of respondents living in Britain and 53 per cent in Japan mentioned spending time with family. For some, increased time spent together strengthened family relationships: "Our children are much closer to their father. Previously mum was always the only person they wanted, but now they are asking for Dad to do things with them and wanting to cuddle Daddy" (Britain, survey). Mothers in Japan described increased contact with family members abroad through video calls. However, the Japanese government did not legally require people to stay home and when I shared figure three on Facebook, one mother in Japan commented that her husband had to work in another city so "family" did not describe her experience.

Mothers valued this time with family, but it was also difficult: "Being a mother during the pandemic was intense. There was very little alone time…. It was amazing to have this uninterrupted time together, but it's a double

edged sword" (Britain, two, interview), and "it has been a very strange experince [sic] going from really enjoying spending time with kids to being sick of each others [sic] faces" (Britain, five, survey). Despite never being alone, mothers felt isolated: "Unless I phoned family, there was no interaction outside of the children. It was very lonely a lot of the time" (Britain, three and infant, interview). English-speaking mothers in Japan felt "cut off from the community" while their partners went to work (Japan, two, survey). There were downsides to social media (see theme two), but the Facebook groups were online communities where mothers could connect.

Family: Never alone, feeling alone

We enjoyed being with family (more than we thought). Eating more meals together was great.

We needed a break from family. We felt isolated. Sometimes we just needed support from mum friends (not husbands/partners).
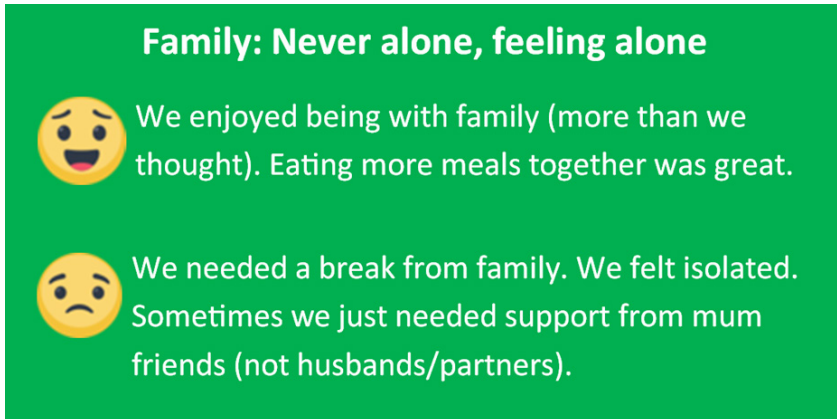
Figure 4: Findings Summary

Overall, deeper connections with family were possible and valued, but mothers still felt lonely and disconnected from external support (see Figure 4).

More Time and No Time

Another dimension of the highs and lows of lockdown/SoE was mothers' experiences of time (see Figure 5).

Mothers enjoyed less "rushing" and "clock watching"; they had fewer commutes, extracurricular activities, and in-person events. Three quarters of survey respondents made positive comments about time. A quarter of survey respondents mentioned they had more time for food-related activities (e.g., family mealtimes, cooking, baking), which they wanted to continue post-pandemic.

More time and no time

No commute, no after school clubs, no rushing around, no plans at weekends … more time.

Constantly switching tasks from work to childcare to housework to homeschool. Relentless.
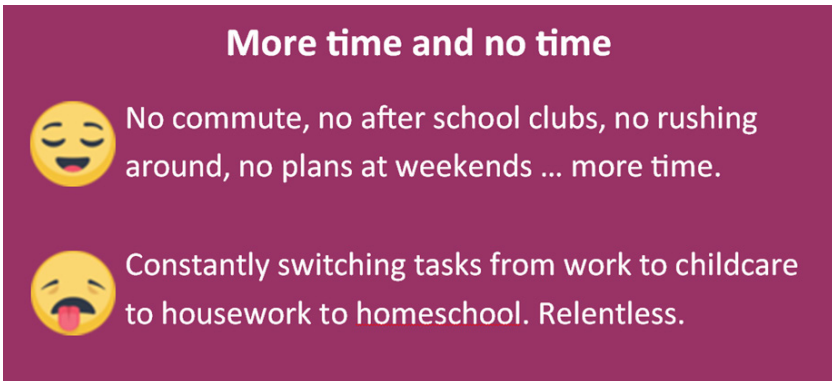
Figure 5: Findings Summary

However, time was also a source of stress, connected to mothers retaining the role of family organizer (see theme one). The indeterminate length of the lockdown/SoE and the pandemic was challenging: "How long will this last? When will life return to 'normal'?" (Japan, nine and twelve, survey) and "It was so hard to plan a structure or rhythm without an idea of the light at the end of the tunnel" (Britain, two, interview). Mothers with paid employment had their working day extended, fragmented, and interrupted: "My working hours are squeezed in early and late while I try to keep the little ones quiet so my partner can have meetings in peace" (Britain, two, four, and sixteen, survey). Another, whose husband went out to work, described a typical day:

> I would work 5am-7am then do breakfast, bath, dress, set up kids [sic] activities, work 10-11 then cook and eat dinners baby would then nap from 12-1:30 so I would work then but [the] older two by this point were always arguing, fighting, bored, annoyed, so it wasn't a pleasant or productive work time … check emails at 4:30pm … bedtime routine from 5:15-7pm … At 7:30pm Id [sic] start work again until 10pm. (Britain, seven, four, and infant, interview)

Time pressure affected mental health: "I can't continue to work with all three or two or even one [children] home and keep my sanity … I already feel beyond breaking point" (Japan, Facebook) and "It's just not possible. I find my mental health quickly deteriorating. I'm a little fed up with pretending it's doable if we have 'good organisation'" (Britain, two under four, Facebook). Mothers saw their careers being harmed: "My colleagues without children had no idea. None" (Japan, one and five, interview). Some parents "tag-teamed" and "muddled through" with no time together as a couple and less time for leisure or sleep: "I just wanted a break! Rather than going from task

to task, work to childcare and housework" (Britain, one, survey).

Family mealtimes were valued, but responsibility for food was time consuming: "Because my partner was working, it fell back on me to arrange food deliveries/work out how to get food into the house (pandemic shopping with child [is] not easy!)" (Britain, two, interview). Another described how food affected her employment:

> Constantly having to make sure there was enough food in the house for the next few days as I didn't feel I could take the kids into the shops, constantly making sure there was food they would both eat, constantly ensuring I didn't miss deadlines at work (I did of course), constantly trying to carve out time for my own work. (Japan, one and five, interview)

Lack of time was linked to guilt: "Guilt—not doing enough work / not spending enough time with children / not helping husband enough" (Britain, two and five, survey). A mother who was the primary earner described "mummy guilt" for not spending more time with her children "Despite seeing them more! I wonder if that is some internal sexism where I feel like i [sic] should be doing more than my partner, or if it's just harder to disconnect at work when it's in the home and they're here too" (Britain, one and four, survey). Another felt guilty for the impact on her husband: "It made my spouse feel vulnerable to take unpaid leave from his work to care for the child, although that was the best decision for the family. I also felt really guilty for the time I took to work, knowing how exhausting all day with a toddler could be" (Japan, survey).

Time was precious and affected mental health. Lack of time caused stress and guilt, but spending time with family was valued. Breaking from routines could be freeing, but mothers also struggled to fit everything into each day.

Discussion

Alongside the lows of "motherhood" were the highs of "mothering" experience (A. Rich). The findings show that mothers did enjoy and value family time, so the narrative of mothering in the pandemic should not be entirely negative (see also Craig and Churchill; O'Reilly; M. Rich; Shibusawa et al; Weaver and Swank). However, the lived experiences of these mothers in Britain and Japan were shaped by circumstances characterized by structural gender inequality and by gender norms, which influenced decision making about the division of labour at home and even how the mothers felt about those decisions.

Cooperative conflict (Sen) was visible in the findings, as mothers described rational decisions for the good of the household within the constraints of their employment and the rules of lockdown/SoE. However, their choices were also

constrained by the social structure of gender (Risman). It "made sense" for mothers on maternity leave, furloughed, with lower-paid or part-time work, or who had been made redundant to take on more unpaid carework and adjust any paid work (Craig and Churchill; Fawcett Society et al.; Yamamura and Tsustsui). Yet it is because they are mothers that they were more likely than their husbands/male partners to be in those situations (Alon et al.; Andrew et al.; Cook and Grimshaw; Yamamitsu and Sieg). Mothers did more unpaid care to the detriment of their careers, long-term earnings, and mental health (Alon et al.; Fawcett Society; Hupkau and Petragolo; Oxfam International; Yamamura and Tsustsui).

The influence of gender norms on what happened to mothers in lockdown/ SoE could also be seen in the findings (Agarwal; Ferrer and Parvez Butt). Division of unpaid labour between mothers and fathers cannot be fully explained by working hours or earnings (Andrew et al.). Expectations of mothers as caregivers (Hays) and fathers as ideal workers (Williams) affected how policies were implemented and rules interpreted. For example, some mothers in this research said employers were less accommodating of fathers' unpaid care responsibilities (Cook). During the first lockdown in England, mothers were more likely than fathers to do paid work while supervising children and experienced more interruptions (Andrew et al.). In Japan, if fathers had to be present in the office, then mothers of younger children stayed home (Yamamura and Tsustsui). The UK furlough scheme disproportionately excluded women, and some employers discriminated against mothers in its implementation (Cook and Grimshaw).

Gender norms also affected how mothers felt about the situation. Mothers in this research variously expressed guilt for the following: conforming to traditional gender roles; not being the primary caregiver; failing to reach intensive mothering ideals as displayed on social media (Connolly; Verniers); failing to pass as an ideal worker (Williams); and not being a supportive wife/ partner. Work-family guilt connected to gender stereotypes affected mothers more than fathers (Aarntzen et al.). If the father was at home or had reduced work hours, they did not necessarily increase their unpaid carework accordingly (Andrew et al.; Wenham and Herten-Crabb; Yamamura and Tsustsui), and this was often justified by the mothers in this research (see also Fawcett Society et al.). If the father became primary caregiver, the mothers in this research carried the mental load in a context of uncertainty, where being well organized was praised on social media (Connolly).

It was known that "gender inequities exacerbate outbreaks, and responses that do not incorporate gender analysis exacerbate inequities" (Smith para 2) and that the surge in need for carework in the COVID-19 pandemic would disproportionately affect women (Wenham et al.). Yet the British and Japanese governments did not respond with gender-sensitive policies, and the female

caregiver/male breadwinner roles were reinforced (Ferrer and Parvez Butt; Yamamistu and Sieg; O'Reilly).

Working from home was not a gender-transformative government policy in 2020; it was a response to a public health emergency. There was hope that the normalization of flexible working and home working in the pandemic could help shift social norms (Alon et al.; Hupkau and Petrongolo) along with the increased involvement of fathers at home (Andrew et al.). However, the lived experiences of these mothers in Britain and Japan showed how gender norms were often replicated. As we emerge from the pandemic, mothers are still more likely to work from home and/or flexibly in order to do more unpaid carework (Cook; Taylor et al.), risking exclusion from career advancement and lower levels of wellbeing and motivation (Deloitte; Hupkau and Petrongolo).

Although these lived experiences are not generalizable, the findings are consistent with other studies in reflecting the highs and lows of the pandemic (see O'Reilly). I did not measure or control for ethnicity, income, or education level to allow rapid data collection by survey and because it was not feasible to collect that information from the Facebook groups. For Japan, I was only able to review literature published in English.

Conclusion

Gender norms affected mothers' lived experiences of lockdown/SoE in Britain and Japan in their socioeconomic circumstances, division of labour at home, and how they felt about their situation. These findings support the case for gender transformative macrolevel policies and gender-sensitive crisis response designed to mitigate the effect gender norms have on meso and microlevel decision making, ultimately aiming to shift those norms. Even the mothers in this research who held strong beliefs in gender equality found it did not "make sense" to live those beliefs at a time of crisis. Norm change requires policy changes and wider changes in discourse (Cislaghi and Heise). The lower status of care and of females and the enduring association between the two must be dismantled for mothers and fathers to thrive in gender-equal societies around the world.

Endnotes

1. Schools in Japan closed on March 2, 2020. The SoE began on April 16. Most schools reopened by June, but after-school clubs, preschools, and daycares were not fully open until July. Remote working was requested by the government but not permitted by all employers (M. Rich; Yamamura and Tsustsui). Britain went into a legally enforced lockdown on March 23, 2020, which eased in June. Most children did not return to school until September. Only essential workers could travel to work.

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GRETCHEN A. GOOD, JANE LEE, AND KAREN MCBRIDE-HENRY

Parenting during a Pandemic: Mothers and Disabled Children in Aotearoa/New Zealand— A Hidden Minority

Every country has its own COVID-19 pandemic story; similarly, every family has their own experiences of lockdowns, isolation, illness, death, struggles, and resiliency related to the pandemic. Although myriad narratives appear about these familial and societal experiences, few explore those of mothers of disabled children; these have been largely invisible, and as a result, this minority group and their needs have failed to be addressed by those who make decisions and plan for public health crises and for the subsequent recovery.

Autoethnography, a qualitative method that coalesces personal experience and research literature to advance sociological understanding, underpins this exploration. The authors are New Zealand/Aotearoa mothers of disabled children. Our approach employs autoethnographic reflection about our pandemic experiences to create meaning, forge identities, and explore power structures. Connections of our family stories enable the creation of an understanding of what has happened in our communities.

The authors' reflections on their pandemic experiences are woven together with stories of how governments, schools, public health organizations, disability organizations, healthcare providers and communities directed us and responded to or failed to address our needs. We have identified five interwoven themes throughout our stories: anxiety, invisibility, devalued lives, coping, and advocacy. Together, as an outcome of the autoethnographic study of our pandemic experiences, we offer ideas for survival to pass on to mothers for future disasters and crises. Furthermore, we have developed recommendations for organizations and others living with disability.

Like other countries, Aotearoa/New Zealand (Aotearoa) has its unique experience of the COVID-19 pandemic and the associated lockdowns. There are stories that highlight the pandemic's impact on communities, families, and individuals. These stories exist across myriad life intersections and include

experiences of lockdowns, unexpected deaths, illness, and health system crises. In addition, many people experienced career changes, altered working patterns, and financial challenges because of the pandemic lockdowns. There were also relational stories of new friendships and families and partnerships flourishing. But for some, these involved struggling and endings (Boschee Ellefson). Narratives about domestic violence and bored school children as well as stories of gardening, joining fitness programs, bird watching, and sourdough bread baking have emerged in the media (Knight), and slowly these stories are appearing in research (Lee et al.).

Literature is beginning to emerge about mothering and COVID-19 exploring its effects on mothers with disabled children (Hochman; Power). Yet the small yet growing body of literature is primarily focussed on clinical issues, such as pregnancy and antenatal care (Goyal et al.). For example, one study from Saudi Arabia quantitatively compared quality of life (QOL) of mothers of nondisabled and disabled children during the COVID-19 lockdowns (Awaji et al.). Mothers of disabled children reported significantly lower QOL, had higher support needs, and had significant concerns about the deterioration of their children's medical conditions and about obtaining medical supplies. Petri Embregts et al.'s qualitative research concerning the Netherlands, which involved interviews with five mothers, highlighted that mothers of disabled children needed respite from their caring responsibilities. They also required advanced coping skills to assist their children for prolonged periods. The mothers in this research relayed that they needed the support of educators who could provide them with the tools they needed to continue their children's education during periods of isolation. Most recently, some autoethnographic studies have explored the issues of mothering disabled children (Bonnitcha; Brulé; Pozniak and Kraus de Camargo). These emerging stories have begun to address the trauma of lockdowns, the injustices of remote learning, and the challenges of securing paid carers; these researchers have also started examining some of the long-term effects of the pandemic on mothers and children.

We, the authors of the reflections contained in this article, are mothers of disabled children in Aotearoa. We have coped with the pandemic, lockdowns, and recovery period. Our specific needs are largely unknown, and our struggles before, during, and in what we hope is the aftermath of this pandemic, have gone unnoticed. We are an invisible minority; this partly stems from a lack of time and energy to tell our stories. When we have spoken, made submissions to official bodies, involved the media (Good; Good and Lee; Stuff.co.nz National Education), and tried to tell our stories, our employers, unions, governments, health systems, schools, and communities have not heard us or taken action. Disabled adults, children, and their families were forgotten in the COVID-19 pandemic and have also been ignored in its recovery as well as

in the planning for future disasters.

We do not yet know how mothers with disabled children have managed to conduct home-based therapy programs while negotiating healthcare systems, schools, and government mandates. Furthermore, there are few insights into how working mothers of disabled children managed the practicalities of supervising and educating children with significant educational and support needs while maintaining their familial relationships as well as their careers. With our stories we wish to let our families, schools, employers, and communities know that disabled children, their mothers, and their families need more support. Their lives need to be valued and changes need to be made.

Aotearoa, Disability, and Parenting

Aotearoa is a country of five million people, with an estimated 24 per cent identifying as disabled. Estimates are that 11 per cent of children aged between zero and fourteen years are disabled (Statistics New Zealand), and the top three impairment types for children are learning difficulties, psychiatric or psychological impairments, and difficulty with speaking (NZ Ministry of Health). Most commonly, impairments were reported to be present at birth (NZ Ministry of Health). Despite its commitment to social service provision, and its reputation for its universal, tax-funded national health service and no-fault accident compensation scheme, health inequities for disabled people persist (Goodyear-Smith and Ashton; Perry et al.).

No research has been identified that explores the experiences of mothering during the pandemic within the context of Aotearoa. However, before the pandemic, Charissa McBride et al. researched the experience of parenting disabled children (children with severe food allergies) in Aotearoa. Participants reported challenges in accessing information and appropriate healthcare; they reported being socially isolated and experiencing negative public judgment, anxiety, and stress as shared experiences. They cited difficulties in ensuring their children are safe at school, and the cost of living with a disability was challenging. In another study conducted about parenting disabled children, before the pandemic, Carey-Ann Morrison et al. wrote about Aotearoa parents and their need to advocate and be activists on behalf of their disabled children. In this research, parents shared accounts of family life with disabled children in which the child's needs were not met, their rights were not honoured, and they received inadequate support across education, social, and health spaces. These authors explored how nondisabled parents of disabled children faced and countered ableism in Aotearoa and then fought for positive social change. Jane Lee researched the experiences of single-mother-led families with disabled children in Aotearoa, and her research highlighted the impact of social isolation, loneliness, and socioeconomic challenges on these families as

well as the lack of information and support they received; Lee, however, also highlighted ways that single mothers with disabled children recrafted their identities in a positive way. In addition, Gretchen Good et al. explored advocacy as disabled and nondisabled mothers of disabled children in Aotearoa ("Social Model Mothers"). In this article, our stories, which are told in a series of unique reflective and autobiographical essays, include the experiences of disabled and nondisabled mothers and the challenges we faced during the 2020-2022 COVID-19 pandemic in Aotearoa. From these essays, we develop and offer lived-experience recommendations for social transformation for a more inclusive, safer, and less ableist country and world.

Methods

To fill the gap and advance knowledge about the experiences of mothers and their disabled children in Aotearoa throughout the COVID-19 pandemic, our essays employ an autoethnographic method, which uses our lived experience as mothers of disabled children. Autoethnography examines everyday reality to advocate for changes in policy and practice and to push for social justice for our families and others like ours (O'Hara); this approach to developing new knowledge has also been used by other mothers of disabled children (Zibricky). Autoethnography allows for imagination, innovation, and a range of voices while maintaining academic quality, rigour, and informative academic research (Stahlke Wall). Here, we will share our stories and then investigate shared experiences that can inform recommendations for change. In keeping with the autoethnographic approach that has guided this research, and since the cultural context forms the basis for any ethnographic reflection, our telling begins with an explanation of the context, which weaves together literature, research, and our experiences. The individual essays are then offered within the contextual matrix.

Our Cultural Context: The COVID-19 Pandemic and the Aotearoa Experience

Aotearoa 2020

Aotearoa had one of the strictest lockdowns in the world, and on March 26, 2020, we were required to self-isolate; the New Zealand Government gave us 48 hours' notice to prepare. The lockdown aimed to eliminate the COVID-19 virus. Lockdown meant that our borders were closed to international travellers; citizens and permanent residents who did return to Aotearoa were required to undergo two weeks of isolation at government-managed hotels guarded by the army. There were travel restrictions, as people could only visit their local area, as well as a contact tracing requirement. All education also moved online

(Baker et al.). Essentially, we all stayed home unless purchasing food or accessing healthcare. There was a general sense of cooperation with, and acceptance of, this approach to prevent the spread of and eliminate COVID-19 within our community; New Zealanders were labelled the "Team of Five Million," and the government worked hard to regularly communicate with us (Beattie and Priestley; Good et al., "Access"). The result of this initial lockdown led to COVID-19 being eradicated, and after approximately nine weeks of strict isolation, we were essentially able to return to normal everyday life in Aotearoa. This was celebrated as a national success; however, the families who relied on support from special educators, carers, or therapists to support disabled children were left reeling, as they tried to recover and revive support systems that in many cases had taken years to build. Support had dissolved (Ministry of Social Development; Stuff.co.nz National Education).

Aotearoa 2021

Aotearoa returned to a strict lockdown again in response to the arrival of the Delta variant in August 2021; this lockdown lasted for three weeks. Once again, schools closed, and all but essential workers remained at home. For those with disabled children, it meant being schooled at home with little school support, and no additional carer support in the form of respite care or extended family. In addition, therapy appointments were cancelled. The lockdown in Auckland, the largest city in Aotearoa, continued for months, and internal borders around Auckland, where the Delta variant was prevalent, were enforced. Fines and arrests were imposed upon those who breached the borders. All other locations could return to a "new normal"; this meant we needed to wear masks when we were in public spaces and track those whom we came into contact with to minimize the impact of spreading the virus.

In 2021, Aotearoa began to distribute vaccines; there was a requirement that all those who worked in health, disability services, and education be vaccinated. These measures helped us to feel safer, yet COVID-19 continued to impact disabled adults and children in disproportionate ways, which remained largely unrecognized (Ministry of Social Development; Stuff.co.nz National Education; Good et al. "Access"; Roguski et al.).

The lessons learned from being in our first lockdown had a positive impact on the second lockdown. For example, additional services were available, such as online delivery of goods and educational materials. In addition, schools had developed approaches to support families through the provision of online lessons. As a result, to a certain extent, the 2021 lockdown was easier. However, the experience remained overwhelming for mothers of disabled children (Stuff.co.nz National Education); this group of mothers struggled immensely because of the extensive workload associated with caring for their disabled children. The fear of COVID-19 and its impact on disabled children

or disabled parents required many families to isolate more extensively than others. Moreover, the experience was made even more unbearable if mothers were also in paid employment and unable to take time off (Rogers et al.).

Aotearoa 2022

In early 2022, the Omicron variant managed to evade Aotearoa's strict border controls. As a result, Aotearoa's government introduced a new traffic light system to minimize the spread of the virus in the community. The new system no longer involved lockdowns. The effort to keep the pandemic at bay meant that virus fatigue set in, and the previous sense of unity within the Aotearoa community was changed by various anti-vaccination and anti-mandate factions (Wikipedia), which resulted in disruptive protests similar to those seen around the world.

Globally, social isolation and anxiety remained a great concern for parents of disabled children (Hill; Wanjagua). COVID-19 also continued to affect disabled adults and children and their families in Aotearoa despite the country's well-managed system to contain its spread. Disabled adults and children were abandoned in the sentiment that everybody will eventually be exposed to Omicron, and "only" those with underlying health conditions will be affected severely or die (Meredith). In 2022, children and teens had access to vaccinations and there were mask mandates in schools for a time, but few provisions were made to make vaccinations safe and accessible for disabled children. To further compound the challenges, no guidance was provided for children who could not understand social distancing or tolerate masks, or COVID-19 testing. As a result, families with disabled members struggled to manage isolation and illness. In September 2022, all mask and vaccine mandates were eliminated in Aotearoa, making the world suddenly seem like a much more dangerous place for vulnerable adults and children.

Our Stories

Our pandemic experiences in Aotearoa can be summarized with five overarching themes: anxiety, invisibility, devalued lives, coping, and advocacy. These themes are derived through our autoethnographic reflections and a deductive process that involved an in-depth collective analysis of each experience. These themes are presented within the narratives' context and woven throughout our stories; we invite readers to identify and engage with these emergent themes.

Our families' stories, like so many others', now include multiple deaths within our extended families and the inability to attend funerals or to help the children process these significant life events due to COVID-19 restrictions, which caused us to experience anxiety. Some of us had to make decisions to

keep children home from school and to continue to isolate as the Omicron variants surged throughout 2022; this resulted in feeling invisible and that our children's lives were devalued. These decisions had to be made without support from schools and communities, and as a result, we struggled to cope. As our family stories evolved, our message remains one of advocacy: Do not neglect the needs of disabled children and adults in planning for disaster or pandemic management and recovery.

Gretchen—The Burden of Planning, Coping, and Advocating

I am Mum to two children who each live with Down syndrome. My children also experience autism, ADHD, hearing and vision impairment, epilepsy, and immunosuppression. When schools closed and lockdowns were introduced, our family lost a morning carer, a beloved godmother who provided paid afterschool care, blindness specialists, speech therapists, occupational therapists, teacher's aides, teachers, hippotherapists at Riding for Disabled, Special Olympics coaches, dance tutors, and church and t-ball communities. Friends and neighbours, too, disappeared from our community. I am vision impaired and was using a wheelchair in 2020, and like my children, I am immuno-compromised, which has added to our anxiety, coping strategies, and advocacy challenges with COVID-19.

Our children, like many other disabled children, thrive on routines and relationships, which help to maintain their behaviour and wellbeing. They require intensive, one-to-one supervision and cannot be expected to learn independently or even play on their own while I work. They struggled to keep a safe social distance from others, wash their hands thoroughly and independently, and tolerate a face mask or COVID-19 testing. Their vulner-abilities became more pronounced and were the cause for much anxiety.

The anxiety of protecting my children took its toll on my sleep, productivity, and wellbeing; the children sensed this stress. At the first cough symptoms, we had to attempt testing for COVID-19, sending us into waves of anxiety, as we wondered how we could isolate one or more family members if necessary or manage a hospitalization. Medical appointments are a part of our regular life to maintain and monitor our children's hearing, vision, as well as their gastro and orthopaedic health, but many routine appointments were cancelled, yet we still had to make multiple urgent trips to the hospital. These trips were frightening. We preferred to remain safe at home in our bubble.

The teaching resources from schools, government, and online searches were not appropriate for our children. They required technology that our children had not mastered and intense supervision for every lesson. We managed to teach basics and attempted to keep up with sign language skills, speech skills, positive behaviour programs, and physical therapy. But we missed the expertise

of the educational specialists who adapt our children's learning programs, make enlarged visual and tactile learning tools for them, and lovingly support what we teach at home. We, as parents, had to cope and do it all. As mother to my children, I ended up creating learning materials each night, for each child, which robbed me of sleep.

Our children missed other adults and children and showed signs of grief, depression, and regression in their learning, speech, toileting, and social skills. We worked hard over the years to help the children master skills and regulate emotions and behaviours—facing regression was thus heart-breaking.

Blindness and other disability support agencies were limited in what they could provide in lockdown. Specialists could not go to their offices to enlarge or create tactile schoolwork or other learning resources. Peer support gatherings, parent support groups, and camps were cancelled.

We were stretched, tired, and worried, which affected our ability to be productive in our jobs. As the mother, I know I carried the bulk of the worry and responsibility for planning our days. We did not know how long the pandemic would last. When some children were allowed to return to school, ours could not because of medical fragility. For this reason, they were sent home from school earlier than their classmates, so we experienced lockdown at home for longer than most.

I read so much about how people used their lockdown time, and I admit to pangs of jealousy when I heard about people working without interruption, reading novels, watching Netflix, making crafts, baking, cooking, and organizing house and garden. There were endless Facebook posts about families creating elaborate and successful study schedules for their children. This did not happen in our household. We were isolated and invisible, yet nobody had any privacy, rest, or downtime.

In 2021, vaccines became available, and with that, a campaign began with other mothers to make vaccines accessible. Despite a dedicated disability government COVID-19 hotline, informed assistance has never been available in my experience. My children could not endure the invasive COVID-19 test and this, too, became a campaign—to find alternative, less invasive ways of testing disabled adults and children.

In August 2021, all of Aotearoa went back into our strictest lockdown level. This time, it seemed some lessons had been learned, and our family had better ways of managing a lockdown. We found some successful ways of scheduling and teaching our children. Zoom worked for some therapies and some social contact for my children. Schools supplied us with some appropriate learning materials, and we were allowed to order a broader array of items online, such as books, craft materials, toys, and games. I created some learning stories to help my children understand COVID-19, lockdown, mask wearing, and vaccinations. We were granted a travel exemption letter, which allowed our

family to travel out of our neighbourhood to run at a beach—a safe, open space.

The year 2022 brought me, as a mother to two disabled children, more difficulties than even the most severe lockdowns. Vaccine and mask mandates loosened, and I had to make difficult decisions constantly on how to keep my children safe from COVID-19. Despite raging Omicron variants, and more deaths and hospitalizations and cases than before, most children went to school, and we were expected to return to work. To keep our children safe, I kept them home and tried to teach them again. But this time, there was no community support or support from schools; friends were carrying on with their lives, and we were viewed as being overly anxious.

I have urged our Ministry of Health to make booster vaccinations and antiviral medications available to immunocompromised children. The advocacy work is difficult and time consuming, with few positive outcomes. I have not seen colleagues in twelve months. My mother, father, and dear aunt all died, and because our borders were closed, I could not travel overseas for their funerals. My children have lost skills we worked so hard on. We will have to start all over again by teaching them about attending church, behaving in a restaurant, sitting in a movie theatre, playing sports, playing with other children, using money, shopping with a list, and waiting in lines. The cost has been great. It has been a lonely journey. Our support system has not been rebuilt because of a severe shortage of support workers.

Where is the outrage? Where is the advocacy? Where are the non-disabled activists who have our backs? COVID-19 has been a wake-up call regarding the indifference disabled adults and children face from governments, employers, communities, schools, and even our villages of friends and families.

Jane—Single mothering, Bearing the Load, Feeling Invisible, and Trying to Cope and Advocate

I am a mother of seven children. Four of my children are still at home, and one of them is on the autism spectrum. I parent alone, work full-time, and study part-time. Prior to the first lockdown, I had a live-in babysitter who provided childcare and supported me with the overall running of my household.

I reflect on my life as a single mother of neurotypical children and a child on the autism spectrum going through the first lockdown. As with other families, there were a lot of unknowns and many changes in my household. My live-in babysitter understandably decided to return to her home country at the beginning of the lockdown. At the same time, my ex-husband and I agreed that he would move back into the family home for the duration of the lockdown to make coparenting simpler for us both. Due to lockdown requirements, we both began working from home, which involved negotiating to take turns

with the childcare role while the other completed paid employment obligations. Unfortunately, both of us living under the same roof only lasted a short amount of time, and for the rest of the lockdown, our household returned to just me and my children. My primary employment at that time was a face-to-face role as a social worker, and although I worked from home during the lockdown, I felt the anxiety of knowing I could not continue to work from home once the lockdown ended and my colleagues returned to their desks.

My three youngest children reverted to cosleeping with me, which was understandable during the uncertainty of the lockdown. Once our lives settled, over a matter of weeks, my neurotypical children were able to be coached back to sleeping in their own beds. For my child with autism, this took approximately a year.

During the lockdown, I received phone calls from service providers, checking to see how I was getting on. Although these phone calls were nice at the beginning of the lockdown, because the service providers could not actually do anything, the phone calls started becoming more of an inconvenience. At the beginning of the lockdown, I appreciated that they were checking in on me, but the novelty quickly wore off, and I thought to myself, *I am barely coping here, but there is nothing anyone can do to help me.*

My son with autism was receiving reading support at school, which ended when the lockdown began. Regular schoolwork was sent home for the final few days of the school term; however, my need to prioritize paid employment was greater than my need to supervise schoolwork, and my way of coping with this was to only supervise a minimal amount of schoolwork with my children. The school holidays during lockdown brought some relief. Still, the new school term brought with it the anxiety of the requirement for me to take on, once again, the role of home-schooling teacher alongside also being a mother and main breadwinner. I was mindful of not burning out.

The lockdown reminded me of how uniquely my son with autism understands and perceives the world. The social distancing rule of two metres was strict in his mind, and he worried that if someone came closer than what he thought was two metres, he would catch the virus. Seeing his distress pulled at my heartstrings, and I needed not only to emotionally support him but somehow soothe myself and hold back my own tears. I attended online workshops giving advice and tips on parenting during the lockdown. There was little to no mention of parenting disabled children and little mention of single mothers. My family felt invisible—present but not acknowledged or accommodated. I was expected to cope like a "normal" two-parent family with neurotypical children. I should have done more to advocate for families like mine, but it was taking everything I had just to cope and get through each day.

When the lockdown ended, I was lucky enough to find another short-term babysitter, and I returned to my face-to-face social work role. However, later

that year, I moved to a part-time capacity as finding suitable and sustainable childcare was proving too much of a challenge. At this time, I also needed people in my life to remember that my family would take a little longer to adjust to the postlockdown way of doing things. I wanted my family to be part of this rebuilding, of making a new normal where we looked after everyone, including families with disabled children. I wanted our family's perspective and experience to be valued.

In August 2021, our country went into another lockdown. This time our family felt more prepared, and it also felt like schoolteachers had more of a realistic expectation about what could be achieved by parents supervising schoolwork at home. Similarly, employers seemed to have more of an understanding of the juggling of parents who are employed. This was in stark contrast to the first lockdown, where my extra mothering responsibilities felt invisible, and I was barely coping, which placed an incredible amount of emotional strain on me. The weather was getting warmer, and we pitched our tent in our backyard and slept in it for quite a few nights. I was eligible to get vaccinated, and as soon as my children were eligible, they were vaccinated, too. Some days during that second lockdown were hard, but I could draw on the resilience that I had built up during the first lockdown. My son with autism was almost a year and a half older than he was during the first lockdown, and he was able to draw on feeling nurtured and safe during the first lockdown to support him through the second one. All my children understood that the lockdown would not go on indefinitely, and we made the most of being at home together.

Throughout 2022, I have watched the divide grow between people who would be severely affected if they got COVID-19 and those who would not and who suggested that everyone is done worrying about COVID-19. For our family, the social and emotional aspects of COVID-19 affected us the most, and these have been adapted to. But I feel like, as a country, we are leaving people behind. After the first lockdown, I wanted my family to be part of our post-COVID-19 rebuilding—that is, making a new normal in which kindness is valued, and we look after everyone, including families with disabled children. I am not sure that I am seeing this.

Karen—Navigating Invisibility, Anxiety, Coping, and Advocacy

I am a mother of four children, two of whom are disabled. My daughter has a rare disease that has caused an intellectual disability and epilepsy, among other challenges; she requires constant supervision. One of my sons also has an intellectual disability and is hearing impaired. I live with my children and my husband and work full time. To manage, I employ a cleaner and a nanny who collects my two disabled children from school. We also use respite

funding to pay for supported sporting activities for my son, and we attend a disabled sports group for my daughter so that she can participate in community activities. All these forms of support stopped during the lockdown.

My experience of the lockdown in 2020 was somewhat traumatizing. The supports that allowed me to stay afloat and stay in paid employment disappeared; my life is a finely balanced act in ideal situations. My caring workload and household labour more than doubled during the lockdown; this challenged my ability to cope. My husband was going into the office, as he was classed as an essential worker; this left me with the responsibility of homeschooling and managing my four children alone while holding a full-time position. At the time, my work situation was very stressful and with a high degree of complexity, and lockdown coincided with the most difficult period of my career. It felt like a perfect storm of challenges, and I struggled to stay my typical calm self and felt anxious. I have many memories of asking my children to wait whilst I was in Zoom meetings with distressed team members. One time, my daughter built a pretend computer. When I finally got free of a meeting and could spend time with her, she sat there tapping away at her computer and told me she was too busy to spend time with me. My heart sank as this was the last message I ever wanted to send my precious child, yet she clearly received it.

While working, my children painted the inside of my house, ripped the wallpaper off the walls, used nail polish on the floor, and rubbed playdoh into our carpet; these are a few highlights. My daughter, a foodie, also took our precious and rationed food purchases and created many (not surprisingly) inedible dishes. I ended up resorting to locking food in my car so we would have something available to eat. The struggle to address such challenges made me feel invisible.

Online school was another adventure; teachers expected my two disabled children to participate in online learning. Online class meetings were held, but my daughter could not join for longer than a few minutes. The special education teacher did her best to provide some virtual educational activities, but she would wander off, as online approaches to learning did not hold her attention. My son had one-on-one sessions with a teacher aid, which he attended but was rude and obstructive to her, leading to increased guilt on my part and a sense of helplessness around supporting my children accessing meaningful education. On top of this, I was trying to support my neurotypical sons to stay engaged in schooling with little success; they both struggled significantly with losing their friend groups. I felt powerless to manage my employer's expectations of me and meet my children's needs, which fuelled my anxiety and challenged my coping skills.

As a result of the work challenges I experienced during the 2020 lockdown, I applied and successfully changed my role within the organization where I

work. My new role, though busy, is significantly more flexible, with no staff management responsibilities. I also decreased my work hours to four days a week for a number of months; this meant that the second lockdown was substantially easier to manage, and I could be more responsive to our children's needs. That said, while in work meetings, my youngest still found ways to damage our home and creatively avoid her schoolwork by hiding her tablet. I had developed some skills in managing lockdowns; these included getting the youngest children up earlier and completing their schoolwork before I started work. This had the bonus of them taking an afternoon nap, leaving me about forty minutes to focus uninterrupted on my work. I also worked in bursts—focussing for twenty minutes, then checking in and spending ten minutes with the children—which meant they felt better connected to me, and their behaviour was more manageable. If it had not been for my role change, I would have needed to resign or take an extended leave of absence.

When COVID-19 began circulating again in 2022, my husband and I chose to keep my daughter home from school because her rare disease meant she was at significant risk from the virus. My disabled son was beginning high school, so we thought it best to continue to send him to allow him to settle into his new school. I used my role flexibility to work from home and took on the responsibility of continuing her education. Given that the other supports I have in place to keep my life progressing smoothly were not interrupted, having my girl at home was a pleasure. We focussed on her schoolwork before I started work and during my lunch break, and she seemed happy and settled but did miss her school friends; we felt like we were in an invisible bubble.

My daughter moved her bedroom into my office, so while I was working, she would play on the floor or take afternoon naps, but we were together. It gave me a taste of being locked down together as favourable rather than traumatizing. I am grateful for a flexible role that allows me to work from home when and as I need to. Our decision to keep her home turned out to be prudent, as all her classmates contracted COVID-19 during the first four months of 2022, although we needed to advocate to protect her. Now she is settled back and enjoying her classroom again.

Discussion

Our combined autoethnographic research has highlighted how the experience for mothers of disabled children in Aotearoa consisted of five themes: anxiety, invisibility, devalued lives, coping, and advocacy. This research offers unique and valuable insights because it reflects the experience of parenting disabled children during one of the strictest lockdowns globally; it led to the removal of all supports and highlights the role that society plays in supporting families with disabled children. As mothers of disabled children, we hope to help

others understand the needs of our families by telling our stories and suggesting strategies for social change. We systematically analyze our personal experience and used a social model of disability lens to unpack how things were and how they could be in the future. A social model of disability identifies that disability is socially created and that disability is imposed upon those living with impairments (Bricher).

The pandemic has exposed longstanding inequities in our health, education, and social systems and has highlighted how the communities are not responsive to, or aware of, the needs of disabled people (Brennan; Mhiripiri and Midzi; Shakespeare et al.). The underlying discourse within our society is that a disabled life is not worth living (Feldner et al.). There has been no acknowledgment of the additional burdens placed on families with disabled children, including financial, emotional, and practical challenges. Disabled children receive even less recognition than disabled adults in disasters and in this public health crisis (Ronoh). In fact, little is known about mothers raising disabled children (Zibricky).

The dominant culture in Aotearoa did indeed share anxiety with us during the pandemic, and that shared experience was comforting and empowering. But as the pandemic went on, as mothers of disabled children, we began to recognize that although we may all be in the same storm, those of us caring for disabled children are in a different boat to those not managing disabled lives—similar to the experiences described by authors May Friedman and Emily Satterthwaite and on the blog by VONNE. We had added responsibilities of keeping our vulnerable children safe, and occupied, mentally well, and educated with little support. We three mothers, and many others, had to manage professional workloads and financial concerns associated with disability.

The long-held disparity between men's and mothers' roles and responsibilities for caring for children and others was exacerbated during lockdowns. Guilt, dissatisfaction, and relationship stress were experienced by mothers who ended up doing most of the childcare, home education, and domestic duties (Cummins et al; Vandecasteele et al.). Pamela Kreeger et al. identified that lockdowns allowed for extra time and space for academic men to research, write, and publish, whereas for women, more time was needed for childcare, unpaid work, service, and teaching. In Aotearoa, we might have felt like part of a unified community in some respects, but women were burdened, and women with disabled children were invisible. None of the literature cited mentions disability.

The "Team of Five Million," which we were proud to be a part of, did not consider our children's needs. We want our health, education, and social government agencies to invite disabled adults and families of disabled children to the planning table, so our voices can be heard and our communities' unique

needs can be met through thoughtful planning and management; furthermore, our voices need to be incorporated into the management recovery plans developed for future disasters, public health, and humanitarian crises.

Throughout 2022, we felt invisible. Schools somehow forgot that their disabled students needed adapted curriculums, digital devices, therapies, familiar routines, and friendly supportive teachers, teacher aides, and specialists. Health systems forgot that safe adapted spaces and protocols are needed for some disabled children for vaccinations, testing, and regular medical and therapeutic appointments. Vaccines were not available for vulnerable, immunocompromised children for many months after they were made available in other parts of the world. And today, even severely immunocompromised children have no access to antiviral medications in Aotearoa. Our lives were invisible to the media. Where were the stories of other families like ours?

Disabled lives are often devalued. To our horror, as mothers of disabled children, we had to acknowledge that in a medical triage situation, our children may not receive the medical care they need (please see Hole and Stainton for additional information on this issue). There is a long history of devaluing disabled lives, and this was demonstrated between 2020 and 2022 from the medical, educational, and social perspectives. We need political guidance, legislation, and practices that recognize the needs of disabled people and their families. We need responsive provisions that demonstrate that our society values these lives. The pandemic has revealed that society has a long way to go in acknowledging and valuing disabled lives with dignity and offering ordinary medical, educational, and social opportunities to the growing population of disabled persons (Vorhaus). We need to promote empathy, compassion, understanding, and legal and moral obligations to acknowledge human dignity, human rights, alternative methods of communication and education, and all human value and potential.

The third theme within our shared stories is coping. Each of us had moments when we felt we were no longer coping. But in reality, we had no other option but to find coping strategies. Some of us devised ways to maintain our professional jobs while creatively educating and entertaining our children. In addition, extensive time was spent researching what our children required to continue therapy sessions, how to educate them while at home, and how to care for them in medically fragile situations. Finding other mothers who shared our journeys helped. Some of us worked for change through advocacy and academic work (see Good; Good and Lee; Greig; Stuff.co.nz National Education).

Throughout 2022, when other children and mothers were at school and work taking calculated risks in social situations, some of us had to remain isolated to keep our children safe. This required extensive inquiry, which

deviated from government suggestions, meaning we had to defend our decisions to schools and medical personnel. Finding other families who also voluntarily isolated throughout early 2022 helped us feel less sequestered.

Coping also involved trying to enjoy our children and families, with the opportunity to engage intensively in our children's education and daily rhythms. Although we were continually reminded to "take care of ourselves," this mostly involved ensuring our children were safe and for us as mothers finding some peace in the realization that they were.

This autoethnographic study has explored the lived-experience of mothers of disabled children in Aotearoa; our stories are unique and contextualized in some of the restricted COVID-19 lockdown mandates globally. As three professional, academic women, we acknowledge the relative privilege we have and understand that our positions afford us the opportunity to advocate for our children and other families. Despite the low expectations others may have of our children, we know they will grow, learn, work, have relationships, and contribute. We need to let the world know this; however, sometimes that requires creating a media presence, submitting recommendations to official bodies, and negotiating with health, education, and welfare systems. It can also involve supporting other mothers and helping ourselves and others to develop confidence in our skills as advocates and activists.

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GENEVIEVE CURRIE, AMANDA DOHERTY KIRBY, JEANINE LEBSACK,
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"Falling Off a Cliff": Mothering Disabled Children through the Pandemic and Beyond

The COVID-19 pandemic has taken a disproportionate toll on the lives of mothers of disabled children. These children have complex needs that require health, educational, and social care support services, but most of these services were cancelled or reduced because of COVID-19-related restrictions. In this article, a group of mother-researchers use a collaborative autoethnographic approach to highlight the essential role that mothers and carework play in social organization; identify gaps in services and systems due to COVID-19 policies; and provide suggestions to transform our social care support systems to better meet the needs of disabled children and their families.

Introduction

The COVID-19 pandemic has taken a disproportionate toll on the lives of mothers. Mothers of disabled children[1] faced additional unique challenges and struggles. These children have complex needs that require health, educational, and social care support services, but most of these services were cancelled or reduced because of COVID-19-related restrictions. For mothers of disabled children, COVID-19 highlighted and accentuated many of the existing cracks in the medical, educational, and social care support systems.

We are a group of mothers and researchers affiliated with a research centre on childhood disability. We are working on a research study to draw on the lessons from the pandemic to identify the services and supports families need moving forwards. In this article, we reflect together (through collaborative autoethnography) on the key themes from our experiences. We will highlight the essential role that mothers and carework play in social organization; identify gaps in services and systems due to COVID-19 policies; and provide

suggestions to transform our social care support systems to better meet the needs of families for a postpandemic recovery. The process of revisiting and recounting our COVID-19 experiences was challenging for us. As one of us put it, "You just don't want to go back there" (DG). However, we also see value in telling our stories and linking them to what we know of experiences of other mothers who have disabled children because we believe that "You need heart, and you need academia. And you need them to come together to spread this message" (JL).

Background

Disabled children face physical, emotional, and environmental barriers to full participation in everyday activities (Rosenbaum and Gorter). In Canada, 10.6 per cent of children under fifteen years of age have a disability (HRSDC), and this rate rises with age: 13 per cent of children and youth fifteen to twenty-four years of age have a disability (Stats Canada). Disabled children often require the integration of supports and services that meet their medical, social, cognitive, behavioural, physical, educational, and recreational needs and that support their participation in society. This includes medical care, therapeutic supports such as occupational therapy, physiotherapy, speech therapy, behavioral supports, and inclusive educational supports within schools (e.g., resource teachers and aides) (Gardiner et al.). Most of this coordination of everyday support and care is the responsibility of mothers (Blum; Douglas and Klar; Gardiner et al.). During the COVID-19 pandemic, mothers' care responsibilities rose exponentially in caring for disabled children, and mothers are continuing to experience this in the pandemic's aftermath (Cacioppo et al.; Houtrow et al.; Rogers et al.).

Mothering and Carework

Mothers are essential to society's social organization. Carework is disproportionately a labour burden for mothers, as it is gendered and generally the work of women (Charmes). Gendered carework is affected by inequitable social structures, power relations, and social norms that disadvantage women to fulfill carework demands (Dugarova). This labour burden became even more evident and disproportionate during the pandemic, when mothers had even higher responsibility for coordinating most aspects of care for their children (O'Reilly).

Disabled children require additional carework, such as therapies, educational support, and advocacy (Blum; Douglas and Klar). This carework often does not decrease when disabled children grow older; rather, it intensifies (McCann et al.). Mothers are the main caregivers, especially for disabled children

(Douglas et al.). There are moral, social, political, and cultural pressures and expectations that mothers will take care of their children's physical, emotional, and behavioural needs regardless of the circumstances and that these responsibilities will take precedence over all other forms of work (Knudson-Martin and Silverstein; Runswick-Cole and Ryan). These experiences of caregiving and carework from mothers of disabled children have been largely unknown, hidden, or silenced (Currie and Szabo).

Pandemic and Pandemic Restrictions

During the pandemic, families of disabled children lost access to essential supports and services because of government restrictions that aimed to reduce social interaction and physical contact with others in both private and public spaces. In Canada, these restrictions led to reduced access to community-based services, schools, and medical providers (CPHA); disabled children and their families acutely experienced these losses (United Nations). Children experienced reduced access to medical physicians and specialists, therapeutic supports, recreational supports, such as afterschool programs, as well as school and community-based activities (Capioppo et al.), all of which affected their health and development (Shakespeare et al.). With the closure of schools, children lost access to inclusive education, including specialist forms of education (Shakespeare et al.). They also lost routines and structures, which they often require to participate fully in the world (Asbury and Tosseb; Lee et al; Viner et al.). Furthermore, families lost connection to extended family and social networks and access to other sources of help, such as respite or support workers (Currie et al.).

These closures and reductions had a profound impact on disabled children and their families. Children regressed socially and developmentally and experienced increased mental health challenges, such as anxiety (Lee et al.; Masi et al.). This is likely due to the loss of social connections, routines, and the structure provided by school and community activities. (As we write this two and a half years into the pandemic, some accessible or accommodated programs in our communities still have not reopened). Children also lost therapies in schools and home and had medical treatments and procedures postponed or cancelled (Capioppo et al.; Murphy). These challenges affected the entire family (Breaux et al.; Gadermann et al.; Guller et al.; Shorey et al.), resulting in increased carework for parents; they also led to adverse health outcomes, including an increase in mental health challenges, anxiety, stress, and burnout (Diskin et al.; Chan et al.; Currie et al.; Lee et al.; Masi et al.; Whitley et al.)

Earlier research studies showed that the pandemic exacerbated pre-existing gaps in care systems affecting families caring for disabled children (Pozniak

and Kraus de Camargo). Further studies could extend an understanding of how these restrictions affected mothers caring for disabled children in Canada, and these maternal experiences could identify supports and strategies needed to assist families in moving forward in recovery.

Methodology

Collaborative autoethnography (CAE) is an approach that explicitly uses the researchers' own experiences and reflections as data and connects these experiences to larger social or cultural phenomena. It "brings together the self-reflection associated with autobiography, the cultural interpretation associated with ethnography, and multi-subjectivity associated with collaboration" (Chang et al., 17). CAE is carried out collectively by a group of researchers who work together to collect, analyze, and interpret their own combined data to gain a meaningful understanding of the phenomena reflected in their individual accounts (Chang et al.). Researchers can interview each other, analyze each other's reflections, or collect archival data about each other. The process is iterative, typically occurring through several sessions of conversations among researchers, with individual and collective meaning making informing each other.

The authors of this article are partners on a research study that grew out of KP's earlier work on the experiences of mothers of disabled children during COVID-19 (Pozniak and Kraus de Camargo). Four of us are parent investigators (GC, JL, ADK, and DG) and partnered with KP, a postdoctoral fellow, and a larger research team to explore the experience of mothers and disabled children during the pandemic.

Our article grew out of a research presentation at the 2021 Learning from the Pandemic conference. At the time, our entire research team brainstormed ideas, and GC and KP presented them on behalf of the team. Following the conference, the five coauthors used these ideas as a springboard for a collective reflection on our shared experiences and wrote them up together. We held three virtual meetings to discuss our experience and establish common themes, and we also worked asynchronously through a Google document. Each of us contributed to sharing our experiences from the pandemic and to writing the chapter. Below are brief biographies of each author.

Biographies of the Mothers

GC is a family partner and nursing researcher. She focuses on the family experience of disease and disability. She lives in Alberta with two boys who have neurodevelopmental disabilities. Her son has a rare disease and has numerous disabilities; he lost access to all his therapeutic supports for one year of the pandemic and in-person and virtual school for four months.

ADK is a parent partner and stay-at-home caregiver to six children ranging from early elementary age to university age. Several of her children have neurodevelopmental disabilities. She lives in Prince Edward Island, where schools were closed for three and a half months in 2020 and again in January of 2022.

JL is a freelance writer, podcaster, reiki healer, and parent partner in research. She lives in Saskatchewan with her husband and two sons. Her journey into childhood disability and family engagement in research was led by her youngest son, with whom she shares a rare genetic disorder diagnosis. While school was out in Saskatchewan for three and a half months, JL became a work-from-home and homeschooler mom. She is a proud advocate for family mental health, rare disorders, and neurodiversity.

DG is an IT professional and a mother of two young men (one of whom lives with cerebral palsy). She is also an advocate and research partner on numerous studies in childhood disability. She lives in Ontario.

KP is a sociocultural anthropologist and postdoctoral researcher at CanChild Centre for Childhood Disability Research as well as a mother of two elementary school-age boys, one of whom has cerebral palsy. She lives in Ontario, the Canadian province that experienced one of the longest school closures in the world (a total of twenty weeks from March 2020 until May 2021).

Pandemic Impacts on Mothers

Each of us was impacted differently by pandemic-related restrictions due to diverse policies across provinces, length of school closures, and how restrictions were enacted; nonetheless, we identified many shared themes across our experiences that we describe below. All of us are primary caregivers to our children and this continued throughout the pandemic. As mothers, we experienced many gaps in support (e.g., emotional, respite, financial, behavioral, and extended family) and schooling for our disabled children. These gaps were accentuated and amplified with pandemic restrictions and as mothers we were left to fill them.

Missing Out on Learning

As federal and provincial governments implemented policies to curb the transmission of COVID-19, education and learning for children became sidelined. Much is written about the adverse impact of school closures on children (Chaabane et al.; Vaillancourt et al.; Whitley et al.). Although these closures affected all children, for disabled children, they both revealed and magnified pre-existing gaps in access to an inclusive education. During the pandemic, there was a sense that education for children with disabilities was

not as important. When schools moved to online learning, some of our children received no schooling at all for a significant period of time; others received online instruction but not the additional supports they needed to learn (e.g., education assistants). GC, whose son did not receive any schooling at all for the first four months of the pandemic, reflected:

> I felt like my son wasn't important enough to provide support for online schooling. I had to insist the teacher call him three times a week for fifteen minutes just so he felt connected to something beyond home during the lockdown. Other children in the public system were receiving online instruction on a regular basis in my province but not special needs children unless you were in a private school. This sent a message that he was not as important because he was disabled.

ADK also shared the variability in terms of virtual learning experiences among children:

> Initially we were sent home with a schedule with videos and activities for the children to do…. This juggling of multiple children was very difficult as I spent lots of time with Z and Q, and B [pseudonyms] was not completing the expected work. In January 2022, there was some instruction in the morning with children being expected to complete work independently after that. Again, [Z] required lots of support, [B] needed lots of prompting, and [Q] needed some guidance.

While online learning was a mixed experience for students, for children with disabilities, virtual solutions presented particular challenges. Many of these children could not sit in a chair for long or concentrate on a computer screen. Learning materials were often inaccessible or inappropriate for children's learning requirements. Children could not stay focused on teachers even during virtual class time and would fidget or occupy themselves with something else (e.g., an online game), which was perceived by some teachers as disruptive. This is how JL described it: "[My son] was not cooperative with his EA [educational assistant] virtually. He was labeled 'disruptive.' There was a sense that 'We are not all in this together' [yet] it did not feel like his teacher was on his team and his teacher was just trying to get through the year."

At various stages across Canada, many schools reopened in-person for children who were deemed to need it most acutely, including many disabled children. However, many parents were not informed that their children qualified for in-person attendance, and those who did found that there was still little focus on learning. ADK reflected: "Not every family was able to get schooling, eventually children who qualified for EAs [educational assistants] were allowed into the school system, but it was all play based—no emphasis on

education." DG similarly noted that her son's EAs focused on the routine care tasks—stretching, feeding, and changing—but were not able to help with academics.

Some children made good academic progress at home, provided they received appropriate intense support from caregivers. DG, for instance, noted that before her son returned to in-person schooling, she spent a lot of time reading with him at home, since her son's EA was not allowed to assist during virtual learning. However, the support parents provided during virtual learning came at a great cost. DG, for instance, reported that she only got five hours of sleep at night as she was also working remotely at the time. In reflection, schools might not have been providing individual intense supports before the pandemic, and they might have been inadequate in meeting the needs of some children to begin with.

Missing Out on Therapies and Supports

For disabled children, school is about more than academics, as these children often receive multiple educational and therapeutic supports at school. Children who receive educational supports (e.g., education assistants and resource teachers) either did not have access to them during the school closures or were only able to work with them virtually and for limited periods of time. JL, for instance, noted that when her son lost his EA support, she was forced to assume that role, in effect becoming "on a first name basis with his teacher." Children who received therapies (e.g., speech, behavioural, occupational, and physical) at school similarly did not receive these supports for the duration of school closures and often not after schools reopened. For instance, while ADK's daughter had been referred to be seen and assessed by a school speech pathologist, this did not happen due to COVID-19. The family eventually was able to find one private SLP speech language pathologist (SLP) to assess and work with their daughter. GC's son lost his entire team of therapists— occupational therapy (OT), physical therapy (PT), speech therapy (ST), and behavioural—and it took over a year to get them in a virtual format. Furthermore, neither the parents nor outside supports (e.g., physiotherapists) were allowed into the school to help troubleshoot any issues that arose. DG noted that her son's stander device broke, but neither she nor her son's physiotherapist were allowed into the school to fix it. In effect, her son was not able to use his equipment for months, which he required for physical wellbeing.

Children who received therapy services in the community were no better off, as these services were also initially cancelled and then moved to teletherapy or a virtual platform. Some children were delayed with diagnosis or treatment. For example, when DG's son's wheelchair broke, the physiotherapist who previously used to come in person to check and adjust the equipment was not able to do so. In effect, DG was forced to fix it herself using duct tape and

screws. GC's son struggled with interacting with his therapists over a screen and became easily distracted and then frustrated: "My son did not understand how to connect with his speech or occupational therapist over a computer screen. He would start disengaging during sessions and picking his skin in frustration during these appointments." ADK's son lost one of his specialists who retired because of COVID-19. Prior to the onset of the pandemic, her son was in the process of getting a formal diagnosis, which delayed the process and the support that came with it. Since ADK's province has a shortage of specialists, she was forced to travel out of province for specialist appointments. This became an ordeal due to pandemic travel restrictions, which required her to make the return trip on the same day, without making any stops along the way to break up the journey for her son.

Missing Out on Connections

Pandemic restrictions demonstrated that attending school is also about social dimensions as well as physical and social interactions. Losing these connections affected children's development and wellbeing. As GC explained: "My son regressed socially, as he already has no friends outside of school. He relies on his connections with peers and adults at school to socialize and interact with others outside the home. We had to reteach him how to ask questions and wait for cues from others."

Pandemic restrictions also affected children's ability to have physical contact with important people in their lives, including family members or respite workers. The loss of these connections was difficult for children and deprived mothers of others' support and help. As GC reflected: "You have no one outside of your family, and you're caring for that family." Due to physical distancing requirements or concerns children did not have physical contact with family members, such as grandparents or older siblings who lived away from home. Respite workers were harder to access and more likely to cancel. Pandemic policies and realities also made it more difficult to receive support from live-in partners. For example, ADK's husband had to work from home more intensively than before COVID-19, making it a challenge for her to support her children's online learning by herself while also protecting his workspace from distractions. DG's husband, who travels out of the country for work, ended up getting stuck abroad for two months due to a series of positive COVID-19 tests, leaving her alone to look after her son.

Finally, children lost access to after-school recreational activities, which they needed for physical health and for socialization. For example, DG's son stopped horseback riding and soccer, activities which he had done for ten years and which provided opportunities for both essential exercise and socialization. ADK's son had been in gymnastics for both therapeutic reasons and because he socialized better with his gymnastics group than with his classmates at

school. Instead of gymnastics he did modified soccer but found that the focus on drills and the lack of social interaction was "more of a chore than fun for him" (ADK) and consequently never went back.

Mothers Filled the Gaps

When children lost their education and health supports, mothers had no choice but to step up and fill in the gaps. As a result, many mothers fulfilled multiple roles during the pandemic. Mothers were caregivers to all family members; they became teachers, teacher aides, medical caregivers, behavioural managers, and therapists—often while still working at their own paid jobs. Mothers had to learn new skills and technologies, such as using education platforms for their children's online instruction. JL summed it up in these words: "You're mom PT, you're mom OT, you're mom SLP, you're mom tutor…. Mothers are expected to just carry the backpack."

As a result, mothers were pulled in multiple directions and exhausted. Some mothers experienced mental health challenges from the stress and anxiety of being responsible for everyone. The additional roles imposed took a toll on our mental wellbeing. We felt "lonely and alone" (DG). We felt that we had "lost ourselves" (JL), as we had no time to recharge and to build our own capacities as women outside of being caregivers, teachers, and therapists. Many of us worried that we were never "getting enough done to support" our children (ADK), and we felt guilty that we were not able to devote more time to them. We asked ourselves: "Am I enough? Am I doing enough? Will my kids forgive me? Have I damaged them?" (JL).

The imperative to be teachers and therapists also affected our sense of identity as mothers. We felt that with the additional roles we had to take on, we were not able to be mothers. As JL put it: "I didn't know where mom ended, and JL began…. I didn't feel like I had an identity." ADK added: "'You could be mom until 9:00 a.m., until you started schoolwork, and then you were mom again putting them to bed if you managed to get everything else done." This situation, in turn, affected our relationship with our children, who needed us to be their mothers. JL said that her son would hug her and say, "I just want mom. I don't want a teacher."

Lastly, the additional responsibilities also took a toll on our professional lives and commitments from which we are still recovering. For example, GC and KP scaled back on their research work; ADK had hoped to look for a job outside the home but was not able to do so. DG also struggled to balance her work with her caregiving obligations: "I slept less than five hours a day. I just couldn't keep up with all of it…. My work is my escape from reality; it's my passion. But there were times when it was a burden as well. I was forgetting stuff and falling behind" (DG).

What Mothers Need (Discussion)

In our discussions, we noted that although mothers are used to having experts, such as clinicians and educators, tell us what we need (and what we need to do for our children!), we usually do not have the ability to ask for what *we* feel we need. We are simply expected to "carry the backpack" (JL). In what follows, we outline some areas of support that we identified through our discussions.

Children Need to Inform Policy

There needs to be consultation with mothers and caregivers as well as the children themselves about the impact of restrictions and supports on families (Krahn; Subramanium and Villeneuve). Governments can utilize disability advisory committees and virtual support groups across the country to inform policy recommendations. This may require modifying the ways we ask for feedback from children, youth, and families (Abbott; Pluqualiec; Whitney-Mitchell and Evans). For example, disabled children can provide input into important questions for inquiry, interventions under development, and how to learn about the experiences of other children (Ibrahim et al.; Vasalou et al.). Children know what is important to them (Rosenbaum and Gorter). They were not considered when restrictions were implemented, but their voices need to be considered in the "back to better" policies with pandemic recovery.

Offer Flexible Solutions

We must modify policy restrictions for disabled children by extending what has worked well and changing what was not effective. While considering what worked well, all of us identified having access to more hybrid and flexible approaches in healthcare and education. These include virtual medical appointments (e.g., for prescription renewals, general check-ins, and some forms of therapy) and some virtual learning (e.g., when a child is sick and needs to stay home). We noted that virtual appointments reduced time lost due to travel time or waiting for appointments and reduced stress on children from missing school. However, virtual solutions (e.g., virtual appointments and online learning) may offer new possibilities but are not a catch all. For example, we found that virtual appointments were suitable for chronic health situations but difficult when a child needed to be seen for an acute illness. Virtual school curricula required aides and supports for learning, which alienated many disabled children (Bakaniene et al.). These nuanced experiences illustrate that there is no-one-size-fits-all solution. Policy measures must respond to family needs and consider the possibility of both in-person and virtual schooling and therapies, with appropriate supports, depending on the child's and family's needs. As ADK put it: "We need flexible solutions so that kids can be there [in person] when they can be there and still feel connected when they cannot."

Rethink What Constitutes Essential Service

The pandemic sharply illustrated that carework is one of the few truly essential societal activities that does not stop even when the rest of the world shuts down. However, the pandemic's immense toll on mothers and other caregivers highlighted the need to redefine as essential the activities that directly or indirectly support carework. For disabled children and their families, therapy supports—in a format that works for the family—are needed to allow children to maximize their potential. What mothers need moving forward in "building back better" are hybrid approaches in which therapy formats can be virtual when needed (Camden et al.; White et al.), and providers can also provide regular check-in points by phone, text, email, or home visits so that families can feel connected to support systems (Tosseb and Asbury). If there is a public health emergency, therapists and educational assistants can travel to visit a cohort of families to provide connection and support but still keep the risk of exposure to families low. Finally, at-home supports, such as nursing or respite for family members, are also essential supports, particularly during a time of uncertainty when most services were delayed or cancelled to rebuild parental capacity for caring for their children with complex needs (Colizzi et al.; Edelstein et al.; Nonweiller et al.). Moving forward, respite and support workers need to be properly compensated to reduce turnover and absenteeism and receive proper protective equipment to protect themselves as well as the individuals for whom they provide care.

Sectors Need to Work Together

The experience of the pandemic has also shown us that sectors that are typically seen as separate—including but not limited to healthcare and education—are in fact intertwined. For example, disabled children receive many health supports and therapies at school. Therefore, education and health sectors need to work together with a shared plan at both the provincial and federal level. Providers on the ground often want to work together but are hampered by organizational/structural bureaucracies. For example, when schools closed in-person learning, support was required in the home for education and for therapy that was previously offered in schools. This required recognizing the needs of these children and adapting how support was provided. Families would have benefited from ongoing support and check-ins from school therapists, teachers, family physicians, and community support workers (Fazzi and Galli; Murphy et al.; Narzisi). Moving forwards, measures must be put in place to enable children to catch up on learning and curriculum missed during the pandemic (Shakespeare et al.). For example, therapeutic support, such as physiotherapy as well as speech and occupational therapy, needs to be enhanced to support children who have regressed developmentally during the pandemic (Shakespeare et al.)

Collective Problems Need Collective Solutions

The pandemic highlighted and exacerbated many existing societal challenges. However, for the most part, the responsibility to cope with these challenges has been downloaded onto individuals. In our case, mothers of disabled children have been expected to cope with school and daycare closures as well as the cancellations of healthcare services and other medical, social, and behavioral supports our children need on a regular basis. Our experience of the pandemic highlighted that collective problems need collective solutions.

There needs to be recognition that children's health and wellbeing are a collective societal issue. Children and families need an infrastructure of supports, informed by public policies which are responsive and adaptable for families (Leonardi et al.; Nuri et al.; Schiarit). On the contrary, during the pandemic mothers' existing support structures (e.g., teachers and respite workers) were taken away, creating an untenable situation. GC noted that "These are such unrealistic expectations that these are your children and you're supposed to do it all," with ADK adding: "But how do you do it[carework], if you don't get a break?" To prevent health challenges for vulnerable populations (such as disabled children and their families), essential services and support must be maintained always and further increased during public health emergencies.

Equitable Policies

Finally, the pandemic highlighted existing health and social inequities for priority populations (including but not limited to disabled people), and a health and social system ill equipped to reduce these inequities (Ndumbe-Eyoh et al.). As we emerge from the pandemic, policies assume that "we are all in the same boat" and ignore existing inequities and vulnerabilities. When rebuilding, we need policies and solutions that aim for equity (i.e., giving everyone what they need) rather than equality (i.e., treating everyone the same) (Jesus et al). In effect, equitable solutions will end up benefiting everyone. For example, when the needs of children with disabilities are considered, this benefits everyone, since the same solutions that are good for children with disabilities (e.g., flexibility and individualized supports) are good for all children.

Conclusion

The COVID-19 pandemic illuminated many pre-existing cracks in the support system for disabled children and their families. However, we experienced living through the pandemic as "more than falling through the cracks—it was falling off a cliff" (DG). As the world returns to normal, the everyday for families like ours is not normal: at best, we would call it a "semi-typical

situation" (JL). For disabled children and their families, normal policies were never inclusive to begin with. We need to "build back fairer" (Marmot et al.) and develop equitable inclusive policies for children with disabilities, recognizing key areas for support and transforming policies that were never inclusive to begin with.

Acknowledgments

Endnotes

1. As we wrote this article, we grappled with the debates around using person-first versus identity-first language (e.g., Best et al.; Ferrigon and Tucker). We decided to use identity-first language of "disabled" child or children, as that is consistent with the social model of disability, which recognizes the role of societal structures and attitudes in making people "disabled."

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LAUREN E. BREWER, HEATHER K. OLSON BEAL, CHRISSY J. CROSS,
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Quarantine Mothering and Working at Home: How Institutions of Higher Education Supported (or Failed to Support) Academic Mothers

This mixed methods study explores whether and how explicit policies, implicit practices, and internal communication from university administrators about academic mothers' work lives and expectations were impacted by the 2020 COVID-19 quarantine protocols. As this was a large study focussing on university policies addressing the presence of children on campus and the ways in which their enforcement or nonenforcement affected the personal and professional lives of faculty, we used purposive sampling (Palys) and snowball sampling (Patton) to distribute a survey in academic social media groups and to professional organization listservs (Palys). Among other things, the survey asked participants to report how well they thought their university was handling the COVID-19 pandemic and invited them to participate in an in-depth interview. As a result of the survey responses, we subsequently interviewed nineteen academic mothers from a range of academic disciplines, ages, and types of institutions, until we reached theoretical saturation (Strauss and Corbin). The semi-structured interview protocol included questions about the impact of COVID-19-related policies, practices, and messaging regarding children on participants' job satisfaction, mental and physical health, as well as work-life balance. We used open and axial coding (Strauss and Corbin) and the constant comparative method (Glaser and Strauss) to analyze the data. We then triangulated the data by comparing interview and survey findings, engaging multiple researchers in the analysis, and conducting peer debriefings (Denzin and Lincoln; Lincoln and Guba). Findings highlight institutional policies and practices that serve or fail to serve faculty in terms of supporting their professional advancement in teaching, research, and service.

Newspapers across the United States (US) documented the ways in which the COVID-19 pandemic created a crisis for mothers. Some of the headlines include this one from the *Washington Post* in October 2020: "A Working Mom's Quarantine Life: This Mother's Day, Eight Women Balancing Careers and Kids Concede That Thriving Is Out of Reach. Surviving Is Enough." One from *The New York Times* in March 2020 reads: "'I Feel Like I Have Five Jobs': Moms Navigate the Pandemic." And another from the same paper from February 2021 exclaims: "America's Mothers Are in Crisis." These headlines capture the lived experiences of mothers across the US as they grappled with the complex changes in daycare, schools, work, healthcare, family arrangements, and a multitude of other social and economic issues brought about by the pandemic. Mothers disproportionately bore and continue to bear the heaviest burden of coping with the increased work, family, and economic responsibilities created by the pandemic (Racine et al.; Calarco et al.; Dunatchik et al.). Many women also bore the burden of providing childcare during the pandemic, taking the place of schools and daycares, while the trauma of the pandemic wreaked havoc on their physical and mental health.

The COVID-19 pandemic and subsequent work-from-home and e-learning protocols had a remarkable impact on women. According to Daniel Aaronson, Luijia Hu, and Aastha Rajan, the COVID-19 pandemic forced working mothers to exit the workforce (1). Approximately two hundred thousand working mothers exited the workforce during the pandemic because of job loss or to enter the role of unpaid primary caregiver (and sometimes teacher) for their own children or other family members (Dunatchik). The population that was most dramatically impacted by the closure of daycares, schools, and workplaces were Black, single, and high school educated mothers (Staniscuaski et al.). Before the pandemic, the employment rates of men and women were becoming closer to equal, but since COVID-19 hit, those rates have once again increased in disparity (Aaronson et al. 4). The body of research focussing on the impact of the pandemic on faculty at institutions of higher education (IHEs) continues to grow (Kirk-Jenkins and Hughey).

Four of the five authors are tenured academics; the fifth is a museum director. All are mothers who work or have worked as professors at public IHEs. We are also all white and cisgender. Some of us are married, whereas others are not. As we started our 2020 spring break in mid-March, we were preparing to disseminate a survey focussing on university policies that address the presence of children on campus and the ways in which their enforcement or nonenforcement affected the personal and professional lives of employees at IHEs. We were particularly interested in responses from men and women faculty with children. Once it became clear that we would not be returning to normal at the end of spring break, we sought Institutional Review Board (IRB) approval to add questions to the survey to explore whether and how

explicit policies, implicit practices, and both internal and external communication from university administrators about employees' work lives and expectations changed during spring and summer 2020.

This article reports results from both the quantitative survey of men and women faculty with children and follow-up qualitative interviews of women faculty with children, sometimes also called academic mothers or even MotherScholars (Matias). This mixed-methods study sought to explore the following research question: In what ways were the work and professional lives of academic parents, and particularly academic mothers, impacted by their institutions' COVID-19 policies and practices relevant to working while quarantined at home with children?

Literature Review

Policies and culture are key environmental factors in the ability of faculty and staff to achieve a healthy, meaningful work-life balance (Ward and Wolf-Wendel). Researchers have studied work-family policies at IHEs for nearly three decades and have identified specific policies that encourage positive work-life balance, such as tenure clock pause/stop policies, flexible work scheduling, part-time work options, modification in job duties, and parental leave or childcare support (AAUP; Denson, Szelényi, and Bresonis; Hollenshead et al.; O'Mera et al.; Williams et al.; Ward and Wolf-Wendel). However, research findings related to the presence of work-family policies within IHEs are inconsistent. Although some research indicates that work-family support policies have a modest positive relationship with employee retention and job satisfaction (Butts, Casper, and Yang; Ward and Wolf-Wendel), Erin Kelly and colleagues did not find a positive relationship between employee attitudes and work-family policies. More research is needed.

According to Nida Denson, Katalin Szelényi, and Kate Bresonis, "Institutional support for making personal/family obligations and an academic career compatible was consistently the strongest positive predictor of perceived work-life balance for all faculty" (226). In a survey of 2,953 faculty members at sixty-nine different IHEs, findings indicate that universities must purposefully craft and cultivate a culture that supports a healthy work-life balance through explicit policies and direct departmental practices. Different researchers have affirmed the critical importance IHEs have in creating an atmosphere for faculty to pursue a supported work-life balance (Denson, Szelényi, and Bresonis; McCoy, Newell, and Gardner; Misra, J Hickes Lundquist, and Templer). The lack of support or even a perception of a lack of institutional support for a culture of healthy work-life balance can lead to decline in staff and faculty members' productivity, job satisfaction, physical,

emotional, and mental health, as well as advancement within the IHE.

Women faculty in higher education only represent about one-third of full professors within the US (Deryugina et al. 3), as women publish fewer articles, receive fewer grants, are cited less frequently, and are less likely to get tenure or promotion than their male counterparts (Catalyst; Huang et al.). This "motherhood penalty" stems from the societal expectation that mothers take on more responsibility for unpaid childcare and other family responsibilities (Ceci et al.). When the COVID-19 global pandemic began, the already documented gaps in support facing mothers in academia increased. Tatyana Deryugina, Olga Schurchkov, and Jenna E. Sterns sent out a survey about time commitments to academic work to nine hundred thousand men and women with jobs in higher education from May through July 2020; their results from 27,991 respondents indicate that women spent less time doing research during the pandemic and more time caring for children than male respondents.

Michelle Bell and Kelvin Fong examined the rates of manuscript submissions to a national peer-reviewed journal and found that submission rates of research articles were higher for men than for women during the pandemic. Although gender inequities already existed within academic households, especially those with children, these findings suggest that the changes in academic workloads and expectations necessitated by COVID-19 disproportionately affected women doing research. Women submitted research articles to the journal at an increased rate (compared to prepandemic) of 7.9 per cent, whereas men were able to submit research articles at an increased rate (compared to prepandemic) of 23.8 per cent. In a nutshell, men were submitting research at almost three times the rate of women during the pandemic. These findings have been corroborated by Ruomeng Cui, Hao Ding, and Feng Zhu as well as by Philippe Vincent-Lamarre, Cassidy R. Sugimoto, and Vincent Larivière and have also prompted some journals to call for increased attention to equity in publishing both during and after the pandemic (Pinho-Gomes).

Research Design, Findings, and Discussion

We employed a mixed-methods research design that incorporated quantitative and qualitative data collection, which focussed on university policies addressing the presence of children on campus and the ways in which their enforcement or nonenforcement affected the personal and professional lives of faculty and staff. All portions of this project were approved by our university's Institutional Review Board, and all participants read and consented to participate in the study.

Quantitative Survey Design

Purposive sampling, based on preidentified group characteristics important to the study (e.g., groups of employees at IHEs), was used to distribute a survey in academic social media groups and professional organization listservs (Palys); snowball sampling, in which participants share the survey with others who they think might be interested in participating, was also used (Patton). Participants (n=278) were asked about their gender identity, their role on campus (i.e., faculty or staff), whether they had children, and whether they had a policy limiting or restricting the presence of children on campus. Additionally, participants were asked a series of job satisfaction-related questions and a series of questions regarding perceptions of institutional support during the pandemic. Only data from participants who were both faculty and parents were included in these analyses (n=157); however, not all qualifying participants completed all survey items.

Quantitative Survey Results and Discussion

The results indicated that compared to academic fathers (i.e., those identifying as men, holding faculty rank, and having children), academic mothers (i.e., those identifying as women, holding faculty rank, and having children) evaluated their institutions more poorly on measures of institutional COVID-19 response. On a scale from 1 (not well at all) to 5 (extremely well), academic mothers (M = 3.12) reported that their institutions did a worse job of communicating expectations to faculty during the pandemic than did academic fathers: (M = 3.72), $t(138) = -2.07$, and $p = .04$. Men reported, at about half a scale point, their IHEs did a better job communicating expectations during the COVID-19 pandemic compared to responses from women. Using the same scale anchors, academic mothers (M = 3.00) reported that their institutions did a worse job of communicating that faculty were doing a good job despite the pandemic than did academic fathers: (M = 3.61), $t(138) = -1.98$, and $p = .05$. Men reported, at more than half a scale point, their IHEs did a better job communicating that faculty were doing a good job compared to responses from women. Again, using the same scale anchors, academic mothers (M = 3.30) reported that their institutions did an overall worse job of handling the pandemic than did academic fathers: (M = 3.89), $t(138) = -2.41$, and $p = .017$. Men reported, at more than half a scale point, their IHEs did a better job handling the pandemic compared to responses from women. Together, these results suggested that the lived experiences of academic mothers during the COVID-19 pandemic were significantly more negative than that of academic fathers. Academic mothers perceived less support from their institutions than academic fathers, which suggests academic

mothers and fathers have different expectations for what they need from their institutions, the support institutions are providing is more beneficial to academic fathers than academic mothers, or IHEs are not actually providing sufficient support to academic mothers. We sought to explore these experiences in our qualitative interviews with academic mothers.

Qualitative Interview Design

The last question on the quantitative survey asked respondents whether they were willing to participate in an interview. Those willing to participate were directed to another website where they could complete a short demographic survey and provide contact information, thus separating names from the quantitative survey data. Interview participants were selected from among those who volunteered to participate in the survey. We took steps to intentionally maximize the heterogeneity of the interview participants, choosing—to the extent possible—participants from a range of ages, professorial ranks (i.e., adjunct, assistant professor, associate professor, and full professor), academic disciplines, and institution types (e.g., research 1 universities with doctoral programs and high research activity, regional comprehensive institutions, liberal arts colleges, and community colleges). One reason we were not able to recruit more academic mothers of colour may be because they bore a disproportionate weight of the upheaval caused by the pandemic. The lack of diversity in our sample is not dissimilar to the lack of diversity among faculty at IHEs nationwide. With 45 per cent of faculty of all ranks being women, only 10.4 per cent are women of colour (Chronicle of Higher Education). In all, we conducted semi-structured interviews with eighteen academic mothers until we reached theoretical saturation (Strauss and Corbin 143). Table 1 below contains pertinent demographic information about the interview participants.

Table 1. Interview Participants

Gender	Eighteen women
Race / Ethnicity	Seventeen white One biracial
Children	Range: between one and three
Marital Status	Seventeen married One divorced
Role at IHE	Seventeen full-time teaching faculty One doctoral student

Type of Institution	Five public regional comprehensive institutions Six public research 1 institutions One private research 1 institution Two research 2 institutions Four small liberal arts college
Academic Disciplines Included	Sociology, psychology, accounting, family studies, education, writing centre, communications, early childhood, educational policy, hospitality administration, and biology

All interviews were conducted via Zoom. Each interview lasted between forty-five and sixty minutes, and both audio and video recordings were captured. The semi-structured interview protocol included questions about the existence or absence of policies and practices regarding the presence of children on campus and the impact of said policies on the participants' job satisfaction, burnout, turnover intention, trust or lack thereof among colleagues and between faculty and supervisor, career advancement, and work/life balance. Once again, this paper focusses on the questions about the impact of their institution's policies and practices relevant to working from home and with children during the COVID-19 pandemic. We completed the interviews in July 2020.

The research team began the data analysis process by establishing an initial coding framework based on the literature and on our experience conducting interviews as part of the study. Then, three researchers independently read through one interview each, creating preliminary initial codes. Next, one researcher analyzed each coded interview transcript, splitting some codes up, merging some codes, eliminating some codes, and creating some new codes. Following the initial round of coding, two researchers in the team met to review the preliminary codes and to discuss the revisions to the coding framework suggested by the aforementioned single researcher. Next, the same three researchers coded each of the original three interviews so that three interviews were coded twice by two different researchers. After this second coding, the three researchers met to compare and contrast codes and to revise the codebook. After this process was completed, we considered the codebook established and uploaded the interview transcripts to Dedoose, a web application used for coding qualitative data, and entered the codes from the codebook into the project (Jabbar et al.; Ford et al.; Hebert).

Within Dedoose, we began open coding to sort the data into categories that represent emergent themes (Strauss and Corbin 102). These categories were subjected to the constant comparative method (Glaser and Strauss 101-116). Unifying phrases and themes that emerge across categories were identified—a

process referred to as axial coding (Strauss and Corbin 123). These categories serve as the basis of the data analysis. To ensure credibility of the findings, the researchers engaged in data triangulation by comparing and contrasting the qualitative and quantitative data analyses, engaging multiple researchers in the coding process, and conducting periodic peer debriefings and member checks (Lincoln and Guba 17-20).

Qualitative Interviews Findings and Discussion

We identified one overarching theme and three sub-themes from the data analysis, which helped us begin to answer the guiding research question: In what ways were academic mother participants' work and professional lives impacted by their IHEs' COVID-19 policies and practices relevant to working while quarantined at home with children? The overarching theme is that the academic mother participants all struggled to reconcile their overlapping identities and roles. These struggles existed before COVID-19, but the pandemic exacerbated them. Before COVID-19, there were at least physical barriers and geographical distances that forced some boundaries between home and work. Once COVID-19 hit in March 2020, and IHEs closed down physically and transitioned to virtual learning, those physical barriers and geographical distances disappeared, and all these identities were enacted simultaneously and in the same space (Spradley et al.). Then, due to school closures, participants were suddenly forced to care for their children full-time —including spending so much time and mental energy working to keep themselves and their family members safe during a once-in-a-lifetime global pandemic—while also struggling to maintain their employment as faculty. One participant, when asked whether workplace expectations having to do with managing family and work responsibilities had changed during the pandemic, summarized it well when she said: "Yeah…. I think that everything has changed, honestly."

Next, we explore the three primary subthemes identified through our data analysis: (1) struggling to interpret communication from their supervisors and IHEs as the pandemic timeline evolved; (2) tussling with heightened physical, emotional, and psychological stress and anxiety brought on by the COVID-19 quarantine; and (3) juggling dramatic changes in work expectations caused by COVID-19's impact on higher education.

First, participants shared the ways in which they struggled to interpret or emotionally handle communication from their supervisors and IHEs as the pandemic timeline evolved. Participants shared a wide variety of communication they received from their supervisors and IHEs about the drastic workplace and societal changes due to the pandemic. A few participants noted that their IHEs and/or their supervisors had communicated supportive,

sympathetic messages. One participant described the support that came from her IHE in response to the quarantine and shutdown: "Administration was really just vocally reassuring that they were aware of the challenges." Another described a more tepid administrative response: "It's been very informal. They're aware, but there's no encouragement or adjustment or anything because of it."

Several participants reported that their IHE and/or supervisors ignored the reality of the faculty's children being at home around the clock. In these cases, there was, quite simply, no official institutional acknowledgment of the sea change taking place across the globe or of the herculean task so many of their staff and faculty who are parents and caregivers had been forced to take on. One participant, in late May 2020, explained: "Last week was the first time anything from the university went out acknowledging that parenthood exists. We had a Zoom call set up by the office of work-life balance that was like, 'We're here to talk about parenting and working in the time of Covid.'" Some participants described a gap between the words and actions communicated from their institutions and supervisors. For example, as one participant explained, "The messaging is very positive. It's empathetic to how hard this is for a lot of people. But there's nothing structurally in place to further support people who have these complexities on their plate."

In fact, some (but not all) of our participants identified two ways in which their institutions were acknowledging the new realities faced by caregiving faculty and staff by advocating for and implementing institutional change. One way was by creating a policy through which faculty could request to extend their tenure clock by one year. Others, however, worked at institutions which did not create this tenure clock pause possibility, as this participant indicated: "We don't have a tenure extension. Faculty expectations have not been addressed at all."

Another way in which institutions acknowledged the pandemic's impact on faculty workload was by suspending student course evaluations for the spring 2020 semester only. Many participants expressed relief that they could not be penalized in course evaluations for the chaos that ensued in higher education as a result of COVID-19, as this participant explained: "It's really nice to know that we're not getting evaluated. We're held harmless for course evals." We conducted interviews through summer 2020, when quarantine conditions were still in place in much of the US, but by the time course evaluations rolled around for summer 2020 courses, course evaluations at our institution were back in place as per usual. For all our participants who mentioned these policy changes, they clarified that the changes were temporary and only in conjunction with COVID-19.

Another common refrain among our participants was frustration that their IHEs and supervisors (i.e., chairs and deans) expressed significant concern

about and requested lots of understanding and flexibility from faculty for students, but little concern or flexibility was extended to faculty. One participant explained: "It's been very student focussed. Faculty expectations have not been addressed at all." Another said: "The university switched to a pass-no-pass model…. I think we were really thinking of our students." Similarly, one participant noted that there had been "a lot of concern for students … there wasn't much concern for faculty, [as] administrators did a student wellness survey but never did one for faculty." One participant described some messaging from her dean that addressed both students' and faculty's challenges: "You [faculty] need to be very thoughtful about not just your capacity but our students' capacity as well. We're taking care of families, and students have moved home [and you] are working from home. We need to be really mindful of what our capacities are."

In terms of the second subtheme, participants described the myriad of ways in which they were dealing with heightened physical, emotional, and psychological stress and anxiety. One participant described the physical and emotional fatigue she was experiencing: "We're just exhausted. I try to get up early and do a few things, but by the end of the day, I just don't want to work at night. As this goes on longer and longer, the strain of that will be more apparent. It's impacting people's sleep and sense of wellness." Another described the ways she was attempting to keep things afloat at home: "I've tried to keep on a real schedule. I don't know if that's because I have kids." Still another explained the ways in which her children had been mimicking her attempts to establish boundaries between work and home and to mitigate interruptions: "It's fascinating to see the little ways that our children are adopting this [establishing boundaries]. My youngest has a sign on the door that says, 'You can come in' or 'I'm on a call,' which is exactly what I have on my door."

Heightened stress and anxiety were also caused by news of their institution's possible or actual financial exigencies caused by COVID-19. One participant said: "I am anxious right now because COVID has put our university into some financial straits. Our department's enrollment is stable, but if they start laying off faculty, I'm not tenured yet. It'll be me. And then what do I do… right?" Another similarly expressed: "There's probably going to be budget cuts. So instead of looking at which colleges perform better or which have more revenue, they'll probably, like across the board—everyone would have the same percentage cut." Only one participant mentioned the possibility of getting support from their campus faculty union: "We're in bargaining right now for our CBA [collective bargaining agreement], and everything imploded with COVID because of budget cuts." Thus, study participants (almost all of whom were full-time tenure track faculty) were now having to take on a new burden that they previously had not to carry: concern about the short- and

long-term viability of their positions.

For the third subtheme, participants described the difficulties of juggling the ways in which their work expectations and norms were changing and their work-life boundaries were clashing or even disappearing due to the pandemic quarantine. Although there was a narrative in the media early on in the spring 2020 quarantine timeframe about how the pandemic was shutting things down and causing a slowdown in work productivity and expectations, most participants in our study said that there was a marked increase (rather than a decrease) in meetings—all of which were happening via Zoom, which was fatiguing in a new way. One participant did remark, though: "It's been really nice … meetings have been cut down significantly." But the majority of participants experienced the opposite. One participant from a large research institution noted, "Meetings have ramped up because people know all I have to do is go upstairs and turn on Zoom."

Some speculated that the ubiquity of Zoom made colleagues and supervisors feel as if everyone could be available at all hours of the day and able to jump on a Zoom meeting with little to no notice. As one mother explained: "There's the sense that I'm now available for all these other meetings … [but] I can't jump onto a meeting that starts in five minutes." Our academic mother participants were simultaneously juggling their children's needs, their students' needs, and their coworkers' and supervisors' needs and expectations. As one participant explained: "Unless your kids are teenagers, there's just no way your kids aren't going to be interrupting you and distracting you." During one interview, a little girl popped up in the Zoom screen and kept vying for her mother's attention. The participant shook her head a bit and said, "Speaking of children who are part of your work all the time…" Her daughter excitedly said, "Mom! I'm making a tea party for me, dad, and you." And the mother responded: "You may use my fancy china for the tea party, but daddy has to get it out for you." And then she smiled and brought her attention back to the interview.

Similarly, when asked to describe how her work expectations were changing as a result of the quarantine, one participant exclaimed: "Nothing! There has been no change in expectations. It's wild! We're like, 'You know what's happening, right?' And they're like, 'You'll be fine. You got this. We trust you.'" However, for our participants, their schedules had just become exponentially more complex, as they had children at home attempting to do virtual schooling and babies and toddlers at home without childcare. Although some childless people may have had increased availability due to being at home, our participants experienced the opposite.

Scholarly Significance and Implications

Findings from our interviews suggest that support for academic mothers during the COVID-19 pandemic came largely from colleagues and, in some cases, direct supervisors (Ward and Wolf-Wendell). All our interview participants spoke either implicitly or explicitly of their commitment to their work as well as their desire to be actively engaged and present in their children's everyday lives. Many expressed dismay and disappointment with the way in which their supervisors and institutions largely ignored their health and wellbeing during COVID-19 and expected them to simply press on in the face of cataclysmic global events. Interview participants identified few, if any, ways in which their institutions supported them, which parallels our quantitative findings. Together, these results add to the large body of extant literature suggesting that IHEs have significant work to do to become more family-friendly workplaces capable of supporting women faculty, particularly those who are raising children and/or juggling other caregiver responsibilities (e.g., aging parents) while working to attain tenure and/or academic promotion.

Although a pandemic of this magnitude may not cause such sizable disruptions in the future, it is important for IHEs to redouble their efforts to create work environments that are supportive of all faculty. For decades, IHEs catered to an elite class of employees—mainly white men from middle- and upper-middle class families (Kennelly et al.). As the professoriate diversifies, policy, procedures, and workplace cultures need to be reexamined, retooled, and rebuilt to accommodate the heterogeneity of the faculty. Specific attention ought to be paid to intersectional identities, such as those of caregivers, women, and people of colour.

In terms of gender, the composition of the academy is changing. According to data from 2020-2021, the most recent data available, women constitute more than 52 per cent of those holding assistant professor positions. Moreover, women hold more instructor and lecturer positions than men (US Department of Education). Conversely, men hold nearly 60 per cent of the associate and professor positions, positions that are likely to come with tenure and lifelong job security. Although this general increase in the hiring of women into the academy is consistent with many IHEs' diversity initiatives, in times of financial strain or exigency, those in lowest academic positions are the most vulnerable during reduction-in-force decisions. Changes like this are dispro-portionately likely to affect women and academic mothers.

Gender differences exist not only in faculty rank but also in parenthood status. Of those over the age of forty, significantly more men (82.2 per cent) than women (71.0 per cent) reported having children; however, across genders, more than 78 per cent of faculty over the age of forty reported being a parent (Morgan et al.) These data, however, do not speak to other forms of caregiving

—care of partners, parents, siblings, and niblings—in which many faculty engage.

Tangible steps must be taken by IHEs to support women and to support parents and caregivers. Policies that recognize and respect faculty members' (particularly women's) roles as caregivers are likely to be viewed by academic mothers as supportive, although future research should examine whether this is empirically true. Based on our interviews and our own experiences as academic mothers during the pandemic, we encourage other women faculty who are caregivers to organize for action, either by creating their own unique institutional organization or by joining an existing union or advocacy organization (e.g., the American Association of University Professors and the American Association of University Women). Faculty women and caregivers should also consider partnering with existing entities and organizations on campus to identify where interests converge so that they can work together to achieve shared goals. Another possible action step is to nominate women and caregivers to university committee and leadership positions and communicate to them their expectations so that they can advocate for family-friendly workplace policies.

Some tangible steps institutions and administrators can take to support and empower academic mothers and faculty with caregiving responsibilities, which were discussed during our interviews and during the data analysis and writing processes, are listed on the next page in Table 2. We also wish to amplify the work of Michelle Cardel et al., whose article includes examples of specific programs and initiatives at institutions of higher education across the country.

Table 2. Specific Action Steps for Higher Education Administrators to Consider

Administrators
Revise and/or eliminate institutional policies that limit or restrict the presence of children on campus in favour of policies that support flexible scheduling and work environments.
Actively recruit more women and people of colour in the faculty ranks but perhaps particularly in administrative roles (chair, dean, provost, etc.).
Accurately quantify gender inequities in terms of service obligations and take active steps to ameliorate the inequities.
Conduct an audit of all existing policies to determine which are more or less family/parent/caregiver friendly and revise the less friendly ones (e.g., tenure and promotion policies, lactation support, and paid parental leave).
Align campus academic calendars with local school calendars to minimize scheduling conflicts.
Consider forming an office or committee to ensure that salaries, internal funding, professional development, as well as mentoring opportunities are distributed equitably between women and men.
Identify internal funding sources to support faculty who are parents or caregivers and who need to present their work at conferences in faraway places (e.g., implement childcare or adult care stipends for faculty).
Involve faculty in course scheduling so that courses are scheduled around family / caregiving obligations or so that distribution of courses at challenging times is shared equitably.
Involve faculty in course modality assignment so that face to face and online courses are assigned equitably.
Involve faculty in determining when events (e.g., meetings, commencement, receptions, networking events, and candidate interviews) are scheduled. Events scheduled outside the normal workday should welcome participation from whole families, provide childcare, and/or provide reimbursement for childcare costs incurred.
Provide Zoom links for meetings to accommodate challenging schedules.
Allow faculty to hold office hours online.
Give faculty the autonomy to quickly move a class online when necessary (e.g., extended illness, global pandemic, and natural disaster).

Our findings indicate that issues related to parenthood and caregiving must be addressed within the workplace culture of IHEs. Training is desperately needed for many in leadership positions in higher education, particularly regarding supporting the dual identities of some faculty as caregivers and academicians and understanding how the work-life balance of those faculty can be affected by such events as pandemics, natural disasters, long-term illnesses, or other crises. Administrators are implored to identify and implement tangible solutions that can be afforded to faculty who are parents and/or caregivers. We hope this article can serve as a launch point for action to improve the lived experiences of academic parents, particularly mothers.

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NICOLE DILLARD AND TAYLOR CAVALLO

The Stories We Tell: Narratives of Mothering and Work During the Dual Pandemics of 2020

Narratives remain powerful in shaping both the cultural stories and personal stories that inform our lives. Specifically, narratives concerning mothering and work are particularly powerful not only for women who are balancing professional life and childrearing responsibilities but also for our larger cultural understanding of what and who society has deemed a "working mother" is or should be. The complexities of these narratives were further complicated due to the simultaneous COVID-19 and racism pandemics of 2020 that exposed fractures in some of our most eminent narratives around mothering and work. Furthermore, and perhaps most importantly, the recent pandemics illuminated the fact that many of these narratives are incomplete and often exclude, overlook, or erase women of color and other women who occupy marginalized identities as well as the challenges they face. Our goal is to expose the gaps within these narratives against the backdrop of the dual pandemics and explore the historical and social contexts in which other narratives of mothering and work exist for women of color and other women with marginalized identities. Through centering the individual counterstories that challenge problematic narratives, we aim to use these examples to outline optimistic yet realistic possibilities that explore complexities within mothering and work and support learning and social change for a post-pandemic world.

Introduction

Storytelling is a part of the fabric of American culture. Stories are woven into everything that we are, and they are how we make sense of the world (Maines and Ulmer). We tell small stories to express the mundane, daily experiences of our lives, such as retelling a joke or reminiscing about an important life event. We also tell larger stories to help connect our lives to those around us. These stories are rooted in the set of beliefs, ideas, opinions, and values of the

storyteller, and the broader narratives that shape ideas and give meaning to individuals. People are both the producers and products of the meanings within the stories they tell.

While many narratives create a sense of shared identity and cohesion, they can also promote a sense of isolation and marginalization for those who do not subscribe to and/or resist the larger narratives shared in a community or society. This experience is particularly relevant to master narratives, which have been defined as shared stories that tell us about a given culture and provide guidance on how to be a "'good' member of a culture" (McLean and Syed 320). Those whose personal narratives are aligned with master narratives prove to be relatively trouble-free (McLean and Syed); however, those whose personal stories are not aligned with master narratives, "may need to construct or adopt an alternative or counter narrative, which at minimum differs from, and at maximum resists, the master narrative" (McLean and Syed 332).

In Foucault's articulation of master narrative theory, he describes the connection between a society's master narratives and oppression of certain segments of society, arguing that the master narrative is an intentional and active mechanism that the dominant group utilizes to maintain its power and control over subgroups. In this view, a goal of the master narrative is to preserve the status quo and maintain hegemony. Given this reality, subgroups in society not benefiting from the status quo must reject the master narrative and create a new narrative to survive.

A clear articulation of narratives' ability to maintain the hegemony of a dominant group while oppressing a subgroup can be explored through our understanding of contemporary narratives of mothering and work in the United States (US). The master narratives of mothering and work "provide a framework for new mothers to make sense of their experiences and to develop a coherent maternal identity" (Kerrick and Henry 1) in relation to the work they perform both inside and outside of the home. The extent to which master narratives affect ways that mothers conceptualize their individual experiences and compare them with the prescriptions of the normative experiences of mothering and work reveals the power of the master narrative to advocate a rationale for, grant legitimacy to, and define the value of mothering and work.

However, in taking an intersectional lens, one can begin to see that the experiences included in master narratives suffer the typical limitations of most Western depictions of women. Intersectionality as defined by Kimberlé Crenshaw explores how systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization, which shape an individual's experiences of both privilege and oppression ("Mapping the Margins"). When applied to this article's central critique, intersectionality can be used to expose how the narratives are normed towards a homogenized version of a working woman, regardless of identities

or contexts. In the US, these accounts are centered predominantly on the experiences of white, married, relatively affluent, and career-oriented women, and they tend to exclude the experiences of working mothers of color. This phenomenon speaks to Alison Bailey's invoking of Elizabeth Spelman's observations: "Differences among women have been eclipsed by feminist theorists' desires to focus on 'womanness' rather than the diversity among women" (qtd. in Bailey 192) and is aligned with an intersectional tenet that race and gender are not monolithic and that the experience of mothers will vary depending on the characteristics of their identities (Dillard 16). Consequently, women whose experiences do not resonate with the master narrative continue to be marginalized and oppressed. The next section explores how this dynamic was epitomized through the experiences of working mothers during the COVID-19 and racism pandemics of 2020.

A Tale of Two Pandemics

The COVID-19 Pandemic

At the start of the global COVID-19 pandemic in 2020, women exited the workforce in significant numbers. Immediately, the pandemic-related recession was unique, as historically women have been typically less affected by recessions as compared to men (Albanesi and Kim). The most striking characteristic that made the COVID-19 pandemic different from other periods of pure economic struggle was the stay-at-home orders that many states and territories implemented (Moreland et al.) to mitigate the spread of the virus. This one shift quickly and emphatically blurred the separation of work and family as well as paid labour vs. unpaid labour by making home an inescapable sphere of work: blending family and domestic duties with professional responsibilities.

Women are gaining some jobs back. However, even after gaining "188,000 jobs in January 2022, they are still short by more than 1.8 million jobs lost since February 2020" (Gonzales). Linda Carli puts it plainly: "More women than men have lost their jobs … and women have had more work disruption than men … because of increases in childcare and other responsibilities." COVID-19 showed us the implications that the intersections of identity have on our workforce issues, specifically, race, class, marital status, and motherhood. These are important dimensions within this larger narrative of "women" and "work" amid the COVID-19 pandemic, as "increases in labor force exits were larger for Black women, Latinas, and women living with children," specifically under the age of six (Lim and Zabek). Mothers also had the added challenge of managing children's e-learning while schools were closed, pointing to another gendered reality of the pandemic: 63 per cent of women said they supervised online schooling for their kids, compared to just

29 per cent of men (Carino). This dynamic was especially troubling for single mothers who account for 80 per cent of single-parent households and faced severe job insecurity as they balanced this increased responsibility of e-learning with work outside of the home (US Census Data). Furthermore, considering that the majority of single-parent households are skewed towards families of colour (The Annie E. Casey Foundation), mothers of colour were significantly affected. Overall, the psychological and physical effects were quickly felt as women responded to "feeling more exhausted, burned out, and under pressure than men" (McKinsey). The pandemic not only exacerbated existing gender inequalities within the formal workforce (Landivar et al.), it also created a "dramatic increase" in the amount of unpaid care work that women were already doing (Power).

The Racism Pandemic

As if COVID-19 were not already enough of a shock to our ways of being, we also experienced an increased awareness of racism in the US. We emphasize increased awareness because we (the authors) know that racism and police brutality are not new occurrences in the US (or globally for that matter). In fact, "despite only being 13% of the population, Black Americans are three times more likely to be killed by police than white people, and five times more likely to be unarmed when killed" (Campbell and Valera 1). And although we agree with these authors' sentiment that "the only thing new is the cameras," we also acknowledge that social media during this racism pandemic has forced society to address and critique longstanding narratives of criminality (Campbell and Valera), police brutality (Clark, Bland, and Livingston) and anti-Black state violence (Battle).

In her book *America, Goddam: Violence, Black Women, and the Struggle for Justice*, Treva Lindsey states that "Frequently, how we talk about pivotal moments in both Black freedom struggles and America's history more broadly, ignores or limitedly acknowledges violence against Black women and girls as powerful catalysts" (Lindsey 6). Both the COVID-19 and racism pandemics were no exception to this practice. In fact, to the point referenced earlier in this article that master narratives centre the experiences of the dominant group, this is not exclusive to whiteness. Master narratives also centre maleness through the patriarchy (Syed et al.). Consequently, many of the narratives that inform Black experiences in the US around criminality, police brutality, and anti-Black state violence also centre men. Black women were so removed from the cries of justice in the Black Lives Matter Movement that a separate movement, #SAYHERNAME, was created to prevent further erasure of the experiences of Black women with state violence (Crenshaw, "Say Her Name"). And although many of the women murdered by the police were mothers, they have largely been excluded from the narratives of the good or ideal mother

(Carter and Anthony). As a result, they were granted no regard to that identity but were instead revictimized through the narratives often negatively ascribed to Black women (e.g., promiscuous, angry, or aggressive). It is also important to note that it is through the continuous dehumanization of the black female body in these narratives that overly sexualize Black women that also led to the erasure of Black women from the #METOO movement, even though it was created by a Black woman (Keys). It is in these cases that negative narratives about a mother's race and gender were more salient than any potential positive narratives about their maternity, thereby placing Black femaleness "as outside the social contract and, by extension, outside the moral order" and creating the conditions in which the violence is allowed to occur (Smith 1).

The Pandemics and Their Implications on Narratives of Mothering and Work

The "Lean In" Narrative

One narrative of mothering and work that gained significant cultural attention and traction in the US is the ubiquitous "lean in." *Lean In* by Sheryl Sandberg and Nell Scovell, published in 2013, was a groundbreaking book upon its release. As of 2018, *Lean In* had sold four million copies and was featured on *The New York Times* bestseller list for over a year (Newman). The book emphasizes the ways in which women must use their ambition and grit in order to "lean into" their careers and ultimately achieve success. Although the book is certainly not the only narrative of mothering and work, in the mid-late 2010's it became both a popular and dominant framework for individuals, both within organizations and culturally. "Lean in" has become a popular colloquial term in both corporate and broader discourse, immediately eliciting a shared understanding of its meaning.

Despite criticism that both the book and Sandberg have faced, this text, and the lessons extracted from it, has taken on its own narrative and legacy in the public discourse around mothering and work. Written by the former chief operating officer of Facebook (now Meta Platforms), the book aims to help women navigate the challenges of personal professional growth and family responsibilities, namely married life with children. The book promises to help women dismantle "the barriers that exist within ourselves" (Sandberg and Scovell 8). Sandberg claims that as women, "We hold ourselves back in ways both big and small, by lacking self-confidence, by not raising our hands, and by pulling back when we should be leaning in" (Sandberg and Scovell 8).

With this text, Sandberg creates a world in which a woman can thrive in her career while also successfully managing her family life, although she does depict the image of this woman as undoubtedly busy, messy, and filled with guilt (Sandberg and Scovell 135). And even though Sandberg seems to argue

that "given life's variables, [she] would never recommend that every woman lean in regardless of circumstances" (Sandberg and Scovell 97), she sends mixed messages by then advocating that it is in fact achievable to become this woman who lets neither work life nor family life slip through her fingers fully. Therefore, as a result, although Sandberg claims that no one can have it all or do it all (Sandberg and Scovell 122), her more salient messaging around leaning in to get it all is the more prevalent public narrative extracted from this book. It is significant to note that Sandberg herself is an affluent, Ivy-League educated public figure who is a mother and was a sitting C-level executive at a major tech company at the time of writing this book. She is undoubtedly an individual who could be seen as having it all from a certain vantage point. This ideal is attained through embracing both career and family life simultaneously, the message being: although it is messy, it can be done (Sandberg and Scovell 138).

The "lean in" narrative, both the text itself and the following it gained, can be understood as a modern narrative of mothering and work that became quite popular yet has been criticized for reproducing some harmful messaging. First Lady Michelle Obama even publicly dismissed "leaning in" on her own book tour when discussing women, marriage, and having it all (Wamsley). Although the Lean In Organization has prioritized race and intersectionality more recently (LeanIn.org), one of the most significant criticisms around Lean In upon its release was a lack of meaningful consideration or nuance around identity and intersectionality related to race or class within the experience of navigating mothering and work, paired with the idea that women need to conform to societal norms and narratives of male standards to succeed. Holding women to a standard created and maintained by patriarchal ways of being, in lieu of turning that standard on its head, is ultimately problematic. bell hooks illustrates this point as she notes how Sandberg's solution grossly underestimates the social norms and expectations women face from existing narratives:

> Sandberg's definition of feminism begins and ends with the notion that it's all about gender equality within the existing social system. From this perspective, the structures of imperialist white supremacist capitalist patriarchy need not be challenged...privileged white men will eagerly choose to extend the benefits of corporate capitalism to white women who have the courage to 'Lean-In.' It almost seems as if Sandberg sees women's lack of perseverance as more the problem than systemic inequality. (hooks)

Further criticism emerged when women were finding out that this advice was simply not working for them, as they circulated their own personal narratives about the realities of Sandberg's assertions as well as the broad

contradictions embedded within her message (Goldstein; Hess). What is left unspoken in the *Lean In text* is that this partially autobiographical archetype of a woman that the author is curating hints at a larger, master narrative of women, work, and motherhood. She is implicitly white, affluent, and working in a white-collar job. Other identities and stories are left out.

While the interior barriers of motherhood and professional life for women are valid, they are not the only barriers that marginalized women, specifically women of colour, navigate; there are significant exterior barriers that exist as well. Although Sandberg correctly identifies some challenges that women face, (i.e., the backlash against ambitious and active women), she misses the mark by focusing on the individual changes women must make to fit in and reinforces master narratives and structural challenges within organizations that make it difficult for women to succeed. Sandberg addresses but ultimately seems to dismiss the importance of systems and institutions within this dilemma. In fact, while she suggests that the battle for women's advancement should be waged both internally and externally, the book almost exclusively addresses these "internal" barriers, such as imposter syndrome, confidence and ambition, pulling back within a job while pregnant, and managing juggling work and children.

Through this lens, Sandberg's *Lean In* approach echoes the familiar master narrative of American meritocracy: Women bear all the responsibility for change, even as Sandberg notes, at the expense of their own happiness. In addressing only the interior barriers, an overall takeaway from the book for many women might be that responsibility rests solely on the individual to dictate the trajectory of their career path, financial success, and the health of their family life and not on institutional, organizational, or societal actors.

The pandemic can perhaps be seen as the cultural moment in which this idea of the "messy" working mother archetype that emerged from *Lean In* became a caricature version of itself for many women. Kids, work, family, school, and domestic responsibilities now all existed within the same space, and many families "leaned in" even more onto the mothers and maternal figures of the family to manage it all. The pandemics proved that when women are forced to juggle so much, things are not just "messy," as Sandberg referenced, they are in fact unsustainable. Women were forced to juggle work and family simultaneously, and they very loudly rejected it. There was a public outcry from many women about how impossible their lives seemed to have become (Grose). They had been churning along in the mundane yet maddening drudgery of their everyday lives but then had the metaphorical volume turned up and amplified against the backdrops of both the racism and COVID-19 pandemics. This was especially problematic for Black women, whose maternal practice of protection was heightened as they navigated caring for Black children in the midst of violence against Black bodies, resulting in further

questioning of the "lean in" thesis. Where in the narrative of Leaning In do we consider the ways that racial violence affects how you show up as a mother and at work? What is the organizational and governmental responsibilities in supporting mothers and their children as they navigate trauma from such violence? And perhaps more significantly, what is the legacy (and implication) of Black people who continually are forced to "lean in" and push through such trauma with no support, outlet, compassion, or healing? The fundamental flaw of not centring social identity as well as institutional and political failures are what has gotten women here. But until gender and motherhood were highlighted by white women, these identities largely remained neglected, although these are obstacles that women of colour have been working through for centuries.

The Intensive Mothering Expectation

Another damaging narrative of mothering relevant to both the pandemics of 2020 is the intensive mothering expectation (IME). Sharon Hays describes intensive mothering, as an "expert-guided and child-centered, emotionally absorbing, labor intensive, financially expensive ideology" (qtd. in Vincent 110). Carol Vincent further observes that "mothers are primarily responsible for the nurture and development of the 'sacred' child, and in which children's needs take precedence over the individual needs of their mothers" (110). According to several scholars, IME is the most dominant narrative of mothering in the United States, and it contributes to the cultural backlash against working mothers (Erickson; Aird and Arendell). IME has ideological roots that are linked to both the biographical master narrative, which privileges the nuclear family, and the good mother master narrative, which privileges the full-time, stay-at-home mom. Research shows that "all mothers, regardless of racial/ethnic or social class background … are aware of and feel pressure to conform to intensive mothering standards" (Elliott, Powell, and Brenton 351). However, living up to or attaining some semblance of these intensive mothering standards can potentially be more challenging for women of colour. The IME narrative empowers the backlash against working mothers by emphasizing that "women who put more time and effort into work over children, or who do not have children, are considered deviant" (McLean and Syed 331). The backlash is particularly strong for women of colour, many of whom are financially supporting multigenerational households and do not have resources required for IME. The intersection of race and class is central to the narrative of IME and how it impacts the experiences of working-class women of colour. Evangelina Holvino succinctly describes this circumstance in her intersectional analysis of gender and organizations: "Because of the prevalence of people of colour in lower echelon jobs, which restricts their economic opportunities and status, it is difficult to clearly separate the racial

story from the class story in the lives of women of colour. The experience of class for women of colour is not separate, but an integral part of their experience of race and gender and vice versa" (253). Here, Holvino shows the distinction of experiences within this master narrative of mothering and work, or in this case, nonwork, as traditional employment in the IME sense is seen as inferior to the glorified work of dedicated, full-time motherhood.

Similar to the "lean in" narrative, the pitfalls of the intensive mothering narrative were emphatically present within the new pandemic lifestyle. Responsibilities related to childcare and domestic life that fall predominantly upon the shoulders of women were intensified, and in some ways, intensive mothering became an implicit part of sustaining family life during the stay-at-home order. Mothers were not just mothers during this time but also teachers assisting their children during e-learning classes—a burdensome undertaking that was added to the typical responsibilities of motherhood. Working mothers in particular managed professional work, motherhood work, and e-learning for their children. Ideas about how much should financially be invested in children and childrearing were also necessarily challenged, as many families faced, and continue to face, financial struggles due to the pandemic and its economic fallout, with lower-income and Black individuals being hit the hardest (Menasce Horowitz; Parker, Minkin and Bennett.)

Illusion of Choice

Another mothering and work narrative that was problematized by the pandemics was the narrative of choice. Catherine Albiston addresses the choice gap in her work on the work-family dilemma, clearly linking this narrative with the master narrative of the bifurcation and resulting conflict of work (paid) and life (unpaid)—another complex dimension this article will explore later against the backdrop of carework during the pandemic. Albiston further states that the choice gap presents an inaccurate narrative of the options that women have at work, perpetuates the constant duality of work and family, and "frame[s] the work and family conflict as a private dilemma rather than a matter for public policy" (Albitson 44). Joan C. Williams, Jessica Manvell, and Stephanie Bornstein also emphasize the impact that distorted narratives about women and work have on shaping federal and state policy. In interviews with Capitol Hill staffers, they note that congressmen were not interested in shaping work-life policy, as it is a problem of professional women. Considering that women remain the most vulnerable population and have less access to social protections (UN Women), the need for policy protection for mothers is vital, especially during pandemics. Furthermore, from an intersectional perspective, "Women who are poor and marginalized face an even higher risk of Covid-19 transmission and fatalities, loss of livelihood, and increased violence" (UN Women).

If we continue to frame the master narrative of mothering and work as if it is truly about choice, then we do not have to address the real issues of why things are not working for many working mothers, especially mothers of colour, systemically and institutionally. This point becomes heightened when explored within the context of the pandemics because in most cases, many choices related to motherhood and work were being made for women as to when they can work, how they balance career and life, and what types of flexibility are available (Calás and Smircich). Narratives such as "lean in" compounded with the narrative of "choice" contribute to this misrepresentation of who is impacted by inadequate working environments that force women out. The personal narratives of women that emerged during the early days, weeks, and months of the pandemic, of those who were attempting to balance professional responsibilities on top of childcare and other home responsibilities, served as clear evidence that the lived experience of "having it all" under one roof while "leaning in" to both the work and family realms that were simultaneously pushing and pulling women was unsustainable (Grose). However, viewing these issues through the intersectional lens of race and class further clarifies the extent to which society's structural issues and institutional barriers complicate these experiences for women of colour, who have historically been faced with these issues long before the 2020 pandemic, but their experiences remained excluded until white women named them as issues.

The Essential Labour Narrative

Just as the 2010s brought the term and narrative of "leaning in" into both the metaphorical conference room and our colloquial speech, the COVID-19 pandemic in early 2020 brought the term and idea of "essential labour" into our pandemic narrative and public discourse. The pandemic provided an opportunity for American capitalistic society to recalibrate and become more attuned to those who largely go unrecognized and unthanked in the workforce. Those working in the field of healthcare (nurses, doctors, PAs, etc.) received an outpouring of thanks in many different forms, from donations to the banging of pots and pans (Newman) and yard signs. During this outpouring of support, there was also an attempt to include other roles under this umbrella of essential work—to thank those we see all the time yet pay little attention to, such as postal workers, delivery service workers, sanitation workers, and grocery store workers. "Thank you to our essential workers" suddenly became a new phrase in our dialogue (Das Acevedo). Although their service was undoubtedly important to our economy and our country, the public discourse used specific language ("essential") to further scapegoat some of the nation's already most vulnerable and marginalized workers while giving them a taste of the large-scale thanks and recognition they had always deserved.

This narrative of "essential labour" existed not just in the formal workforce

but extended into the domestic space as well. In many ways, the pandemic also prompted more public, widespread cultural acknowledgement of motherhood and mothering as essential labour. When much of the world stopped turning for many individuals and families, the domestic space became the site of work, school, and all the other moments and experiences that make up life. In her book *Essential Labor,* Angela Garbes aims to recentre the work of motherhood and caregiving broadly and to emphasize its importance and impact, despite the cultural, political, and economic invisibility of these roles. She describes the experience of losing touch with her identity as a professional working mother and being fully immersed in the work of motherhood during the quarantine period of the pandemic: "Over the last two years, as I've done an unprecedented amount of caregiving, I've spent an equal amount of time considering care work: how it is seen as low wage labor, rather than highly skilled work that is essential, creative and influential" (42). Motherhood and the act of mothering are not seen as real jobs within the broader cultural narratives of capitalism, yet the pandemic proved just how important these roles are. Broadly elevating the value of carework is a crucial piece of the pandemics' impact (Bahn, Cohen, and van der Muelen Rodgers; Thomason and Macias-Alonso). With the inability to send children to daycare or school, mothers who also held jobs outside of the home began to take on their professional work and the work of motherhood in the same space, at the same time. During this overwhelming sociocultural moment, many women were speaking out against the conditions and systems within our country that had allowed this to happen. However, the dizzying logistical obstacles and significant strain of often conflicting responsibilities around work and home life and reproductive labour have been landscapes that marginalized women have navigated long before the pandemic.

Historically, distinctions around what counts as labour have been dictated not necessarily by metrics related to actual work; instead, they mirror many of our country's most deeply held social codes and beliefs related to race, class, gender, and capitalism. Marx and Engels offer language around the distinction between productive and reproductive labour formalizing these two types of work as diametrically opposed. Duffy offers their definitions as "the production of goods in the economy and the reproduction of the labor power necessary to the maintenance of that productive economy" (315). Reproductive labour, which can be also understood as carework, cannot be separated from issues of race and gender. Although carework is something that has largely been gendered as women's work for centuries, intersections of race and class further clarify the social hierarchy that carework has historically held in our country. From enslaved Black women's forced and unpaid care of white families and white children (Hartman), to the exploitative history of enslaved Black women wet nursing white children (West and Knight), to the rape and forced

reproduction of Black and Native women for commodification (Gordon), and to the exploitative working conditions for immigrant women (León-Pérez, Richards, and Non), women of colour's care work has largely been neglected throughout history, especially in the narratives of what counts (and matters) as carework. This neglect remains, even though women of colour still hold the vast majority of paid care roles in the US, such as childcare professionals and domestic workers. In fact, "91.5% of domestic workers are women and just over half (52.4%) are black, Hispanic, or Asian American/Pacific Islander women" (Wolfe et al.). Many of these roles are low wage: "The typical (median) domestic worker is paid $12.01 per hour, much less than other workers (who are paid $19.97 per hour)" (Wolfe et al.). Yet these individuals are crucial to the functioning of a healthy economy and society; their work is essential for future generations. Women of colour also make up a large proportion of essential healthcare workers, including nurses and nursing aids (Frye). Despite the celebration of nurses during the pandemic, they have been largely undervalued, and historically this field has had "a racialized and classed history" (Henry 343).

Learning, Legacy, and Social Change

2020's dual COVID-19 and racism pandemics provided a number of opportunities for learning and social change. Namely, the pandemics reemphasized the role that narratives play in shaping the day-to-day lives that people live. The taken-for-granted nature of narratives oftentimes removes awareness of how individuals actively produce and participate in the development and sustainability of these narratives. Thus, it is imperative to continue to bring attention to the ways in which individual roles and experiences can effectively create social change. Part of this work involves centring counternarratives by highlighting the experiences of those most marginalized in society, namely mothers of colour.

The counternarrative, also referred to as the counterstory, is defined by Daniel Solórzano and Tara Yosso as follows:

> A method of telling the stories of those people whose experiences are not often told (i.e., those on the margins of society). The counter-story is also a tool for exposing, analyzing, and challenging the majoritarian stories of racial privilege. Counter-stories can shatter complacency, challenge the dominant discourse on race, and further the struggle for racial reform. Yet, counter-stories need not be created only as a direct response to majoritarian stories. As Ikemoto reminds us, "By responding only to the standard story, we let it dominate the discourse" (136). Indeed, within the histories and lives of people of color, there are numerous unheard counter-stories. Storytelling and counter-

storytelling these experiences can help strengthen traditions of social, political, and cultural survival and resistance. (32)

This definition precisely conveys the importance of counterstories to learning, legacy, and social change. Acknowledging that there is a diversity of experiences of mothering and work by mothers of colour presents an opportunity to learn and create new meaning and practices of mothering and work that can replace but also stand alone from dominant discourses. Additionally, recognizing a group of women whose labour, care, and experiences have largely shaped much of our ways of being in the US, even as they remained unnamed and unrecognized throughout history properly cements their legacy within the larger contexts of mothering and work research, theory, practice, and policy. Finally, as is often quoted, the true measure of any society can be found in how it treats its most vulnerable members, and our active choice to learn from and honour the legacy of mothers of colour is a radical step towards social change.

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LISA H. ROSEN, LINDA J. RUBIN, AND MACKENZIE BECKMON SHARBINE

Maternal Reflections on Working from Home with Children during the Pandemic

Due to widespread work and school closures during the early waves of the COVID-19 pandemic, many mothers were forced to work from home while supervising their children's remote schooling. The current study examines maternal reflections on this period, focusing on the perceived impact of working in close proximity for both mothers and their children in the United States. Mothers reported that their children learned more about their job responsibilities since the onset of the pandemic compared to before it, which was likely due to children spending more time closer to their mothers while they worked. We used thematic analysis to examine mothers' open-ended responses. Two overarching themes emerged. The first theme was that greater time together increases children's understanding of working mothers' role in the family, workplace, and community. The second theme was that observing one's mother work from home can inform children's future career paths. Mothers shared that this experience of learning about their mothers' career enabled their children to better understand their perspective, which has the potential to be an empathy-building experience. Looking towards the future, this increased respect and empathy have the potential to improve relationship quality and help children view their mothers' careers more favourably.

The COVID-19 pandemic profoundly affected the daily lives of mothers and their children (O'Reilly and Green). With pandemic-related closures, both children as well as their mothers transitioned to a largely work-from-home format (Bhumika; Kniffin et al.). As schools closed to stop the spread of COVID-19, children of all ages remained at home and engaged in remote schooling. Parents had to grapple with the demands of their children's schooling while balancing their own job demands under stressful conditions. Many parents were working from home for the first time, and others had to continue to go into work as they were designated as essential employees.

Mothers took on a disproportionate amount of the increased caregiving and household demands, reflecting longstanding gender inequalities (O'Reilly and Green; Sevilla and Simon). These changes brought on by the pandemic had negative consequences for both mothers and their children. However, the current study sought to examine the potential positive effects of the increased time mothers and their children in the United States (US) spent together during the pandemic.

Data collection took place mid-pandemic in the early fall of 2021. Although a diverse sample of American working mothers were recruited, it is important to note that more than half of the mothers in our study were college educated. Below, we first review the literature and highlight the potential negative as well as positive impacts of the pandemic on working mothers before describing how our study assessed maternal reflections of working in close proximity to children during pandemic-related school and work closures.

Literature Review

The pandemic blurred the lines between work and home. During lockdown, many mothers worked in close proximity to their children. The existing research has focussed on the drawbacks for families during the pandemic lockdown, which we outline here, whereas our study seeks to examine potential benefits of being in close proximity during this time.

During the pandemic lockdown, mothers reported increased family-work conflict, as responsibilities at home affected their ability to complete the demands of their jobs (Bhumika; Powell). Many mothers attempted to carry out their typical job responsibilities and participate in remote meetings while caring for their children. Correspondingly, work-family conflict also increased, as many mothers experienced work stress that spilled over and affected family dynamics, as they tried to simultaneously attend to work and home responsibilities (Charalampous et al.; Craig and Churchill).

As such, it is not surprising that many mothers reported feeling exhausted as they tried to balance the demands of work and family during the pandemic (Barroso and Horowitz; Igielnik; O'Reilly and Green). With increasing demands at home, some mothers were forced to reduce their hours at work (Cummins and Brannon). Mothers often reported that they were less productive at work during the pandemic, and many similarly indicated feeling less satisfied with their jobs (Feng and Savani). The effects of the pandemic extended beyond mothers' work lives with notable effects on their overall wellbeing (Davenport; O'Reilly and Green). Some mothers reported higher levels of stress and greater symptoms of anxiety and depression since the onset of the pandemic (Cameron et al.; Davenport).

Like their mothers, children experienced increased stress and adjustment

difficulties because of the pandemic (Ramchandani; Skinner et al.; Vogel et al.). As noted above, stress from mothers might have indirectly affected children. Direct effects of the pandemic were also evident, as children often feared catching COVID-19 or having a loved one fall ill (Araújo et al.). Changes to routine were especially challenging, and the transition to remote schooling negatively affected learning as well as reduced access to children's social infrastructure (Agostinelli et al.). During lockdown, children were separated from their friends at a time when they might have needed them most, as social support can provide a protective function during stressful times (Dalton; Vogel et. al.).

Despite the negative consequences of the pandemic, many adults were also able to describe some positive effects (Schmiedeberg and Thönnissen). Adults commonly reported that a positive repercussion of the pandemic was greater flexibility at work (Cornell et al.). Some also believed the pandemic allowed them to lead more calm lives and gain new perspectives (Cornell et al.).

The pandemic created more time for families to spend together. As work and school closed, mothers and children spent more time at home with greater opportunity to engage in discussions and activities (O'Reilly and Green). For some mothers and children, the pandemic might have fostered stronger relationships and greater family cohesion (Weeland et al.). The current study sought to explore the potential positive implications of the unprecedented opportunity for children to observe their mothers working from home, especially in the early days of the pandemic. In particular, we examined the positive effects of working from home for both mothers and children in the US.

Current Study

Many children were able to see firsthand how their mothers approached their job demands and interacted with colleagues after they transitioned to remote work (Barhate et al.). Research has long documented the strength of observational learning, including the potential influence of mothers on their children (Armstrong). Successful women have often noted their own significant maternal influences on their careers and leadership aspirations (Armstrong). The pandemic provided an opportunity for children to observe their mother and work and learn from this experience.

The experience of working in close proximity to mothers may be similar to previous programs designed before the pandemic to promote understanding of mothers' work. For instance, Take Your Daughters and Sons to Work Day is an annual event in the US, which began in 1993. This event was originally only promoted as Take Your Daughter to Work Day but transitioned to include sons in 2007 and was designed as an opportunity for children to learn about career options (Yuko). Traditionally, the event is held each April; millions of

children participate in opportunities to observe the world of work (Moses). Pioneered by the Ms. Foundation, the event was intended to demonstrate that gender is not a limitation to career pursuits as well as teach children about career paths (Waxman). During lockdown, for many families, every day became a Take Your Daughters and Sons to Work Day. We sought to examine how mothers perceived the effects of working in close proximity for both themselves and their children. In particular, we were interested in how mothers viewed the impact of their work during the pandemic on their children's career trajectories and leadership aspirations.

Methods

Participants

Participants included 133 mothers recruited from Prolific, an online participant recruitment platform. An additional six mothers began but did not complete the study. Mothers were eligible for the study if they resided in the US, were over 18 years of age, and were currently working (See Table 1 for reported demographic information). Mothers reported working in a wide range of industries including education, business management and administration, finance, healthcare, government, and hospitality.

Table 1. Participant Demographics

Age Range	18-24 years (3.8%) 25-34 years (33.0%) 35-44 years (41.4%) 45-54 years (19.5%) 55-64 years (2.3%)
Race/Ethnicity	White (82.0%) Black (8.2%) Latina (6.8%) Asian (1.5%) Other (1.5%)
Marital Status	Married (55.6%) Not Married (44.4%)
Highest Education Level	Some High School (1.5%) High School Diploma/GED (14.3%) Some College or 2-year Degree (31.6%) Four-Year College Degree (21.0%) Some School Beyond College (3.8%) Graduate/Professional Degree (27.8%)

Total Household Income	$10,000-$24,999 (8.3%)
	$25,000-$49,999 (22.6%)
	$50,000-$74,999 (16.5%)
	$75,000-$99,999 (18.0%)
	$100,000-$149,999 (18.8%)
	Over $150,000 (15%)
	Preferred Not to Answer (.8%)
Number of Children	1 (48.8%)
	2 (37.0%)
	3 (8.7%)
	4 (1.6%)
	5 or more (3.9%)

Procedure

Participants signed up to complete the study via Prolific, which directed them to an external link to complete the study online. Participants completed several measures and answered open-ended questions to assess their experiences during the pandemic via PsychData, an online survey platform. Data collection took place between mid-September and mid-October 2021.

Measures

Participants completed a brief Demographic Survey, including the following measures: the researcher-designed measure of Working and Mothering during the Pandemic; the Parenting Role Overload Measure (Luthar and Ciciolla), and portions of the Environmental Onfluences on Child Health Outcomes Measures—Adult Primary Version (ECHO).

Demographic Survey

Mothers indicated their age, race/ethnicity, marital status, education level, household income, number of children, and type of employment.

Working and Mothering during the Pandemic

The researchers developed a brief measure to assess mothers' experiences of working during the pandemic. Participants indicated their modality of work (i.e., workplace, hybrid, or home). Participants also indicated the extent to which their children were near them when working from home before the pandemic as well as since its onset on a one (never) to five (extremely often) scale. Similarly, participants indicated how much their children knew about their job responsibilities before the pandemic as well as since its onset on a one (none) to five (a great amount) scale. We included the following open-ended

questions: "During lockdown (March to June 2020), please describe your work situation. Did you work from home, or did you have to go into work? How did this arrangement affect your children?"; "What do you think your children learned about your job/career during the pandemic that they did not know prepandemic? What do you think facilitated this learning (e.g., did your children have greater opportunity to observe you working, did you have discussions about your work)?"; and "How do you think your work during the pandemic influenced your children's career trajectory and leadership aspirations?"

Parenting Role Overload Measure (Luthar and Ciciolla)

Mothers reported on parenting role overload by responding to seven items (e.g., "Doing all I have to do as a mother often leaves me exhausted") on a one (strongly disagree) to five (strongly agree) scale.

Environmental Influences on Child Health Outcomes Measure—Adult Primary Version (ECHO)

A portion of the ECHO measure was used to assess negative adjustment outcomes (e.g., "had difficulty sleeping" and "had angry outbursts") and COVID-19-related distress (e.g., "tried to avoid thoughts and feelings about COVID-19" and "have been distressed when I see something that reminds me of COVID-19") on a one (not at all) to five (very often) scale.

Results

The current study used a mixed-methods approach to examine working mothers' experiences more fully during the pandemic. We first provide findings from an analysis of survey responses and then discuss the themes that emerged when open-ended responses were examined using thematic analysis following Virginia Braun and Victoria Clarke's thematic analysis model.

Quantitative Findings

Mothers' experience of COVID-19-related distress was positively correlated with parenting role overload and negative adjustment outcomes ($r = .30$, $p < .001$ and $r = .65$, $p < .001$, respectively). Despite experiencing COVID-19-related distress, mothers indicated that their children learned more about their job responsibilities since the onset of the pandemic compared to before it ($t(132) = 8.60$, $p < .001$). This finding may be the result of children spending more time closer to their mothers when they worked, since the onset of the pandemic than before it ($t(130) = 6.06$, $p < .001$).

Qualitative Findings

Following thematic analysis of the open-ended responses, two overarching themes emerged. The first theme was that greater time together increases children's understanding of the working mothers' role in the family, workplace, and community. The second theme was that observing one's mother work from home can inform children's future career paths.

Theme 1: Greater time together increases children's understanding of their working mothers' role in the family, workplace, and community

The initial lockdown period of the pandemic (qualified as March to May 2020) placed many mothers and their children in close proximity, as work and school moved to online platforms. Even mothers who worked from home before the pandemic had an increase in proximity, since their children attended school from home. Workspaces, depending on job responsibilities and household space, were often close enough that families got glimpses into one another's daily lives that they had not had before. We attempted to understand these glimpses, specifically those related to the mother's work role and duties, by looking for themes in mothers' responses to the questions: "What do you think your children learned about your job/career during the pandemic that they did not know pre-pandemic? What do you think facilitated this learning (e.g., did your children have greater opportunity to observe you working, did you have discussions about your work)?" We found that mothers, often by sheer proximity and sometimes through intentional conversation, were teaching their children about their career and being a member of the workforce.

Many mothers reported that their child learned about their career. Children observed their mothers and saw firsthand the duties they complete as well as how they interact with coworkers. The children overheard meetings and saw how mothers divided their time while working. One mother shared:

> My son learned a tremendous deal about what I do, how much I work, and the people I work with. He actually developed relationships with many of my colleagues, and if he heard their voice, he would come in and say hi to them. He would watch what I do, how I say things, and be interested in helping me solve work problems. He got to see how important it was to have social skills, computer skills, and how I was able to apply them.

In this shared experience, like many others, the mother reported that her child was learning what it means to be in a workplace, even during an irregular time like the COVID-19 lockdown. Her son also observed the implementation of important workplace skills, which will be useful to have regardless of his future career. As children observed their mothers' jobs, much of the knowledge

they reportedly took away was related to what the job required of them more than how they did it.

Flexibility, numerous meetings, stress levels, and other workplace conditions were often the focus of children's comments. Several mothers indicated that their child was learning even when they could not observe the specific content of their mother's job. As one mother shared: "I think they [my children] learned that jobs can have flexibility…. I cannot talk about my work with my kids due to the nature of work I am in, so they do not know much about what I do; however, they know that I do have more flexibility." Thus, many mothers indicated that their children learned about characteristics of careers in general.

Although many mothers reported general learning that occurred as their children observed them working from home, others reported very career-specific knowledge that their children took away from the time together. For example, one mother who works as a special education teacher said that her children "were able to meet my students, [and] they didn't realize that my students were 'typical' and high functioning like regular people not severely impaired." This mother's children had, of course, heard about their mother's work and, from the mother's statement, had an idea about the students with which she worked. Even so, the COVID-19 lockdown brought to light misunderstandings the children had about what their mother does by directly seeing her work. In this example, the learning about the mother's specific career happened by mere observation, as was the case in many accounts shared by participants.

Some mothers also reported taking the time together as an opportunity to intentionally share with their children and teach them about their career. For example, one mother "[tried to] teach her [daughter] one new thing per day, whether it's about technology or general information." In these cases, being together provided the impetus for teaching children workplace skills, many of which children may have not learned until they entered the workforce. Interestingly, sometimes children began discussions about their mothers' work, as one mother noted that her children "questioned me more about my work and the people I work with, so they became more aware of my day to day." Whether intentional on behalf of the mother or an unavoidable effect of pandemic restrictions, these children gained knowledge about what a career looks like and how their own mothers navigate the work world.

Many mothers expressed that their children gained a sense of respect for what their mother does for their family and their role in the broader community by observing her at work. Some mothers reported that observing them work led their children to have respect for their specific career. There were mothers who took time to explain the role they play in the community. For example, one mother described what her child learned: "My daughter learned just how important my job was and how I keep the lights on for the state of Kentucky

and at times the entire USA. She learned about my work by observing and asking questions. We often had discussions about my profession and the work that I was currently doing. She is interested in pursuing a career in engineering." Outside of the mother's specific career, there was a continued theme of feeling that their children had developed a sense of admiration for their hard work. One mother believed that her daughter took note of the importance of her work: "I answer any questions she has and try to explain why I have to work, whether that's in general—we need a roof over our heads—or more specific (i.e., 'I have to be at the computer for a few more minutes to deal with XYZ')" These kinds of statements suggest that children gained respect for their working mother, which is something positive that children and mothers may take away from the pandemic.

Theme 2: Observing one's mother work from home can inform children's future career paths

Observational learning that occurred during the pandemic is made even more significant in discussions of how children might apply the knowledge gained to their own career paths. After reflecting on whether they thought their children learned by observing their work, mothers were asked how that knowledge might influence their children's future careers. We analyzed responses to the question "How do you think your work during the pandemic influenced your children's career trajectory and leadership aspirations?" to look for themes. The impact, of course, depends on the type of knowledge obtained. A child who learned how to code may not use those skills if they grow up to be a chef. However, those children who learned generally about what it means to be part of a workplace in terms of teamwork, collaboration, and even power hierarchies have gained knowledge that will generalize across many career paths.

Throughout the narratives provided, mothers commonly shared that by learning about careers during the pandemic, their children reported desires to either imitate or intentionally stay away from their mother's career. This theme applied to wanting or not wanting to enter the mother's specific field, desire to emulate their mother's overall work habits, as well as deciding for themselves which aspects of their mother's career are appealing for their own path. One mother shared that from working from home together her son "saw what the outcome was of studying in school and why spelling is important, even if it's annoying." She continued: "He saw that there was a goal that can be achieved with working hard." Another mother shared that she was able to encourage her daughter through the experience of working from home during the pandemic: "She also has seen how I deal with issues that may arise and realizes there is always a solution." Although many mothers in the study experienced working from home during the pandemic as stressful, they commonly reflected

on the positive implications in terms of their children's future careers.

Interestingly, many mothers indicated that their children have expressed a new interest in pursuing their same career. For example, one mother shared the following: "My daughter has stated that she wants to do something that helps children with mental disabilities. She has seen how I have helped people, and she says she wants to do something for those people when they are young." These sentiments were often centred around the children observing their mother in a helping profession. Responses like these were common in mothers who were in medical or educational professionals. These types of careers—those that have a direct interaction with people, especially vulnerable populations—seemed to invoke children's empathy and a desire to do the same.

Even when the child did not express interest in pursuing the same career as their mother, they took note of aspects of their mother's career that they would like to emulate in their future career. Work-life balance, flexibility, and leadership roles were what mothers commonly reported that their children aspired to have in their future career paths. This idea is exemplified by one mother who remembered her daughter "appreciate[ing] the fact that both [she and her husband] were able to stay home and work from home, so this may affect how she chooses to work down the road." Similarly, another mother shared that "Balancing work and raising family is never easy but it must be balanced, with my behaviour I believe I am influencing the future of my children in a positive manner." In this way, children are learning the lessons of what they would like in a future career.

However, some mothers perceived that working in close proximity to their children during the pandemic was actually teaching children about what careers they would not like to pursue. Often, these observations had to do with specific aspects of their mother's career. Long hours, disrespect, and stress were frequent reasons discussed for why a child might be disinterested in a particular career path. For example, although some mothers perceived that their children admire their position as the leaders at work, one mother reported: "I don't believe she wants to be a manager. She knows that comes with a lot of stress and a lot of 'filling in the gaps' for coworkers who are out." Importantly, in contrast to some mothers who reported their children desired to pursue similar career paths because they were able to help people, others reported that their children viewed their careers in the health or education fields as starkly undesirable because they observed their mothers being disrespected. This issue was illustrated by one mother who shared the following: "I think she [my daughter] learned more about how poorly teachers are treated by administration and school districts. She had more opportunity to observe me working and to see/hear the meetings I was in and calls I was on." These experiences could encourage discussions about what children

desired and what they wanted to avoid as they thought ahead to their own future career paths. The discussions that emerged between mothers and their children were evident in the comments of one mother who shared as follows: "I believe that she [my daughter] also witnessed that I was stressed when trying to get my work tasks done, which may have made a negative impression on her. We did have conversations about this, both in making sure that you like what you do as well as sometimes needing to do tasks that you don't particularly enjoy." Mothers such as this one shared that they could discuss the negative aspects of their careers so that their children understood their mothers better but could also better understand what they hoped for in their own futures.

Overarching the experience with working from home, regardless of whether it was positive or negative, was the idea of admiration or respect for the mother's work. As one mother shared: "They saw me as a teacher and I think gained new respect for me." Mothers who reported that their children wanted to be exactly like them as well as mothers who reported that their children wanted to pursue a completely different career indicated that their children gained a sense of respect from observing their mother at work.

Discussion

In the current study, our quantitative analyses indicated that mothers reported COVID-19-related distress, role overload, and negative adjustment outcomes consistent with past research and accounts in the popular press (Dickinson; O'Reilly and Green; Perelman). However, our quantitative analyses also revealed that children were spending more time with parents and learning more about their careers. It seems that the mothers working from home provided a firsthand experience, which could be viewed as equivalent to a mini-internship or job shadowing opportunity (Buzzeo and Cifci).

Prior to the pandemic, mothers might have had more limited involvement in their children's career exploration due to demands on their time as they worked outside of the home (Godbey and Gordon). Our qualitative analysis highlights important ways children learned as their mothers worked from home, suggesting new ways that mothers can play a critical role in their children's career development (Oomen). As work from home became widespread, many mothers in our study reported intentionally teaching their children about their career, fostering discussions about work, and encouraging their children to ask questions about their work just as is done in many industry-based mentorship programs (Ilumoka et al.). Although some mothers directly taught their children about their jobs, other mothers reported that their children were gaining knowledge indirectly via observational learning, as was found in interviews of mothers and daughters before the pandemic (Armstrong).

Children may have learned a great deal by watching how their mothers worked and noting both career successes and obstacles faced, as documented in research prior to the onset of COVID-19 (Bloemen-Bekx et al.). Regardless of whether direct instruction or observational learning was experienced, many mothers reported that their children took away general knowledge about their work as well as information specific to certain careers, such as teaching or healthcare.

The COVID-19 pandemic is believed to have massive long-term implications for the workplace, and these changes likely spurred youth to consider their future career paths (Jemini-Gashi and Kadriu). Mothers played an especially important role in their children's career development during uncertain periods before the pandemic (DiPalma and Reid), and the mothers in our study recognized that they were serving as significant career models for their children, as they exposed their children to their work environment and fostered discussions about careers (Bloemen-Bekx). In our study, many mothers reported that their daughters wanted to follow in their footsteps and pursue similar career interests. This finding is consistent with the work of Jill Armstrong, who interviewed mother-daughter dyads prepandemic and found that many daughters wanted to have a career similar to their mothers. However, just like in Armstrong's study, some of our study participants reported that they wanted to pursue a career path quite different from that of their mothers, as they recognized the aspects of their job they did not wish to emulate. Regardless of whether they wished to follow or avoid their mothers' career paths, the daughters in Armstrong's study recognized their mothers as the most influential people guiding their career decisions, even when considering fathers, peers, teachers, and career counsellors. Likewise, in our study, the children of participants are learning a great deal from their mothers, both directly and indirectly, and this is affecting children's career aspirations.

Equally important were the positive implications of these experiences for mothers who had been under immense stress during the pandemic. Mothers often felt a profound sense of guilt trying to balance work and family during the pandemic (O'Reilly and Green); however, by reflecting on how their children had been watching them work at home, many mothers realized that their children gained respect for their job and the impact of their work on their family as well as the greater community. This recognition can likely serve a protective function, as mothers still must combat long-lasting effects of the pandemic, as many continue to work from home and experience childcare shortages (Goldstein; Nyberg). Similar to feeling greater respect from their children, mothers reported that this experience enabled their children to better understand their perspective, which has the potential to be an empathy-building experience. Perhaps, this increased respect and empathy can improve relationship quality and help children view their mothers' careers more

favourably. Pre-COVID-19 research suggested that daughters were more likely to view their mothers' careers negatively and wish they had more time and lower levels of stress (Wierda-Boer and Ronka). Future research should focus on children, in addition to mothers, to determine the long-term implications of mothers working from home.

The narratives shared by mothers in the current study suggested that although incredibly stressful at times, work-from-home experiences can be used to foster resilience among mothers and their children. Undoubtedly, mothers faced tremendous obstacles working from home during the pandemic. However, as children observed the challenges the pandemic presented, mothers often took this as an opportunity to discuss how to handle obstacles that may be encountered. These discussions likely fostered resilience in children. By helping children gain new perspectives on the challenges their mothers faced, mothers felt greater support from their families, which has long been found to be a key ingredient of resilience (Luthar and Ciciolla). As we look ahead, the themes that emerged from the current study can have implications for fostering discussion between mothers and children about work so that children feel supported in their career development and mothers feel supported by their families as they try to juggle the demands of home and work.

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LAURA LAZZARI

Childbirth Narratives in the Canton of Ticino (Switzerland): Perceptions and Experiences of Mothers Who Gave Birth before and during COVID-19

This article analyzes written and oral narratives of pregnancy, childbirth, and postpartum produced by women who gave birth before and during the COVID-19 pandemic in Italian-speaking Switzerland. By using textual analysis and qualitative descriptive research methodologies, I compare birth stories in two autobiographical essays published before the pandemic in 2018 and 2019 and twenty-three oral testimonies from women who birthed between March 2020 and March 2021. The aim of the exploratory study is to highlight the main elements that define positive and negative birth experiences to understand how better outcomes could be achieved in society and medical practice. The present article discusses preliminary results and addresses possible strategies to improve obstetrical and maternal care in the postpandemic period.

Introduction: Methodology, Texts, and Context

Trauma and mistreatment in childbirth are widespread and recurrent. In Switzerland, one in three women remembers the birth of her children as traumatic,[1] whereas one in four experiences some form of coercion during labour and delivery.[2] These data reflect a dramatic occurrence that was further aggravated by COVID-19 and the resulting tightening measures and hospital protocols. This research discusses experiences of pregnancy, childbirth, and postpartum before and during the pandemic in the Canton of Ticino, Switzerland, and highlights some key elements that define birth as positive or negative. It outlines how better birth outcomes could be achieved in our society to bring effective change in medical practice.

The focus of the present study is to analyze how childbirth was experienced in Swiss-based Italian-speaking culture and society before and during the COVID-19 pandemic by investigating a selection of written and oral narratives. By using textual analysis and qualitative descriptive research methodologies,[3] this article compares birth stories in two autobiographical essays published before the pandemic in 2018 and 2019 with a series of oral testimonies from women who gave birth during the pandemic between 2020 and 2021. The autobiographical essays considered here are Isabella Pelizzari Villa's *Volevo andare a partorire in Olanda: Storia di un taglio cesareo annunciato* [*I Wanted to Give Birth in Holland: Story of An Announced Cesarian Section*] (2018) and Angela Notari's *Quello che ci unisce. Dalla levatrice Lucia al nostro e vostro parto* [*What Unites Us: From Midwife Lucia to Our and Your Childbirth*] (2019).[4] The former recounts a traumatic birth in a private clinic, whereas the latter tells an empowering and positive delivery in a birth centre. Comparing pre-COVID-19 accounts and those collected during the pandemic highlights recurring themes and differences in how childbirth is experienced.[5] In the oral interviews, participants were asked to describe their pregnancy, birth, and postpartum in a narrative way by focussing on positive and negative aspects. They were also required to suggest any change that would help to enhance maternal care. In the present article, I discuss some preliminary results and address possible strategies to improve obstetrical and maternal care in the postpandemic period.

Oral Narratives: Sample

Between April and May 2021, I conducted twenty-three semistructured interviews with mothers who gave birth between March 2020 and March 2021 (see Table 1).[6] The women were recruited by word of mouth, were between twenty-six and forty-two years old at the moment of the interview (see Table 2),[7] had between one and four children (see Table 3), and were married or in a stable relationship.[8] Five of them have foreign origins: Ukraine (one), Sweden (one), and Italy (three). One had relocated from a German-speaking canton of Switzerland, and one had been adopted as a child and grew up in the Canton of Ticino. The others were born and raised in Italian-speaking Switzerland (sixteen) (see Table 4). Among the twenty-three interviews, twenty-two were conducted in Italian and one in English. Besides one interviewee who had only recently moved to the Canton of Ticino, the others speak fluently Italian. They all gave birth to their first or subsequent child during the COVID-19 pandemic and lived in the Canton of Ticino at the time of the interview. Seven gave birth in private clinics, eight in public hospitals, four at home, and four in a birth centre (see Table 5).[9] In four cases, the choice of the facility was influenced by the pandemic,[10] whereas five women had to be transferred to a different place before or during labour.[11]

Twelve mothers had a natural vaginal birth without interventions, whereas the others experienced one or more medical procedures: mechanical or pharmacological induction or augmentation of labour (five), nonemergency caesarean section (two), elective caesarean section (one), epidural or other forms of analgesia (four), episiotomy (two), and vacuum extraction (two) (see Table 6).[12]

One of the few criteria for selecting the interviewees was the place of delivery. I wanted to make sure that stories of birth in private and public hospitals, at home, and in a birth centre were equally represented. Other criteria considered here were that babies were born alive, at term, and did not have life-threatening conditions.[13] The subjectivity of the narratives and the qualitative nature of the study do not intend to be representative or offer irrefutable data. The sample is not meant to speak for the entire population either, since each mother experiences birth in different ways, and all women interviewed happen to be cisgender, educated, heterosexual, and in a stable relationship. Two of them are BIPOC, whereas all the others are Caucasians. My aim, instead, is to give voice to a selection of women's stories to understand what aspects can likely determine a positive, empowering experience rather than a negative, traumatic one. This preliminary research lays the foundation for future studies that will focus on other experiences and encompass diverse subjectivities.

Giving Birth before COVID-19

Memoirs written before the pandemic by Isabella Pelizzari Villa and Angela Notari shed light on two very different narratives of childbirths in diverse contexts: The first tells a traumatic story of a twin delivery in a private clinic,[14] while the latter addresses an empowering and positive experience in a birth centre.[15] Both writers are feminist, cisgender, educated, heterosexual, married to the father of their children, and originally from the Canton of Ticino. Pelizzari Villa is Caucasian, whereas Notari defines herself as BIPOC. This article first addresses some key aspects that—according to the authors—contributed to defining their positive and negative experiences and later compares them with the testimonies collected in the interviews.

Isabella Pelizzari Villa published her memoir *Volevo andare a partorire in Olanda. Storia di un taglio cesareo annunciato* to reveal the abuse she endured during pregnancy, birth, and postpartum. Writing her story helped her to process trauma and assist her readers in making informed and empowered decisions. Some aspects that contributed to her negative experience are lack of trust in her healthcare providers, the full package of medical interventions that was imposed on her,[16] and a series of procedures performed without asking for her consent or offering alternatives:

> During the visit [the OB] performs a membrane sweep, without

informing me of the procedure and asking for my consent. During the maneuver, I stiffen and contract the muscles of my face. As he takes off his gloves, he tells me that he gave me 'a little help,' glossing over the discomfort caused and taking the procedure for granted…. According to my doctor, there is no point in prolonging physical pain. In good faith, he believes that I want a quick labor, even though he never asked me about my preferences…. The midwife breaks the first amniotic sac by slipping two fingers and a crochet into my vagina and cervix. The liquid comes out abundantly and clear. I do not agree with this intervention, which I consider an intrusive interference in the physiological process of childbirth, but I no longer object. (Pelizzari Villa pos. 3123-232)

Since Pelizzari Villa and her OB did not manage to communicate effectively, she did not obtain information that was important to her: "With my OB I was not able to build a relationship of trust. Like children, I needed to feel safe to be able to ask questions that mattered to me. I didn't feel understood, but instead of changing doctor I resigned myself" (pos. 149). Her twin daughters were taken away from her after the caesarean section was performed: "My girls are fine at birth. The Apgar score of both is 8/9 out of 10. V. weighs 2500 grams and S. 2600. They are both placed in the incubator for three hours, either because they are twins or to amortize the cost of the machinery. I won't see them again until morning" (pos. 3755-63). Furthermore, Pelizzari Villa did not feel assisted right after birth or in the postpartum period: "Until a few hours earlier I was the obsessive object of care, concern, attention, and medical interventions. Now I feel abandoned like an empty shell. My doctor has done his job. He extracted two 'alive' and 'viable' girls from their mother's belly. Now he can leave for his holidays without any feeling of guilt" (pos. 4730).

Another nuisance that was perceived in negative terms by the writer was the mandatory use of the Venflon IV catheter in all hospital births:

I inform [the OB] that I do not agree with the use of Venflon IV catheter. He replies that he understands my position but is not willing to negotiate. If I refuse it, I will not give birth with him. He is willing to 'dump me' without referring me to someone else or providing any useful advice.… In the past, protocols limited the application of Venflon to high-risk cases, but in current clinical practice it is generalized. A minority of women question the staff about the usefulness of this procedure. (pos. 2668-706)

In a tentative attempt to be fully in charge of her own experience, Pelizzari Villa considered the opportunity to give birth at home, assisted by an independent midwife. To her regret, she discovered that twin pregnancies in Switzerland must be assisted by an OB. Therefore, the only option left to her

was to deliver her babies in a hospital under medical assistance:

> The more I feel that I did not have the power to dictate the rules, the more the choice of natural childbirth became radical and attractive. In January, I contacted an independent midwife to ask her about home birth. In my thoughts, the house was the suitable, familiar, and protected environment to give birth. I discovered that in Switzerland for twin births medical assistance was mandatory. My ideal birth was opposed by society, doctors, and family. (pos. 2746)

Unlike Pelizzari Villa, the option to have her child in a birth centre was not precluded to Angela Notari. In her memoir *Quello che ci unisce. Dalla levatrice Lucia al nostro e vostro parto*, Notari highlights some key aspects of her positive birth experience. Her book informs and empowers women while celebrating alternative options, which are still little explored in the Canton of Ticino, such as giving birth outside the hospital, assisted by an independent midwife.

The writer and her husband educated themselves, explored different options, and gathered information that helped them to make informed decisions: "During the months of pregnancy, we educated ourselves, by gathering information, participating in meetings with couples who had their babies in the birth centre, and preparing for the event" (Notari 27).

Notari trusted her healthcare providers with whom she managed to build a good relationship and felt always treated with respect and empathy. Of course, the choice to have her baby in a birth centre was made possible by a series of favourable occurrences: Her pregnancy was physiological, she fulfilled all the conditions required for home birth, and no special circumstances that may have required a transfer to a hospital arose. Some of the aspects that greatly contributed to her positive experience were the continued and personalized care she received from her midwife:

> Another important difference is the fact that [in a birth centre] you already know the health care provider who will assist you during birth. In a hospital, it is often not possible to know ahead of time the midwife who will take care of you during birth—which, if labor is long—can involve changing several shifts, and, therefore, being assisted by numerous strangers in a situation of great vulnerability. On the other hand, at home or in a birth center, you are certain to be assisted by the midwife or your choice, the one you already met during pregnancy. Being supported by a person you already know is no small thing. (102)

Finally, Notari recalls her place of birth as exclusive, quiet, and safe:

> Personally, I do remember well how important it was to have our baby in an environment where there were no watches, and we did not feel

just like one of the many couples who were giving birth that day. We found ourselves in an exclusive environment, prepared just for us, where it seemed that the rest of the world was waiting in silence. I have no evidence, but if it only took five hours for Furio to be born, I think it is because of this muffled atmosphere that made us feel safe. (102-3)

Giving Birth during COVID-19

To better understand how pregnancy, childbirth, and postpartum were experienced during the pandemic, this article addresses some of the most recurrent topics emerging from the interviews by highlighting how they shaped the events in a positive or negative way. Despite concerns about getting sick and the uncertainties related to the possible effects of the illness on mothers and their fetuses, the outburst of COVID-19 and the subsequent lockdowns had a rather positive impact on how pregnancy and postpartum were perceived. Most of the interviewees, in fact, explained that gestation was made easier by COVID-19. Due to the pandemic, expecting women were able to work from home and felt entitled to slow down and focus on themselves. Overall, they enjoyed spending more time with their partner, and the restrictions allowed them to take full advantage of the situation. However, social distancing and the need to protect the elderly put a greater burden on mothers of multiple children. In fact, some of the women who had older kids at home expressed some reservations: Taking care of them, entertaining them, and not being able to rely on the help of teachers and other family members made their life balance more challenging than first-time moms.[17]

Similar reactions were noticed in the postpartum period. In the first days and weeks, most women appreciated being able to focus exclusively on themselves and their families without interference from relatives and friends. Since guests were usually not allowed inside the hospital, and social distancing was recommended everywhere else, COVID-19 restrictions protected moms from receiving unwanted visits. Women expressed feelings of relief because they did not need to make up excuses or reluctantly endure other people's presence. If restrictions were generally appreciated by most of the interviewees, it was also clear from their stories that exceptions need to be made to allow partners to have a more flexible access to the hospital and older siblings to be permitted in the room after birth.

If the pandemic had some positive repercussions on pregnancy and postpartum, labour and delivery in a hospital setting were more challenging. Stricter protocols, restrictions, and uncertainties were perceived as burdensome and increased women's confusion and concerns about childbirth.[18] All but one considered the presence of the partner as nonnegotiable and could not have

imagined giving birth without him. Therefore, women who were delivering a baby in a hospital worried that their partner may not be allowed to assist, whereas those who were planning to give birth at home or in a birth centre feared that the presence of their companions may be jeopardized in the event of a transfer to a hospital.

Three women who gave birth in public hospitals reported that their partners were not allowed to assist them during induction. Birth companions were admitted to the hospital only hours later when active labour had eventually begun. Enduring emotional and physical distress without being supported by the person of their choice was upsetting. Women believed that a different solution should be provided even in the event of a pandemic.[19] In some cases, women in labour shared the room with another patient, which aggravated the situation, adding stress and nuisance to an already trying experience. One of the interviewees gave birth alone through a caesarian in a private clinic. Since there was no time to perform a COVID-19 test, her husband was not allowed in the OR. In her personal account, however, this aspect, albeit disappointing, was not perceived as particularly distressing.

Continuity of care appears to be another criterium for positive experiences. The level of satisfaction of the seven women who gave birth out of hospital is consistently high. The reasons may be related to the fact that their labour was physiological, they had no complications, they were not transferred to another facility, and their partner could assist them with no limitations. But above all, they managed to develop a strong bond with midwives earlier in their pregnancy and eventually gave birth in a place they considered safe, calm, and cozy, where they were neither disturbed by the coming and going of different people nor had to share the room with unfamiliar faces. Overall, being able to rely on a trusted and competent professional figure with whom they had built a deep personal connection and who would take care of them before, during, and after birth had a large impact on their positive experience.

In a hospital setting, the level of satisfaction varies: Some experiences are positive, others quite negative, and again others are remembered with mixed feelings. In this context, continuity of care provided by a person the mother already knows and with whom had previously built a relationship is hardly possible. Unlike what happens at home or in a birth centre, in the Canton of Ticino's private and public hospitals women are not assisted by the midwife of their choice but by the employees on duty. Moreover, when labour is protracted, shifts can change, and women end up meeting several midwives. Whereas some interviewees were satisfied with the care they received, others felt they were not treated with empathy and respect. Outcomes are influenced by many factors, such as patients' and healthcare providers' personality, age, previous experiences, expectations, complications, medical interventions, and transfers from another facility, just to mention a few. Although their level of satisfaction

varied greatly, shift change had a stressful impact on all women's experiences. Even when they managed to build good relationships, starting all over with another person was described as nerve racking. Two mothers met a healthcare provider they already knew, and according to them, this fortuitous event initially improved the care they received. Nonetheless, the subsequent transition to a different healthcare provider was referred to as destabilizing. Women would have appreciated if midwives had facilitated smoother transitions and guaranteed more continuity in the way care was provided.

Another negative aspect frequently reported in hospital experiences was the lack of adequate information and communication. To the mothers' knowledge, medical interventions—when they occurred—were not clearly explained to them. In addition to this, healthcare providers did not offer alternatives, nor did they ask for the mothers' informed consent. Women who had devoted time to prepare for a natural birth and had previously educated themselves to avoid unnecessary medicalization were more prone to challenge their healthcare providers' opinions and ask detailed questions. This attitude, in the event of uncomplicated births, allowed them to avoid procedures that were perceived as unnecessary, such as artificial rupture of membranes (AROM) or postpartum injection of oxytocin, to mention a few. Statements such as "We are inducing," "I'm going to break your water," and "We'll do the postpartum injection" were commonly reported. In one case, procedures were performed without the mother's acknowledgment (AROM and episiotomy). A woman who arrived at the hospital when she was already in active labour complained that healthcare providers insisted on applying an IV catheter on her arm simply because "it was the procedure." She said that she was "tortured," that inserting the IV line "was more painful than her contractions," and that "they would not leave her alone." She concluded that women should be allowed to sign a waiver in such situations.

Another person mentioned that she and her husband needed to be constantly "on their toes" to avoid unnecessary interventions, since healthcare providers described all procedures as "routinely performed." In an interview, a woman repeated several times that she was "on a war footing" while interacting with midwives, OBs, and paediatricians to make sure she and her baby could stay clear of procedures that were not needed. Based on her previous childbirth experiences, she had learned that "you must dig your heels; otherwise, they [the doctors] won't listen to you." Even though she eventually managed to give birth without interventions as she had wished, her experience is recalled in stressful terms because of the interaction she had with her healthcare providers.

According to the mothers interviewed, another aspect that needs to be improved is breastfeeding support after birth. Women were disappointed by the lack of information and claimed that assistance from a professional consultant was not usually available. During their stay in hospital, mothers

were not routinely referred to a certified lactation consultant and at dismissal no useful contact information was provided. According to the women's narratives, breastfeeding assistance in hospital was "nonexistent," and patients received "conflicting" and "confusing" information from different healthcare providers. In some cases, this lack of appropriate care had short-term repercussions on women's nursing experiences. While patients did not receive the help they needed in hospital, useful resources and practical tools were usually found elsewhere. An important role was played by the midwives who assisted them at home during the postpartum period[20] while insightful advice was provided by family members, friends, and the local La Leche League consultants.[21] The four public hospitals in the Canton of Ticino are accredited by the Baby-Friendly Initiative,[22] which promotes breastfeeding success; private clinics do not formally adhere to it. However, women expressed similar disappointment and frustration about how breastfeeding support was handled both in hospitals and private clinics. Despite the differences—and besides the exceptions that will be discussed later—the oral narratives follow a similar pattern: When possible, breastfeeding was promoted by offering immediate skin-to-skin contact with the newborn for an uninterrupted period, usually longer than an hour, both in public hospitals and private clinics. The downside reported by the majority of interviewees was that even though nursing was generally encouraged, competent and personalized support was not available in case of need.

In a few cases, the newborn was taken away from the mother abruptly or without explanation right after birth (three) or after skin-to-skin had been facilitated (two). The lack of information and the separation from their babies were particularly excruciating for mothers, triggering anxiety and concern.[23] At the request of leaving the child longer with the mom, a midwife replied: "I have already left her more than it was required." After a couple complained with their paediatrician that they could hardly spend time with their daughter, they were advised "to assert themselves" and go with their baby anytime she was taken away. Being constantly on their guard is recalled in stressful terms. Women would have appreciated if complete and detailed information had been automatically provided and if they had been openly invited to stay with their kids all the time, without having to ask for permission.

Common and semiprivate accommodations posed several problems. If having a roommate during labour was described as particularly bothersome and challenging, sharing the room with another mom and her baby in the postpartum period was excruciating for a woman whose child was in the NICU and annoying for others. Usually, women who were upgraded to a single room in the hospital appreciated the calm and comfort provided, whereas mothers who gave birth at home and in the birth centre enjoyed the familiarity and discretion that was offered.

One downside commonly referred to in out-of-hospital experiences was that women did not have the option to stay longer in the birth centre, nor were they provided with extra help at home: They usually resumed their routine right away and were not allowed more time to recover and adjust. Even though their births were usually unproblematic, and their recovery was fast, they believed that more assistance in the postpartum period should be granted to all women.

Conclusions

From a selection of women's written and oral narratives from pre-COVID-19 and COVID-19 times, it appears that—even though the pandemic made childbirth more challenging—key aspects of a positive and negative experience are not directly linked to the measures taken to prevent the illness from spreading. In addition to this, according to most women, lockdowns, social distancing, and tightening measures also had positive effects on how pregnancy and postpartum were perceived.

This article addressed strategies that may enhance the level of satisfaction for all women who give birth, regardless of whether they face high or low-risk pregnancies, plan for hospital or home birth, or wish for an unmedicated or medicalized experience. According to the stories gathered in this study, the assistance of the partner is of paramount importance and should always be allowed without restrictions. Since in some circumstances, the presence of other people during labour and postpartum can be particularly upsetting, family rooms should be routinely provided as in other Swiss cantons and countries.

OBs and midwives are advised not to take anything for granted. Mothers expressed the need to receive detailed information and that each decision regarding their bodies or their babies should be discussed and made in agreement with them. Healthcare providers should always remember to ask their patients' permission before touching or checking them.

Even though one-to-one midwifery care[24] proved to be effective in enhancing maternal satisfaction, this service is not offered in Canton of Ticino's hospitals and private clinics. This model should be pursued, since women perceived continued and personalized care in a positive way, whereas fragmented assistance provided by multiple caregivers was cause of stress. Assistance should be also improved in the postpartum period and appropriate and individualized breastfeeding support should be offered to every woman regardless of whether it is her first birth or a subsequent one.

Since this study has concluded, some steps ahead have been made. In October 2022, Associazione Nascere Bene Ticino, an association that promotes positive birth experiences and assists parents in making informed decisions, launched an appeal for hospitals to provide family accommodations and for the right to give birth with the midwife of one's choice.[25] If implemented,

this proposal will introduce one-to-one midwifery care in all maternity wards and allow partners to assist mothers before, during, and after birth without restrictions.

Even though the narratives discussed in this article do not claim to represent all birthing people or address the challenges faced by everyone, they do highlight some recurring elements that affect birth in positive and negative ways and suggest adjustments to improve everyone's experience. By comparing childbirth before and during COVID-19, the survey highlights the impact of COVID-19 measures and hospital protocols on mothers' lives. It also lays the foundations for further studies, focussing on the postpandemic era, aimed at including other individuals who birth under different circumstances—such as single moms, teenagers, LGBTQ+, and women who gave birth to stillborn, premature, or disabled children, to mention just a few—to voice their specific concerns, challenges, and needs.

Tables

Table 1: Number of Women Who Gave Birth Each Month

Mar. 2020	Apr. 2020	May 2020	June 2020	July 2020	Aug. 2020	Sep. 2020
4	1	3	1	5	1	1
Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	
0	4	0	0	2	1	

Table 2: Age of Women

26	29	30	33	34	35	37	38	40	42
1	3	1	5	1	1	2	4	2	3

Table 3: Number of Children per Woman

1 child	2 children	3 children	4 children
12	7	2	2

Table 4: Origins

Ukraine	Sweden	Italy	German-speaking canton (CH)	Adopted as a child	Canton of Ticino (CH)
1	1	3	1	1	16

Table 5: Place of Birth

Private clinics	Public hospitals	Home	Birth centre
7	8	4	4
Sant'Anna: 5	Civico: 6		
Santa Chiara: 2	San Giovanni: 2		

Table 6: Medical Interventions

Induction (mechanical / pharmacological)	Nonemergency caesarean section	Elective caesarean section
5	2	1
Epidural / analgesia	**Episiotomy**	**Vacuum extraction**
4	2	2

Endnotes

1. Switzerland is not an exception, and similar outcomes can be found in several other countries (Deforges et al.).
2. For more information, see Oelhafen et al. and Mayer et al.
3. For more information, see Lambert and Lambert and David et al.
4. All translations from Italian are mine.
5. Switzerland is a federal country divided in twenty-six cantons (states) and four linguistic regions (German, French, Italian, and Romansh). The Canton of Ticino is an Italian-speaking region and the southernmost canton of Switzerland, located between the Alps and the Italian border. The approximately 350,000 inhabitants share their language and culture with their Italian neighbours but are politically part of the Swiss Confederation. In Switzerland, health insurance is mandatory and private (paid by citizens). Basic insurance includes hospitalization in common rooms. By subscribing to extra coverage, it is possible to upgrade to semiprivate or private rooms. Giving birth at home or in a birth centre is a choice made only by a minority of families in Italian-speaking Switzerland where most women—even in the event of a low-risk and physiological pregnancy, a condition required to birth at home—choose to deliver their babies in public or private hospitals. In the Canton of Ticino in 2020, only 2.26 per cent of the births took place outside a hospital (Grylka and Borner).
6. In Italian-speaking Switzerland (Canton of Ticino), the first lockdown started in March 2020. Here are the numbers of women interviewed who

gave birth each month during the one-year timeframe: March 2020 (4), April 2020 (1), May 2020 (3), June 2020 (1), July 2020 (5), August 2020 (1), September 2020 (1), October 2020 (0), November 2020 (4); December 2020 (0), January 2021 (0), February 2021 (2), and March 2021 (1). See Table 1.

7. Age of women interviewed: 26 (1), 29 (3), 30 (1), 33 (5), 34 (1), 35 (1) 37 (2), 38 (4), 40 (2), and 42 (3). See Table 2.

8. Number of children per woman interviewed (born alive): 1 child (12), 2 children (7), 3 children (2), and 4 children (2). See Table 3.

9. In the Canton of Ticino during the pandemic, women had the following options to deliver their babies: two public hospitals, two private clinics, a birth centre, and at home. Among the mothers interviewed for this study, six gave birth at Ospedale Civico (Lugano), two at Ospedale San Giovanni (Bellinzona), five at Clinica Sant'Anna (Sorengo), two at Clinica Santa Chiara (Locarno), four at home, and four at the birth centre lediecilune (Lugano-Besso). The maternity wards at Ospedale Beata Vergine (Mendrisio) and Ospedale La Carità (Locarno) were closed during most of the COVID-19 pandemic. See Table 5.

10. The choice was either made by parents who decided to give birth in a different facility because of the pandemic (some of the reasons mentioned were: The place of choice made them feel safer, they did not have to wear a mask, the presence of the partner during labour and delivery was not restricted) or was forced by external factors (the maternity ward in their first-choice hospital was closed during the pandemic).

11. None of the transfers were due to medical emergencies.

12. In our sample, medical interventions and caesarean rates are considerably below the average and comply with the WHO recommendations (10 to 15 per cent). It is important to bear in mind that this is not representative of what happens to most women in the Canton of Ticino, since in 2020, one in three babies were born via caesarean section. Official data are based on statistics released by hospitals only and do not consider home births and birth centres, where women deliver their babies vaginally and without any medical intervention. In our study 30 per cent of women (seven out of twenty-three) gave birth out of hospital, a higher ratio than the actual one (2.26 per cent). This explains why in the sample, medical interventions and caesarean section rates are lower than those displayed by official statistics (see Grylka and Borner).

13. In our sample, one baby was born a few days ahead of term, and two newborns spent time in the NICU.

14. Clinica Sant'Anna (Sorengo).

15. Birth centre lediecilune (Lugano-Besso).

16. "Medical interventions, on the other hand, were taken for granted. It was

as if by choosing to give birth in a clinic, I had tacitly accepted the whole package of tests, protocols, and procedures" (Pelizzari Villa pos. 339).

17. It should be mentioned that despite the lockdowns, schools and daycares in the Canton of Ticino were closed for a shorter period than in other countries, such as Italy and the United States.

18. Public hospitals, private clinics, and birth centres had different protocols and requirements that changed all the time during the pandemic. It was challenging for pregnant women to keep track of all the rules and plan for their birth ahead of time. Since the twenty-three women interviewed gave birth in various settings and over a period of a year, protocols at the time of birth were different for each of them. In one case, the partner was not allowed in the hospital during birth; in others, he could assist only after the mom was in active labour. Other factors varied as well, such as mask mandates, if a doula could attend the labour, length of the postpartum visits from the partner, and if siblings or other close family members were allowed to visit after birth. In addition to this, depending on the circumstances, some healthcare providers would be more prone to make exceptions than others. In my study these variables were not specifically considered. Instead, I focussed on women's testimonies to highlight the impact of mandates on their level of satisfaction and highlighted when protocols were perceived as particularly upsetting.

19. This is likely not related to COVID-19 protocols, since some women had to wait until active labour before being assisted by their partners also before the pandemic.

20. In Switzerland, maternal care is covered by mandatory health insurance and includes assistance from a midwife in the postpartum period.

21. La Leche League Switzerland, a branch of La Leche League International, offers breastfeeding support, provides resources, and organizes support groups to inform and help nursing women and their families.

22. The *Baby-Friendly Initiative* was launched by UNICEF and WHO to encourage hospital and healthcare facilities to provide a better support in breastfeeding (Baby-Friendly Hospital Initiative).

23. A mother was separated from her child for ninety minutes. Another interviewee mentioned that her baby was taken away from her for forty-five minutes right after birth, with no explanation. A newborn was placed on her mother's chest for a few seconds before being taken to the NICU. She would see him again only in the morning. In another case, a child was taken away by a midwife to be dressed and later by the paediatricians for their visits without asking for the mother's consent. A woman complained that nurses would take her child away for hours without providing information.

24. For more information, see McCourt et al.

25. "We ask for the right to give birth in hospital with one's trusted midwife (independent midwife).… We ask that expectant mothers are offered family rooms in all the maternity wards of the Canton of Ticino, with the possibility for the father to stay overnight" (Redazione Nascere Bene).

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JILLAYNA ADAMSON

The Pandemic and Maternal Mental Health in the Western World: A Cross-Cultural Assessment with Refugee Mothers

This piece explores the impact of COVID-19 on maternal mental health in the West and further compares some of the experiences of newly resettled Afghan refugee mothers and their experiences adjusting to Western practices of motherhood. Points of interest in further establishing a community and culture that prioritizes mothers' wellness are highlighted.

Introduction

In February of 2021, in the thick of the COVID-19 pandemic, *The New York Times* published the series *The Primal Scream: America's Mothers Are in Crisis, Is Anyone Listening to Them*? Additional pieces came out around this time, chronicling the difficulties and additional weights that were falling on mothers from the impacts of the spread of COVID-19. There was a childcare crisis by way of schools and daycares closing, and as highlighted in various platforms, it seemed working mothers were frequently the parents that were feeling "punished" by the pandemic (Barrosso; Grose). Although mothers are more likely to be the primary caretakers of children, the pandemic experience shed new light on how the world sees mothers' work. Mothers were burning out rapidly, and family-work life systems were falling apart. The news flash from mothers was this: We cannot do it all, and we are drowning. Not only were mothers drowning, but they were also openly talking about it. Well, screaming about it, per the *Times*'s crisis line.

   As a mental health clinician with a specialty in mothers and mothers' issues, I watched the pandemic exacerbate the quiet struggles that mothers already experience, most often through video sessions on my computer. Because of the pandemic, most of my sessions were switched over to a virtual HIPPA

compliant video platform. I heard my patients' worst fears and saw grief grow across their faces. I watched mothers' struggles go from bad to worse. From my home office, trying my best to bridge the gap of isolation and limited social support, I watched depression increase, anxiety skyrocket, and my beloved patients' postures droop with hopelessness. The hardest job in the world got harder, more isolating—it became impossible.

As highlighted in the *Times* article, the world was finally seeing a clearer picture of the desperation of mothers. This desperation had already existed, perhaps more quietly, but became exponentially amplified into an issue of mental health by way of the pandemic (Barrosso). In this article I examine the sociocultural components that played a part in the decline in mothers' mental health, bringing to light the specific struggles of anonymous patients as well as women I interviewed across Canada and the United States (US).

I further contrast these experiences with those of the refugee mothers with whom I work and who are newly resettled in the West. I highlight invisibility, loneliness, and the effects of an independence- and nuclear-family oriented mindset as some of the difficult factors in Western motherhood. I explore the impact of the pandemic on the already "villageless" mothers of Western culture in comparison to the experiences of Afghan refugee mothers, who are adapting from community-oriented cultures to one of isolation. I share some of the lessons I observed in my refugee mothers' group and highlight important takeaways from the pandemic period. I go on to discuss what can be learned and applied from components of another culture, particularly one the West may not think to learn from. In fact, it is one in which Western feminism doesn't exist, and women are still under the control of a patriarchal culture and government.

The West: How the World Sees the Load on Mothers

In recent years, the load on mothers in the Western world has undergone new exploration and study. "Mental load" is now a frequently utilized term describing the unseen emotional and mental labour that primarily mothers tend to carry on their shoulders; it emphasizes the ways in which mothers are most frequently the defaulted caretakers of the children and home and bear the weight of the things one must keep track of regarding the children/home life (Hogenboom). The concept highlights how the invisible labour of mothering is finally being addressed and discussed in the understanding of mothers' struggles. Mothers (in the US and Canada) have more recently been speaking up and sharing their experiences of feeling unseen. Their struggles increased as COVID-19 worsened, and statistics began to compare mothers' experiences to fathers', assessing their mental states and overwhelm. We saw such headlines as "Employed Moms Were More Likely Than Working Dads

to Report Experiencing Professional Hurdles during the Pandemic" (Schaeffer) and "Mom Rage in a Pandemic" (Dubin). The stress experienced by mothers has been increasingly researched and documented recently. But the pandemic brought these difficult experiences to new heights. It was sudden and global, including mothers who were out in the working world. The "primal scream" *The New York Times* noted—this was it. The newspaper even set up a hotline for such literal screams and complaints as well as an interactive webpage featuring various topics, such as tips for parents, parents chronicling their experiences, and the pandemic's societal and economic impacts. The page featured pop-up quotations from mothers, comics and photographs, and, yes, literal screams.

Before COVID-19, Western mothers had already been confiding in me that they were lonely. They felt cooped up, disconnected from the world, and trapped. They struggled to make friends and real connections once they became mothers and to balance their senses of self and identity. They craved support and community within the motherhood role. They often felt as though they were doing and accomplishing nothing despite being completely overloaded with the mental and emotional labour of mothering as well as household to-do lists. They expressed being overwhelmed by a lack of social policies in place to support them and their families given the economic disadvantages of a gendered division of labour. The pandemic only exacerbated these issues. And, maybe, moms finally felt empowered to make more noise.

When lockdown hit, mothers were frequently the ones to give up their jobs or to make career sacrifices to be home with their children. In fact, over four million women between twenty-five and forty-four were estimated to have lost their jobs since the beginning of the pandemic in the US, with the majority claiming childcare as the reason (Barrett). Mothers who were already home with their children were even further isolated and piled with endless mothering tasks. On top of that, mothers had to school their children. They could rarely—if ever—leave the house and had to keep their children away from activities, school, friends, and family. They had to be with them at all times with little support. Children, with their boundless energy, still needed all the things school, friends, and community provided: socialization, exercise, knowledge, engagement, world experience, etc. This led to mothers becoming a stand-in for all these things. They became the playmate and entertainer, the chef, the teacher, the coach. The energy of children grew and bubbled, and their tolerance for lockdown decreased. Kids grappled with their own big feelings of loss and anxiety, and moms felt that, too. Anxiety and depression, as well as other behavioural issues in children, increased (Cimino). Anxiety and depression in adults increased even more, and feelings of desperation and hopelessness flourished (Cimino). Compounding stressors strained relationships—both parent-child relationships and partnered relationships.

Divorce and separations also increased during the pandemic and some described it as a "make it or break it" time for couples. Some families fell apart.

Psychiatrist Pooja Lakshmin calls the experience that her patients were feeling "betrayal." She discusses that "the crushing toll on working mothers' mental health reflects a level of societal betrayal." She highlights the work of Dr. Wendy Dean, who stated: "This isn't burnout—this is societal choice. It's driving mothers to make decisions that nobody should ever have to make for their kids" (Dean qtd. in Lakshmin). Lakshmin further notes: "mothers are faced with impossible choices: sending their child to school, and risking viral exposure, or not showing up to work; plopping their child down in front of a screen just to get a moment of peace" (Lakshmin). Decision fatigue, rage, and powerlessness were frequent experiences. Lakshmin explains that this experience for mothers went far beyond burnout: "While burnout places the blame (and thus the responsibility) on the individual and tells working moms they aren't resilient enough, betrayal points directly to the broken structures around them." The pandemic experience went beyond feelings of guilt about child experiences and parental availability or presence—it also included hopelessness. Similarly, some mothers that I worked with noted feeling "seen" and a sense of solidarity because mothers everywhere could relate to what they were going through. More than one of my patients expressed relief that others were noting how overwhelming motherhood was becoming; one patient said that the pandemic had made her feel "less crazy and more able to assess [that] it isn't that I am just incapable as a mother." Instead, it became more evident that there really are a number of lacking external supports available for moms.

Mothers and Mental Health

Not only did mothers experience increased demands in carework during the pandemic, they also felt higher than average levels of anxiety, worry, and depression. As mothers, we frequently worry about the safety and wellbeing of our children—sometimes to the point of depletion—even without extenuating circumstances such as a pandemic. Studies estimate that around 27 per cent of mothers deal with clinical levels of anxiety in general (Johnson). In the perinatal period, anxiety levels increase. The pandemic brought real, immediate safety threats, and mothers' anxiety about the wellbeing of their kids increased even further (Johnson). It created great unknowns, which resulted in fear and trauma. The mental health of mothers deteriorated during the pandemic, as they lost certain vital components of wellness, including time with friends, social engagement and external support, as well as social and physical activities.

Research supports the importance of community and friendship in combatting depression; these things are important to human happiness (Lyubomirsky; Franco). In times of transition or stress (such as motherhood or a pandemic),

having a community is even more vital (Armstrong and Edwards; Barnes). In fact, these connections allow us to be seen and validated. Research also finds that in becoming mothers, women experience more isolation (in the West) and have increased mental health struggles—even without factoring in a global pandemic (Taylor). But as the pandemic limited many social connections and relationships, it worsened the mental health and isolation of mothers in particular.

What Mothers Told Me

The mothers with whom I spoke had both low-income and middle-class backgrounds. Before the pandemic, some had paid employment, whereas others stayed at home with their children. Within these narratives, no single mothers or impoverished mothers are represented (which would likely result in more stressors), and all mothers had their basic needs of food and shelter met. Thus, most of the mothers were relatively privileged. That said, the majority of them did speak about experiencing financial struggles; some had also lost their job or were forced to leave work to care for their children. Many factors influence the stress and anxiety that falls on mothers, including socioeconomic status, race, disability, where they live, and whether they are partnered. The following narratives highlight themes about job/financial loss and childcare; the mental load of homeschooling, caretaking, and homemaking; isolation, and safety-oriented anxiety during COVID-19. All participant names are pseudonyms.

Jane, a mother who sees me for psychotherapy, told me the following: "I feel like I could snap. Like I am totally fried, and at any moment, I could combust. Every single day, I have no idea how I am going to handle one more thing." Her sentiment is a common one: the feeling of being unable to add another thing to the to-do list. Jane's three kids were anxious and acting out—the fighting was near constant. Jane's husband was labelled as an essential worker, much to their surprise, and his life mostly continued on as usual: "He goes to work, they wear masks, and their desks are more spread apart. But he sees his buddies and coworkers and does his thing." Jane noted her husband did not perceive too much change in the world while at work, but he did feel it when he came home:

> He comes home, and I am sanitizing the groceries and taking temperatures and scrubbing shoes. I haven't seen another human in months, and the kids are hanging all over me. I'm like a cave creature, opening the door, making him strip down on the porch before coming in the house. At the end of the day, I am a ball of nerves. I'm convinced we've all got it. And he's cracking a beer and telling me everything is fine. I could not get to his level of calm—ever.

Another mom relayed: "I have had to stop caring about the TV and the tablets and how I might be turning them into zombies. How else can I possibly do this? That is the better of the options, right? Screen addicts? Or an angry, irritable, exhausted, resentful mom?" She noted that she carries the guilt of this and tries to compartmentalize her feelings: "Maybe the pandemic will end, and I will look at my kids and be like, 'Oh crap, what did I do? I've ruined us all. Their brains are destroyed.' But right now, I don't know how to get to the next hour, and it's all on me."

Some mothers I worked with took up hobbies to break up days or tried video chatting more with friends and family; they went on drives with the kids and on long walks. But largely, they felt isolated and desperate. They could only keep up with extra activities and entertainment ideas for so long. Eva, a mother of four, had to leave her job to be home with her children and expressed deep resentment over her situation; she experienced a "constant overload of children's needs, wants, and demands." As soon as her partner got home from work, she went to bed and would struggle to even get up the next day. She never saw other adults and compared the pandemic to the feelings of isolation she felt in of her each postpartum periods.

Children also struggled; their emotional needs increased as did behavioural issues (Cimino; Johnson; Dubin; Schaeffer). Children sought out more attachment coping, which increased the stress on mothers and left them unable to meet the needs of their children. In addition, children were more frequently found to be in crisis; they struggled to access previous coping skills (Cimino). In general, a mother's mental wellness is a good gauge for the wellbeing of children in the home, particularly young children. Mothers help their children to emotionally regulate and apply coping skills; they demonstrate healthy behaviours and stability. The mothers' ability to be present and react to their children's needs affects their emotional security and attachment safety. This, in turn, affects the child's ability to feel safe and secure in the world in general (Loechner et al.; Walker). During COVID-19, research showed that the wellbeing of children directly correlated with the mothers' levels of anxiety and depression (Cimino). But the coping skills needed to confront these mental health struggles were largely unavailable. Mothers entered survival mode and did the best they could, day to day. Sometimes, hour to hour.

The pandemic brought intensive isolation and stress, particularly to mothers who either stayed home with children, worked from home with the children, or left careers to be at home. Not only did more fall onto mothers, but they also lacked the support and resources that they previously had.

Working with Refugee Mothers

As I work with immigrant and refugee families, I also considered their experiences during the pandemic. The pandemic experience for refugee families in the US was by and large not enormously different from the isolation they experienced during their resettlement. They could not speak the language, and they were often stranded without money or transportation. For a number of the families I worked with, they were able to feel connected and safe with their large immediate families during the pandemic. Their losses truly were felt in displacement, and it seems the pandemic felt only like an extension of this loss and chaos.

After lockdown, I met regularly in-person with a group of refugee moms. They were mostly Afghans, and they had all fled dire situations. Some had lost homes and family and had lived in refugee camps while awaiting to be resettled. In St. Louis (where I currently practise), many of them had stayed in cramped hotel rooms for months waiting for a place to live. Some of the mothers had to leave their children and other family members behind. For the mothers, the primary caregivers of their children (the mothers ranged from having four to twelve children, with eight being average)—this trauma was something else entirely, as not only they themselves but also their children had endured these horrors. It is not uncommon for the mothers I work with to experience deep anxiety and posttraumatic stress.

In working with adult and child refugees and survivors of war torture and trauma from various countries around the world, I have met some of the most incredible and resilient people I have ever known, and my eyes have been opened to the beauty of these deep cross-cultural connections. The mothers in this group have amazed and humbled me. These families were living through a pandemic, but they had also lived through trauma and displacement. The mothers in my group had already survived war, bombs, and kidnappings—all in their own backyards. It is important to note that I am relaying my interpretations of their experiences as shared with me (via translation), and I cannot truly grasp their experiences or represent them adequately as a Western woman. I do want to allow them to be seen for the incredible women they are and create space for learning from cultural differences. I am honoured to hear their stories and share community with them.

The women in my group are amazing. I used a wonderful female interpreter (for Dari and Pashto), and these moms were eager to share and participate (as well as work on their English skills). They were happy to get out of the house, where their large families all live together. They often felt unsafe in the neighborhoods they were placed in and seldom ventured out of their homes or saw other refugee or immigrant families. This particularly pertains to mothers, who lack community and tend to childcare duties around the clock. They are

now alone in their mothering—a stark contrast to the lives they lived in Afghanistan. Upon resettlement, men are typically tasked with getting jobs and are more quickly able to take English classes and obtain work. In such, they are more likely to be around other refugees and out in the world. Refugee mothers face a different type of isolation.

A mother community was one thing they did have in Afghanistan and even for those who were in the refugee camps. The togetherness of living looks so different in the home countries of so many refugees, who live in more community-based cultures and are less used to Western individualistic lifestyles. But here, they are alone. Their lives do not hold this same rich day-to-day living of community.

Talking about home was bittersweet for them. There was deep missing of all things one experienced as "home," including family members who stayed behind or were lost. At the same time, they expressed gratitude to be away from such fear and upheaval. They often felt torn between feeling homesick and being thankful. But the loneliness and separation were a different kind of homesickness they voiced; their way of living and being a mother had also been uprooted.

Cultural Differences in Mothering

Their telling of their practices and traditions was beautiful and heartwarming. They were the types of tales that many Western mothers have voiced longing for—ones involving community and support. For instance, it was custom for the moms in this group to practise intensive maternal nurturing and support in the first forty days of the postpartum period. In this, the cooking and housework chores were done together by extended family or close friends while mom stayed in bed with the new baby for at least forty days postpartum. In general, the mothers were not alone throughout the day; they lived, cooked, cleaned, and parented together.

One mother told to me that she had never done so much "parenting" as she has done in the US: "[In Afghanistan], the women were doing the daily tasks together, and the kids were all playing together. The moms could sit and drink tea together. They could talk for hours." In Afghanistan, she said families are large and extended, and friends are all in close proximity. She explained that in the US, mothers are constantly doing things for their children and alone (apart from other adults); she questioned intensive parenting, noting that mothers seem to hold their children's hand through each and every activity and thought throughout the day. "They are playing with them … every minute" she exclaimed. She also noted that it sometimes feels unsafe to go outside where she lives, so the kids have nowhere to go and nothing to do. She expressed sadness at this and at feelings of being trapped, cramped, and

alone—both for her children and herself.

Another mother of eight recounted having birthed another child shortly after arriving to the US and being shocked: "The medical care was nice in the hospital, and I had less pain than I did back home. But then I was quickly sent home and all alone. Back home, you don't lift a finger for forty days. You are massaged and brought food. The house is full of guests taking care of you. You lie with your baby." She was taken aback at her sudden workload, such as cooking and cleaning, while she also tried to heal her body and care for a newborn. "People are doing their own thing here always" she said. "They aren't doing the things for or with the other families." She did not say this with judgment; rather, she was trying to process her own feeling of loneliness in a new country.

We discussed how individualistic American culture is, and what this means for women who are so used to interdependent care and living. One mother explained to me that in the West, it would be seen as a "favour" to do something for another mother rather as an expectation. "But how could [the mother] possibly do it all [herself]?" she asked. The amount of the work that mothers do in the West seemed to shock these Afghan mothers. Cultural differences in terms of the work mothers do were notable. But the Afghan mothers wondered why women in the US were doing all this work on their own.

Mother Care and Mother Love: A Lesson from Refugee Mothers

In group, the moms were tender with one another. They easily took one another's newborns or helped to adjust hijabs. They sat close and hugged and kissed when saying hello and goodbye. Once the group grew comfortable, the women formed close bonds. We talked about everything from the difficulty of motherhood, relationships, birth trauma, and bodily struggles, to war trauma and loss, to adjusting to life in a new country.

The moms quickly arrived at deep topics. Even though these women were from the same country, they came from different backgrounds and had very different experiences. Yet the way they quickly understood each other as women and mothers was significant. "Because we are mothers we know," one mother told me smiling. She was always smiling, even when she told me about her hardest days. I saw so much worry etched into her eyes and pressed into her eyebrows, but then she would always give me this smile of deep love. She embodied the ways in which mothers can come together and care for one another.

Of course, their home culture also had more negative perceptions of women (and, of course, mothers). Through group, they navigated the cultural differences they see here. They struggled to warm to the concepts of taking care of themselves, of spending time on themselves—they came to group

seemingly unaware that they deserved such a thing.

I told them how they amazed me with their strength and bravery, their ability to open up, and the endless work they put into caring for their large families. And they would laugh and shrug my words away. They struggled to see it, claiming they were just doing what mothers do. I shared that I can barely keep up with my own kids and that I only have two. I also told them that men here have to do lots of parenting too, and I gave the example of my husband being the one to get the kids from school twice a week, of nights he has to cook. They were surprised at this. I knew that they could not just adopt these norms; given what marriage looks like in their culture, many of these things would not necessarily be attainable. But I have this hope for them as they manage trauma, loss, and resettle with connective communities that they find time for self-care and self-love. They have always been the givers and caretakers. "A bath?" they laughed at me. "Just for relaxing?—when would the cooking get done?"

One week, however, a mother was able to come without her infant twins. The group gasped, amazed that she had managed to arrive solo. Her husband was watching the babies, she told us, smiling. He said he could do it. The other moms were surprised and excited. She drank her tea and had snacks without trading babies from breasts. Instead, she just sat and talked. She was tired. "No sleep, two babies!" Her English was improving, and this made her beam. She could have been resting, but she said that she always looked forward to group—to one time of the week that was just for her. The following week, she managed to come to group alone again, but there she was, rocking someone else's baby.

The Afghan mothers connect through their vulnerability and sharing. The connections fostered in group work is always something special, and it highlights the importance of community on mental wellness. I considered the fact that these women had not grown up learning components of self-worth and self-love that we see in the Western world, but they had grown up learning to deeply love and care for others—particularly, other women and mothers. Perhaps out of necessity, they learned how to band together and express solidarity outside the Western notions of competition and individualism. As there was little protection in place for these women, they created a community to support one another.

Among these refugee mothers, a community had emerged—one in which they bonded and cared for one another. None of these moms competed with one another or only focussed on themselves or their own children. Every single mom deeply cared for the others. Each mother offered to a hold a baby while another drank her tea. They shared photos of their children and reassured one another. They transcended the individual and cared for the needs of each other.

When I asked these women to write down their dreams, they were small and practical. Learning English was always number one; they wanted to be a part of life here and not an outsider. We worked to focus on our own dreams—not just our dreams for our children—because that was always the immediate reaction. Everything they had done was for their children, and that caretaking was most, if not all, of their identity. The reality was that not all of the women were even able to attend schools in Afghanistan. They had fled a country that would not allow their own girls to attend schools or choose when or whom to marry. I reminded them: "We are all going to assume that you all want everything and the best for your children. That's already a truth in this room. This is about having dreams and hopes that are just for you." It was a strange concept for them to grasp. They blushed, hesitated, and looked down at their laps. While I told them to look inwards to themselves, they showed me what it is to look outwards. And although complete self-sacrifice is not to be sought after, I could not ignore that their sense of community and level of mother bonding was strong; indeed, it has been strong enough to power them through generations of trauma.

Exploring a baseline of some Western mothers' struggles both generally and specific to COVID-19, as well as the experiences of newly resettled refugee mothers allowed for a seeing of differences in caring mentality towards mothers. In fact, differences are illustrated in caretaking between mothers, for mothers from society and culture, as well as one's self care as a mother.

I observed the ways in which one culture seemed to immediately embrace an "us" caring mentality even when navigating a pandemic in a new country. I also explored how Western mothers continue to long for connection and grasp at it but remain in the mindset of individualized lifestyles. Many Western mothers seem to desire the "us" mothering mentality, but they are conditioned to embrace an "I/me" one. Although there are a number of lessons to be learned from what mothers lacked during the pandemic, such as social programs and supports, it is also important to note that the social and cultural mindset of mothering and community in the West is an individualistic one. The impacts of this are evident in the many ways in which mothers in particular struggled during the pandemic.

One week, my kids were sick and I cancelled the group session. The moms were disappointed. The next week, they were worried. "But you weren't sick?" they asked. No, I told them, but I did not want to risk infecting them or their babies. They then laughed. Next time, I do not need to protect them from that, they told me, as if the notion were totally silly. In fact, their response showed that they had a different hierarchy of concerns. "No, no" one mom said to me. She explained that children would always have illnesses coming and going. In another group, when a toddler came down with a fever, another mother (not his) cradled him—no questions asked, no panicking about germs, no leaving

group early. Everything continued as normal; the sick boy fell asleep in another woman's arms, and group continued. I found this interesting and noted that the reactions of Western women would have likely been different. Whereas the refugee mothers saw an "us right now" hurdle, Western mothers might have been more likely to adopt a "me/mine" or "you/yours" mindset. I admit that the first thing that came to my mind was germs and the spread of illness. At the time, I wondered if the mother whose child was ill would feel anxious and decide it best to leave early. I would think a Western mother's mentality would be more likely to take on the hurdle as an individual problem. Thus, one group of women may decide something is a problem requiring individual solving, whereas the other may prioritize a group reaction to maintain the community. This observation is, of course, a generalization and compares lived experiences of very different cultures with varying beliefs, styles of education, and living. Nonetheless, the importance of togetherness and community, of doing day-to-day living with support was emphasized.

The love I have for the refugee moms I work with is an intimacy that is unique for me, in that there was no excluding me from it. As the therapist, I am normally somewhat on the outside of the circle in facilitation. But these moms pull me in and care for me too because it is their way. I am not outside the circle of their mother care. I am a part of it. And they come close to me and kiss me, they look into my eyes and ask about my children. They bring me food, welcome me into their homes, and tell me I must eat. And I learn and am taught and humbled. I am shown a whole different mother world. One that could be possible.

It is a simple lesson, one of a "back to basics" mentality. Mothers have heard of this, dreamed of it. To connect, deeply and authentically, is our greatest lesson. To take what mothering so often makes of us—caring and loving warriors who fight for a better future for our babies—and apply it to the world and to our communities. For humans to care for one another in general is both basic and profound. We know this gets sidelined in Western individualism. We are taught to be strong and independent and that we can do all of the things on our own. But the reality is that we cannot. And the pandemic reiterated this. To believe we can—and to accept the weights mothers continue to hold solo—is unrealistic and unfair. One refugee mother expressed her confusion over the many things we were doing for only ourselves as well as the amount of time we spend completely alone. "Why?" She asked. And I did not have a clean answer for her. We need one another. As humans, our job in life is to care.

Conclusion

During the pandemic, mothers experienced a decline in mental health, particularly mothers in the West. They felt alone and further isolated. They spoke out, raged, and demanded change, making it hard for the world to continue to overlook their struggles. The pandemic has undoubtedly brought to light a greater need for community, particularly for mothers. It has shown us so blatantly how individualism and isolation are not conducive to mental health, and further highlighted a need for a connective community mindset and practice of living. For the purposes of this article, I am applying this most specifically to mothers. In different cultures, mothers have more community-oriented relationships, including sharing childcare and caretaking responsibilities. In my work, I hear how mothers crave these kinds of relationships. Practices of matricentric feminism would help develop a more connective community for mothers, which could be as simple as hearing and seeing them, but it also has the power to ease the mental load of mothers, including the physical and emotional burdens they carry.

In comparing some of the experiences of Western mothers with refugee mothers living in the West, I hope to highlight key components that could potentially contribute to the wellbeing and care of mothers. In the West, mothers are becoming better at taking care of themselves and having an identity outside of motherhood. They have begun to try to reconnect again and ask for help. The irony is that one of the biggest components of healthy self-care as a human and certainly as a mother is to connect with others and have strong community support and this continues to lack for Western moms. Connection increases mental wellness, happiness, longevity, and physical health (Lyubomirsky). To connect with others, make friends, and engage in social circles and community are important, not just to happiness but to survival. The past few years have tested the theory of the all-doing "supermom," and the results have been clear. We saw the ways in which our connection to one another cannot be understated. I experienced this further in learning from a culture that ultimately does not value and allow equality to women. What I saw instead was the intimate way these women valued and supported one another—the way they came together in daily living and motherhood and how that has played a role in sustaining them through the unthinkable.

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LAUREN E. BURROW, CHRISSY J. CROSS, AND HEATHER K. OLSON BEAL

Art Looking within MotherScholarhood: Art Elicitation for Self-Reflections and Sense Making

This study continues the ongoing collaborative autoethnographic, arts–based scholarship of three MotherScholars (Burrow et al.). This study presents both the critical self-reflections resulting from and advocacy for the process of art elicitation (Burrow and Burrow), which is a valid and effective methodology to allow MotherScholars a vital pause for valuable personal self–interrogation and renewed clarity within their scholarship. Like our previous research, this study reaffirms that MotherScholars need space and time to reflect on the fluidity and flexibility of their personal–professional identity as it is affected by natural life changes (e.g., children leaving home for college), unexpected transitions (e.g., divorce), and trauma (e.g., global pandemics). The necessity to find malleability in the MotherScholar identity can help women in academia name what they need and recognize what they are already uniquely suited to handle.

Purpose

This study adds to the long-term collaborative autoethnographic scholarship of three women in higher education (i.e., the coauthors), which documents the complicated personal-professional realities we navigate resulting from our shared identities as MotherScholars (Burrow et al.). Our collective scholarship, which primarily utilizes visual arts and other narrative methods to investigate MotherScholarhood, has endured throughout the creation and implementation of a nonfamily-friendly children in the workplace policy at our institute of higher education (tragically referred to by most staff and faculty as "the kid-ban policy"), the ongoing global COVID-19 pandemic, and the natural growing pains of mothering children who just continue to grow up. This study

is a return to our initial arts-based research (Burrow et al.), as we seek to identify our current MotherScholar-selves in public works of art through interactive reflections guided by an art elicitation framework.

This study chronicles how we used an arts-based version of photo elicitation (Epstein et al.) to help label and make meaning of our MotherScholar transitions as we moved from surviving COVID-19 into an uncertain return to normal for the fall 2022 academic year while navigating complex facets of our identities as our children naturally aged and transitioned into new stages of life. During times of personal and global uncertainty, this study forced us to make space and time to turn our focus inwards to notice the vulnerability, care, and love that sustains us as we are forced to focus on the external world that often moves too fast and demands too much of us as MotherScholars. This study collectively investigates the following: (1) the use of art elicitation to reflect on the flexible nature of MotherScholarhood and (2) the resulting freedom to temporarily reformat the "MotherScholar" term to best fit our current individual personal-professional experiences. As a secondary under-taking, the study seeks to present an art elicitation process that other MotherScholars may use to help find meaning and make sense of their identity in times of transition.

Theoretical Background

This study speaks to realities unique to those in higher education who claim a specific identity: *MotherScholar*.[1] First coined by Cheryl Matias as "Mother-scholar" and further explored as "Mother-Scholar" by Yvette Lapayese, Lapayese describes how the identity uses "the feminist impulse to dismantle patriarchal binaries" (17) while also "[finding] creative ways to insert … maternal identity, specifically in academic spaces and in their scholarship" (23). Like Anna CohenMiller, we accept that the MotherScholar identity must constantly be reexamined and reworked so that it can shift and grow, including reformatting the term to intentionally reflect changing truths and feelings within individuals writing about themselves.

Our research with other MotherScholars has "found that the MotherScholar identity demonstrates tensions, subjectivities, pluralities, and embodiment of multiple identities exacerbated by the sheltering at home conditions of COVID -19" (qtd. in Spradley et al. 228). Using a crystalizing layered approach, we have previously documented what Cheryl Matias explained as "the strains of work life balance during [the early months of] a global pandemic … [documenting] how MotherScholars experience research during COVID -19" (247) while also recognizing and reflecting on those innate qualities that equip us with the unique ability to survive the pandemic rollercoaster.

Many of our story-plot points from pre-COVID-19 studies resurface in this

study. Ever-present is the need to survive the unique challenges brought about because of our MotherScholar identities but so is our natural ability to build support systems that help us bend without breaking. Lauren Burrow et al. illuminate the need for time spent in cohort with and to receive validation from other MotherScholars; they conclude that arts-based self-study in a group of trusted MotherScholar friends can lead to the creation of a community. This current study, therefore, builds from Burrow et al.'s previous scholarly conclusion and tweaks the methodology to make room for each of us, as continued coauthors, to individually investigate and critically reflect on the malleable nature of MotherScholarhood. The changes to our original study were intentional to allow our identities to shift and stretch due to external pressures (controllable or not) and to invite reconsideration of the temporal naming of a deeply personal identity during seasons of change—natural, willing, unexpected, and/or necessitated.

Methodology

Throughout our interconnected studies, we have all acted as both investigators and participants (i.e., researcher-participants). Within this collaborative autoethnography (Ellis and Bochner; Ellis et al.), Lauren (the first author) utilized art elicitation (Burrow and Burrow) as a data collection tool to lead interviews focussed on reflections about our shifting positionality within our MotherScholarhood when impacted by COVID-19 and other natural motherhood changes.

Arts-Based Methodology

In 2017, we (and another MotherScholar not part of this specific study) embarked on a collaborative friendship study with participatory arts-based methods to identify and understand personal-professional benefits only realized from embracing the blended reality of our MotherScholarhood (Burrow et al.). Research findings from Burrow et al. suggest that arts-based self-study in a group of trusted MotherScholar friends can serve as critical support in academia, where competition and patriarchy often create institutional and personal power structures that force MotherScholars into rivalry instead of into supportive feminist communities. This study continues the coauthors' commitment to community-based care through the arts, but unlike in Burrow et al, researcher-participants did not engage in art making, but rather were asked to simply participate in the more passive yet deeply retrospective act of art looking.

In its simplest form, art looking is a four-step process in which individuals look at a work of art, describe what they see, interpret and assign meaning to the work of art, and then make connections to their own life or other works of

art (Museum of Fine Arts Houston). So, although the process of art creation was shown to be effective in supporting our previous sense making of the complex MotherScholar identity within complicated work-life experiences, it can be a much more time-consuming practice than art looking. This study's switch from "making" to "looking" was, therefore, in direct response to and with respect for not wanting to add to our overburdened, overscheduled, and overworked selves during COVID-19. Ultimately, art looking was a less time-consuming yet still highly effective method for supporting research-participants' reflection on and interpretations of the transitioning we were naturally experiencing as our children aged and as we navigated the unpredictable and unexpected personal-professional impacts of COVID-19.

Friendship Methodology

While collaboratively undertaken, there is always a practical necessity for one of us to step in as the primary interpreter to craft a cohesive story. Lauren acted as primary researcher—trusting in friendship methodology to support her interpretative lens. Lisa Tillmann-Healy proposes that if a community creates relationship-driven spaces, it can provide the foundation for "friendship as method" (732) as a qualitative approach to research. Friendship methodology includes principles of interpretivism (Denzin) and interactive interviewing (Ellis et al.), which are also hallmarks of photo elicitation.

Art Elicitation as Data Collection

All researcher-participants investigated two series of public works of art that were preselected by Lauren. Researcher-participants viewed the art through a series of art looking tasks which Lauren designed to prompt intentional and focussed self-reflection on the meaning and experiences of MotherScholarhood during COVID-19. This creative, arts-prompted reflective process was first introduced to Lauren during a summer teachers' institute with the Smithson National Museum of Art; Lauren then explored the process as a method of data collection as a mother-son activity in Burrow and Burrow. Lauren likens this process to both photovoice and photo elicitation. Like photovoice (Wang), photo elicitation uses photographs or other visual mediums as a data collection tool to facilitate interactive interviewing. Photo elicitation is meant to "[draw] out or [bring] forth emotions" by "trigger[ing] or evoke[ing] responses, memories, or stories" from participants (Copple). Since the interviewing prompts were works of art, this study will refer to the data collection process as "art elicitation" (Burrow and Burrow 186).

Analysis

Lauren, as first author, manually analyzed data using Matthew B. Miles et al.'s two-cycle process and maintained a reflective journal throughout to document analytical memos. She listened deeply and asked caring questions of the photo captions to make space for the full range of emotions, thoughts, and truths that our identities inherently, intentionally, and (sometimes) unconsciously possess (Geist-Martin et al.). As Lauren analyzed all responses to the art elicitations, the inherent nature of friendship methodology increased her confidence that her narrative analysis was not merely at the mercy of each art looker's recollection or introspection but rather intuitively informed by our intersecting friendships with each of the researcher-participants.

Data Sources

As researcher-participants, our identities are central to the study. As cisgender, white mothers with middle-class financial status, we acknowledge the privileges embedded in and the accompanying power that we hold based purely in our identities. Table 1 summarizes our racialized, familial, and situational identities at the time of this study.

Table 1. Relevant demographics for the coauthors at the time of study August 2022

Mother Scholar	Lauren
Familial Status	Three children, aged ten to thirteen; married
Race	White
Gender	Female
Academic Status	Tenured, associate professor
COVID-19 Experiences and Current Life Stage for Children	Remained fully online, working from home for university (2020-2022); transitioning to f2f and online work at university (fall 2022). Children enrolled in online public elementary and middle school, attending from home (2020-2022); all children transitioning to local public middle and private elementary schools (fall 2022).

Mother Scholar	Chrissy
Familial Status	Four children aged eleven to sixteen; divorced
Race	White
Gender	Female
Academic Status	Tenured, associate professor
COVID-19 Experiences and Current Life Stage for Children	Returned to face to face (f2f) work at university (fall 2021). All children enrolled in local public elementary and middle school (2020-22); children graduating into local public middle and high schools (2022-23).

Mother Scholar	Heather
Familial Status	Three children aged nineteen to twenty-five; married
Race	White
Gender	Female
Academic Status	Tenured, full professor
COVID-19 Experiences and Current Life Stage for Children	Returned to f2f and online work at university (fall 2021). Daughters enrolled in colleges (one in state, one out of state) seeking undergraduate and JD degrees, son completing high school (2020-21); eldest daughter graduated law school, second daughter pursuing doctorate (out of state), son returning to undergraduate college (out of state) (2021-23).

Art Elicitation Selections

Lauren selected two series of art to prompt researcher-participants' interactive self-interviewing through an art elicitation technique. She constructed a step-by-step process of art looking written out for all of us to independently follow within a predetermined window (approximately two weeks). First, each of us, individually and independently, scanned all works of art presented in each series, taking mental notes of what stood out or was simply noticed. Next, Lauren made Chrissy and Heather aware of the artist's commentary about and/or intentions for the works of art. We all then returned, separately, to look at the art series through a lens specifically related to an aspect of Mother Scholarhood: (1) how our MotherScholar identity has been represented during the early COVID-19 years and (2) how we choose to intentionally transform and/or maintain the written format for the naming of our current MotherScholar existence.

The first series was *Thirty-six Views of Mount Fuji (Japanese:* 富嶽三十六景*)*, a series of landscape prints by the Japanese ukiyo-e artist Katsushika Hokusai (1760-1849). The series depicts Mount Fuji from different locations and in various seasons and weather conditions; Mount Fuji is present in every print. All researcher-participants were instructed to view the recurrence of Mount Fuji throughout the art as symbolic representation of MotherScholarhood. We each selected two specific art prints that best captured the comparison between the positionality, significance, prominence, etc. of our individual MotherScholarhood during 2020-2021 COVID-19 versus our transition into the 2021-22 experience of COVID-19. We then provided a brief captioning explaining each of our art selections.

The second series was a selection of fourteen photographs of Daniel Popper's permanent and temporary sculpture exhibits around the world. Although each sculpture takes on a different form, the works of art feature a commonality: Each presents a central figure surrounded by, composed of, inhabiting, and interacting with the elements to present a complicated perspective/. This series was selected to prompt individual reflection on the intentional formatting of the term "MotherScholar" to best represent its meaning and convey our feelings when writing about the current stage of our personal-professional lives. Like Popper's sculptures, there was consideration about whether our MotherScholar identities rely on the context of our environments or if they demand that our environments adapt to us.

Findings

This section presents findings from two art elicitation exercises. In the initial data series, we each chose an individually chosen print from a common series by Hokusai and then wrote an accompanying narrative to explain how the print holds relevant symbolism to our personal perceptions of our MotherScholar experiences throughout the first two years of the Covid-19 pandemic. In the second data series, we each selected a work of art from Popper's public sculptures that we individually identified as being representative of our critical self-reflections on the personalized namings of our MotherScholar identities. Salient excerpts from our art-elicited selections are shared to provide insights into our sense making during times of uncertainty and change.

Identifying Representations of COVID-19-impacted MotherScholarhood in Works of Art

Lauren

When reflecting on her first year of COVID-19 (2020-2021), Lauren chose *The Fuji Reflects in Lake Kawaguchi, Seen from the Misaka Pass in the Kai Province* by Hokusai (see Figure. 1) to summarize her experiences, extending the timeline to include memories of pre-COVID-19 experiences and then focussing on the early months of 2020. Lauren explained her selection as follows:

> Just before COVID-19 hit, my IHE [institute of higher education] passed what we all call "the kid ban"—no staff/faculty's children allowed on campus. As a result, I was trying to steel myself up to attempt separation of my "mother" and "scholar" lives in order to set clear and self-preserving boundaries that looked like: If my kids can't come up to work with me, then work can't come home with me! Then COVID-19 hit. Boundaries were now impossible. For me, my "MotherScholar Mt.Fuji" was reflected EVERYWHERE during COVID-19. There was nowhere I could go (literally!) without my MotherScholar following me. I was MotherScholar morning, noon, and night. Zoom teaching in my foyer, next to my kids snacking in the kitchen, poodles at my feet; pausing my screen to comfort a kid, listening in on meetings with earbuds while helping disconnect some stuck Legos. My best course lessons were cotaught with an eight year old, bursts of brilliant writing were inspired by being surrounded by their curiosity and creativity all day. My MotherScholar Mt. Fuji was reflected for me—EVERYWHERE!
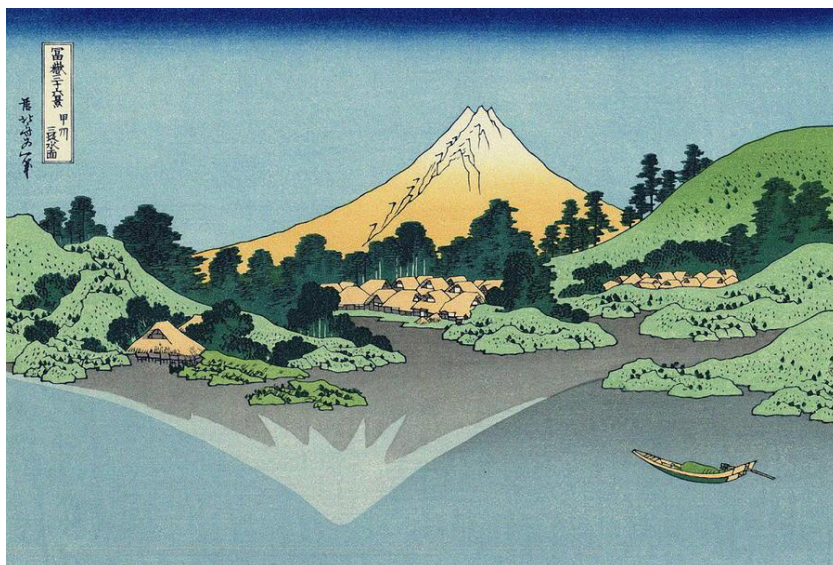
Figure. 1. *The Fuji Reflects in Lake Kawaguchi, Seen from the Misaka Pass in the Kai Province* **by Katsushika Hokusai. This work is in the public domain in the US because it was published (or registered with the US Copyright Office) before January 1, 1928. This image has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights.**

Next, Lauren selected *Umegawa in Sagami Province* by Hokusai (see Figure. 2) as a representation of her MotherScholar experiences during the second year of the pandemic (2021-2022), with a narrative explanation that focussed on the then anticipation of fall 2022:

> Well, everyone's going back, everyone's moving on, back to normal, back up to work. But not us. For me, this print is perfect: there's the five cranes (my family of five) staying in their puddle home while all the other birds fly away back to normal. I've read that cranes are considered a bird of happiness in Japanese culture, and oh! How my birds make me so happy. My MotherScholar Mt. Fuji looms tall and strong and beautiful: looking after our little space, protecting our family time together. My MotherScholarhood is making me a better mother and scholar. I've been so productive. I've taken better care of myself; I have memories that we'll always have! …. I do wonder, though, how long can we stay like this? How long can it just be us? How long can life just stay on our terms?

Figure. 2. *Umegawa in Sagami Province* by Hokusai. **This work is in the public domain in the US because it was published (or registered with the US Copyright Office) before January 1, 1928. This image has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights.**

Chrissy

When reflecting on her first year of COVID-19 (focussing on fall 2020 to spring 2021), Chrissy chose *The Great Wave off Kanagawa* by Katsushika Hokusai (see Figure. 3) to best represent her experiences. Chrissy explained her choice as follows:

> During COVID-19, I felt small, used up, and insignificant. I was hit with wave after wave of personal trauma that impacted my identity in so many ways. In October of 2020, my grandfather died of COVID-19. In February of 2021, I asked my husband of nineteen years to move out because of his repeated infidelity. In March 2021, I sold my beautiful home that I loved and moved into a rent house, in the same month my aunt died of cancer. During that spring, I was also being targeted and retaliated against by my chair in my department, and all of this took place under the heavy weight of being a mother of 4 school age children in a worldwide pandemic. I was hit with wave after wave of trauma during the pandemic, and I had no idea of knowing what wave would hit me next. I remember falling in bed each night absolutely mentally and emotionally empty. Somehow, I survived those waves.

Figure. 3. *The Great Wave off Kanagawa* **by Hokusai. This work is in the public domain in the United States (US) because it was published (or registered with the US Copyright Office) before January 1, 1928. This image has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights.**

Chrissy then selected *Shichiri Beach in Sagami Province* by Hokusai (see Figure. 4) as a representation of her MotherScholar experiences during the second year of the pandemic (2021-2022). She shared her rationale for her selection as follows:

> The tumult of the COVID 19 pandemic has calmed. And now I am at a point where I am confident in my identity as a MotherScholar. And even though I am still in the midst of the ocean that could turn back into the tumultuous waves of trauma at any time, I know that after the season of wild waves and being tossed every which way, I will again experience peace. After COVID-19, I have learned to really try to be present in the moments of peace. In this print, I can feel the gentle waves on my toes, smell the calming scent of salt in the air, and feel a gentle breeze on my skin. In its moments of peace, the ocean calms and invigorates me and prepares me for my next set of challenges and changes in weather.
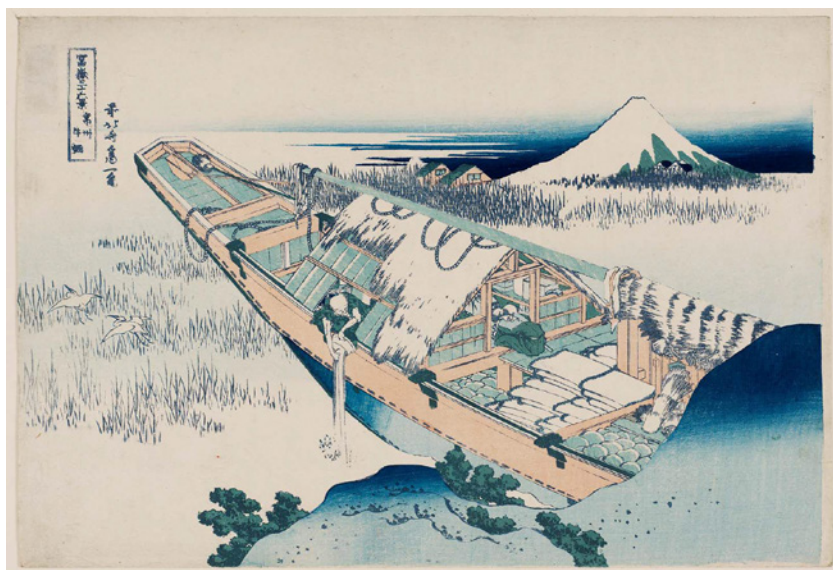
Figure. 4. *Shichiri Beach in Sagami Province* by Hokusai. **This work is in the public domain in the US because it was published (or registered with the US Copyright Office) before January 1, 1928. This image has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights.**

Heather

When reflecting on her first year of COVID-19 (2020-2021), Heather chose *View of Fuji from a Boat at Ushibori* by Hokusai (see Figure. 5) to summarize her MotherScholar experiences. Heather explained her selection as follows:

> Mt. Fuji is in the back, not as the primary focus of the painting (as in some other paintings) but as clearly prominent. If you were there, you might be working or relaxing in the boat, but that mountain would dominate the landscape / cast a shadow over everything / change the surrounding ecosystem, etc.… About my MotherScholarhood during COVID-19. It wasn't THE THING. THE THING was our nuclear family, together, at home, weathering COVID-19. My Mother Scholarhood was ever present. It was always there. I couldn't escape it. I was always aware of it, noticing it, alternating between resting in the shade it provided and (unsuccessfully) trying to get out from under its shadow.… Maybe my women friends / colleagues are in the boat as well—working and resting—even though we don't see them. They were a hugely important part of surviving the first year+ of COVID-19. We mothered each other, and we helped each other with lots of work stuff.

Figure. 5. *View of Fuji from a Boat at Ushibori* **by Hokusai. This work is in the public domain in the US because it was published (or registered with the US Copyright Office) before January 1, 1928. This image has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights.**

Choosing the same work of art as Lauren (*Umegawa in Sagami Province* by Hokusai, see Figure. 2), Heather shared divergent reasoning for her selection of the piece to represent her MotherScholar experiences during the second year of the pandemic:

> I chose one where Mt. Fuji was bigger than the first one. And where there are some birds in the forefront and some flying in the sky.… It's strange … navigating empty nesthood is probably the hardest thing I've ever done. And mothering three kids to adulthood was really hard!…. Mt. Fuji (MotherScholarhood) is bigger in this one, but really, it's more of an absence of the thing than the actual thing. I don't mean that I'm not a mother anymore, but the lack of something feels really big for me these days. Lack of daily interruptions, lack of people needing me to pick them up, feed them, pay attention to them, etc. It's a pretty big hole.… I still have my friends / colleagues. I think they're the birds in the foreground as well. But they feel more apart from me (if I = MotherScholar = Mt. Fuji) than they did during the first two years of COVID-19. I feel much more alone than I did then. Kids gone, colleagues / friends more distant. Mother role still there, pretty big (though more its absence / whatever it's morphed into). Scholar role is still there, also big. But I'm going it alone now.

Connecting to Works of Art as We Maintain / Reimagine / Shift the Written Formats of Our MotherScholar Identities

Lauren

Reflections on the first two years of the COVID-19 pandemic led Lauren to select Daniel Popper's *Asana* as a symbolic embodiment of her current naming of her *Mother*Scholar identity, one in which she opts to add a purposeful italicized emphasis to the formatting to indicate a present shift in priority to her mother-self: *Mother*Scholar. Popper's *Asana* is a sculpture of steel, wood, and natural fibres in the easily recognizable upwards-facing dog yoga position. Situated on a beach in Tulum, Mexico, only the top torso, outstretched arms, and head of the statue are fully completed. The remaining lower portion of the body is unfinished but is implied to be outstretched along the sands. Lauren explained her sculpture and term-formatting choice as follows:

> Right now, being a *Mother*Scholar is bringing me such peace, helping me stretch and grow as a woman with kids in academia (during a global pandemic!). I chose this sculpture because it seems to be stretching and reaching while surrounded by a peace and glow—growing in the place where she is planted is what is actually bringing her joy, right now. From my limited knowledge about yoga/Pilates (whatever stretching exercise the statue is doing), it's so good for your body while also pushing you to push through and past your physical limits. That's my *Mother*Scholarhood, right now—it's hard, it's demanding, but simultaneously so peaceful, satisfying, and strengthening. I started to lower case "scholar" because I was feeling bad that I might not be showing up at my typical 210 per cent scholarship level. But I need to give myself more credit. Turning my attention to my motherhood core is actually making me a better scholar! I'm having to show up as mother, right now, and that's okay because it's taught me new levels of care, creativity, and understanding (for myself, family, students, and even my scholarly writing). So, I'm going to breathe these moments of *Mother*Scholarhood deeply in and find some temporal peace in who I am, right now, exactly where I am (because it's just where I need to be). Let's see where this identity leads me…

Chrissy

After reflecting on the first two years of the COVID-19 pandemic, Chrissy selected Daniel Popper's *Umi* as an accurate embodiment of her current naming of her MotherScholar identity as she opted to maintain our original,

collective formatting: MotherScholar (Burrow, et al.). "Umi" means "life" in Swahili and "mother" in Arabic and is meant to represent our world / Mother Earth as "a vast entanglement of living things that collectively define and maintain the conditions conducive to life" (Popper). Constructed of steel and GFRC (glass fiber–reinforced concrete), the sculpture presents the top bust of a female-faced figure with tree root-looking intertwining snaking to form her loosely pulled back hair, bodice, and skirt, which stretches to the ground to form an arch that visitors can enter into her body's lower half. Her long, slender, and smooth arms are outstretched to seemingly lift up and hold open the arch of her skirt. The twenty-foot sculpture can currently be found at The Morton Arboretum, an outdoor tree museum in Lisle, Illinois. Chrissy explained how her sculpture choice represents her intentional naming of her identity:

> My body and mind work together to create, carry, birth, and feed my children and also my scholarship. My children are both physical, spiritual, emotional, and intellectual pieces of my body and my motherhood. My scholarship, my writings also embody pieces of my DNA in their physical, spiritual, emotional, and intellectual composition. While my children and my scholarship often interrupt and challenge each other, they also feed and nurture each other. There is no part of me that doesn't use my motherhood to influence my scholarhood, and there is no part of my scholarhood that doesn't influence my motherhood.

Heather

Finally, Heather chose Popper's *Ven a la Luz* as a representative embodiment of her reimagined naming of her MotherScholar identity as a messy, complicated, colourful existence. She conveys both the deep meaningfulness and undeniable complicatedness of her COVID-19 MotherScholar identity with unpredictable splashes of color and random capitalizing / lower-casing of letters throughout the term: **MotHErSChOLaR.** Popper's *Ven a la Luz* is a thirty-three-foot sculpture composed of steel, wood, rope, and natural fibres. In Spanish, the sculpture's title means "come to the light," and it depicts the top bust of a female figure with deep, decorative carvings over her face, arms, and chest. The face is slightly downturned, and eyes are closed; the head is encircled by a crown of carved flowers around upswept carved hair. A large archway is created by the prying open of nearly the entire chest by the sculpture's own hands to reveal an open space that is filled with lush greenery that visitors can walk through—"the portal symbolizes our deep connection with Nature and ourselves" (Popper)—and is illuminated, internally, at night.

It is permanently located in Tulum, Mexico. Heather explains how this sculpture choice represented her changing MotherScholar identity after surviving the first two years of the COVID-19 pandemic:

> I chose this one because she's looking down into her body … she's using her body to create a home, a space, that she is protecting. The thing in the inside is her essence. I feel like that about my Mother-Scholar identity. It's part of me; it's not separate or apart. It's not in distinct pieces like some of the sculptures. It's all one, and it's emanating from inside her (my) body. And I do protect it and nurture it—the mother and the scholar. They're huge parts of my identity as a woman / person / human.… [I] opt to write it in a way that complicates it in more ways than just capitalization and spacing between words (or lack thereof). It's so messy. It's not just mother or scholar or two things together (MotherScholar).

Discussion

Returning to the study's goals to explore (1) the use of art elicitation to reflect on the flexible nature of MotherScholarhood and (2) the resulting freedom to temporarily reformat the MotherScholar term to best fit current individual personal-professional experiences, we found that connecting our deeply personal MotherScholar identities to public works of art (i.e., art elicitation) did provide a concrete way to process complicated times by capturing where we have been/what we have endured. Ultimately, this connection helped us maintain the core truths of our MotherScholar identities while also making space for temporal seasons of possibility and uncertainty. On behalf of all researcher-participants, Lauren discusses what our art elicitations reveal about each of our shifts beyond COVID-19 survival and towards powerful and intentional reclaimings of our collective MotherScholar identity—on individual terms that work best for each of us. Personal transitions experienced during COVID-19 led to individualized reimagining of, recommitment to, and rebalancing of each of our MotherScholar identities.

For herself, Lauren sees hopeful intentions to slow down and dig deeper into working on what matters while also protecting who matters most to her, embracing an emphasis on the *Mother*Scholar, for now. In Chrissy, Lauren sees a capable MotherScholar who generously attributes her survival to supportive colleagues, but in actuality, she possesses her own deep resilience to rise above any struggle. Seeing her professionally thrive despite a bombardment of personal pains, Lauren is certain she will continue her successful hustle—and she will do it on her terms and with a knowing smirk. For Heather, Lauren notes a continued tenacity, unanticipated sense of

acceptance and happiness, and a transition to a broader definition of who makes her a "**MotHErSChOLaR.**" She understands the sacredness of social time with other females, and as such, Lauren sees her taking actions to ensure that there is a support system not only for herself as she shifts into empty nester MotherScholarhood but also for those beyond this MotherScholar research cohort who may not yet know that they will need a community.

Conclusions

Ultimately, this study indicates that MotherScholars may need support from extended family (Lauren), colleagues and self (Chrissy), and friends (Heather) to be and feel successful throughout their multiple identities. For us, the need to seek out support was amplified during COVID-19 because support from our university employers was never felt by any of us—in policy or practice. As shown in our varied ways of surviving and shifting, we feel that MotherScholars are interconnected in their identities and can find support in that collective identity. We also acknowledge that so much of our MotherScholar identity is impacted by individual experiences, policies, and practices unique to our own personal/professional spaces, racialized identities, gender expression, socioeconomic status, etc.

After conducting a series of MotherScholar studies, pre-COVID-19 and during, we are resolute in our recurring conclusion that the MotherScholar identity both anchors us to core truths, values, and community and allows for the complex realities of individuals who are part of a MotherScholar whole. This study will push us to further explore what it means to be a MotherScholar and what MotherScholars might need in various stages of their renamed identity.

Scholarly Significance

We acknowledge the privilege of being able to transform personal study into scholarly productivity and are ever thankful for journal spaces (like this one) that prioritize and value the academic study of our MotherScholarhood and allow us to count our personal pauses towards our professional productivity. We once again acknowledge that our multiple identities afford us the space, time, and means to routinely check-in on ourselves and each other. The scholarly practices that we were privileged enough to embrace to help us process and cope may not be feasible and accessible for all MotherScholars. It is our intention to push future scholarship to include and advocate for those MotherScholars that have been more severely affected and harmed during this time (including Black mothers and single mothers).

During a continuation into unknown times and challenges, we advocate for methods that make space for MotherScholars to reflect, grow, and change.

Thus, we see art elicitation as a viable methodology by which MotherScholars can process issues relevant to their scholarship while also creating room to care for themselves and make meaningful change in their personal-professional lives. We encourage MotherScholars to seek each other out, be their own support systems, and hold sacred the space and time of pausing together, especially during the uncertainty of shifting times.

Endnotes

1. It has taken us time and multiple studies to accept ourselves as experts of our own identities. We thank readers for not wondering about the validity of the truths we are interrogating and uncovering in ourselves and instead invite readers to interrogate what this study brings up for their own intersecting identities and positionalities as either a MotherScholar themselves, or as one who has an impact on or is impacted by Mother-Scholars.

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PENNY DAVIS

Drawing (Out) the Evil (M)other of the Family Court

> To be a mother is to be saturated with the good and evil of the day. But unless you are very lucky or privileged, or both, there is always the chance that evil will seize the hour.
>
> —Jacqueline Rose 183

As an artist, PhD researcher, and lone mother to three teenagers, this article introduces a theory of matricentric drawing through an autoethnographic practice of performance drawing. During COVID-19, I turned to my ex-husband to share the care of our children, which backfired with devastating long-term consequences. Rather than softening the blow of the pandemic, the request for help had a slow and destructive effect on our mental health and wellbeing, opening the door for him to remove them from my care. Made in the lead up to the final hearing of a court case in which I risked losing custody of my children, the drawing process began as a reflection upon legal descriptions of myself as an evil (m)other through a textual analysis of the court bundle. The article documents my autoethnographic reflections, as they visualized the effect of legal abuse upon my body and triggered gesture and movements, which were then performed as drawing acts in the family home.

With reference to research on single mothers, the impact of COVID-19 and the underlying culture of misogyny, mother blaming, and postseparation legal abuse in the UK family courts, I consider how an autoethnographic approach to my art practice activated drawing as a maternal battle cry, disarming the attacks in legalese and re-armouring my body in preparation for the final hearing.

Performed through drawing on the floor and filmed from above within the space of the kitchen, the camera documents the interweaving of daily motherwork with acts of performance drawing. As the drawing evolves, the gestures unfold in synchrony with the authenticity of mother love and care through recorded speech interactions

documenting family life. The article considers how matricentric feminism (O'Reilly) informs my arts practice in distinguishing motherhood from mothering as matricentric drawing enacts an othering of the self. It is useful both in arts-practice research as reflective writing on performance drawing and feminist activism, as data for researchers and policymakers in disentangling the multiple effects on the health and wellbeing of lone mothers and their children during and after the pandemic.

Figure. 1. Installation view of *Respondent Mother*—Video Projection of Peformance Drawing to Video (left) and Performance Drawing (right) Exhibited at The Fine Art Gallery, Loughborough University, March 2023.

Made in my family home in May 2022, the video performance drawing *Respondent Mother* is a consolidation of the autoethnographic drawing methods that emerged during my PhD research as I explored the relationship between drawing and maternal subjectivity. Research exploring the interface between arts practice and autoethnography remains relatively underexplored, and although a recent contribution in the 2nd edition of the *Handbook of Autoethnography* examines crossovers between autoethnographic methods and the broad spectrum of arts subjects, there are few examples of artists researching the intersections between autoethnography and drawing. This article focuses on the braiding of performance drawing with an auto-

ethnographic method informed by Andrea O'Reilly's concept of matricentric feminism.

In the following article, contrary to the proposition that drawing is often used as "pre-writing tool to stir up memories" (Chang 84), I analyze how an autoethnographic practice of performance drawing that is both situated and relational, evolved in response to writing. In the method presented, writing autoethnography becomes the starting point for drawing acts which enable an othering of the self to take place in order to visualise the "social punishment … of single mothers" (Rose 2).

The practice that has emerged through *Respondent Mother* and other works present an argument for matricentric drawing—a feminist maternal activism that fully realizes "the maternal power and fury promised in the Demeter archetype" (O'Reilly 208).

Skeleton Argument

I write this as an artist, a qualified teacher, and PhD candidate. As a white cisgender British woman, I occupy a place of privilege, but as a single mother with three children, these freedoms are diminished, as I experience poverty and discrimination—a situation which calls for the enshrinement of single parent status as a protected characteristic (Talbot 3). Single parents make up a quarter of all families with dependent children, and as mother to three children, my family represents a minority of just 13 per cent of all single parents in the UK (Single Parents in 2023).

I was raised in a matriarchal working-class family. I am the daughter and granddaughter to divorced single mothers and was the first in my family to go to university. My story evolves from ten years of being a single mother—a period double the United Kingdom (UK) national average (Skew et al. 230). Parenting three biologically produced children—now twelve, fourteen, and sixteen—I mothered alone, at a distance from family with the number of children and my financial situation inhibiting my propensity to cohabit (Skew et al. 230-44).

My financial situation, like others, has worsened further since COVID-19; in 2023, one in five single parents use food banks and credit cards to pay for household essentials (Single Parents in 2023), and half of all children in single-parent families live in relative poverty (IFS). Despite a rise in employment for single parents, family size is a significant factor affecting work capacity: 42 per cent of all families with three children live in relative poverty (CPAG). Although the maintenance payments from their father are not enough to even cover our food for a month, I still consider myself lucky to receive them, since 40 per cent of single-parent families receive no such payments at all from the nonresident parent.

Figure 2. Performance Drawing Act 1: Erratic—Video Still from *Respondent Mother Performance Drawing to Video 2022*

Living the "triple bind" (Nieuwenhuis and Maldonado) of being a single parent has become shaped by unrelenting maternal labour, insecure housing, lack of childcare, and the frustrating cycle of low-paid, part-time, and temporary work. These facts reveal the already bleak backdrop to the crisis that unfolded during the COVID-19 pandemic. In the post pandemic context, household spending for those on low incomes increased, whereas wages and benefits stagnated well below the rate of inflation (Brewer and Patrick)—the impact of which leaves half of all single parents living in poverty.

These contextual factors are important for understanding what follows in this article, as I describe the process of creating an autoethnographic drawing documenting my response to being a respondent mother in a court case over child-contact arrangements. Although the relationship has never been amicable between myself and my children's father, the pressures of the pandemic triggered the events that led to his applying for custody.

Like most single mothers during the pandemic, I felt a marked increase in stress, guilt, and failure, as work began to invade my family (*When Paid Work*). I echo the lament of single mothers in *Mothers, Mothering, and COVID-19: Dispatches from a Pandemic* in feeling completely unseen by the media and in feeling that "my motherwork, even during a pandemic when it is so crucial, remains so devalued and invisible" as I was "trying to function in the unfunctionable" (O'Reilly 19). *Respondent Mother* is a work that reveals the unsustainable burden placed upon mothers as the "impossible subject" (Baraitser 4).

Figure 3. Video Still from *Respondent Mother* Performance Drawing to Video 2022

In terms of the legal definition of the term "respondent mother," the application made against me was from the father of my children, and in this way, I was responding to his application as a mother. But in isolation, without this context, the term "respondent mother" has a dual meaning, as it emphasizes the mother's role of continuously responding to the needs of her child: "Before the 'I' there is simply the response to the call and the demand of the Other" (Baraitser 39).

Case Summary

A month into the pandemic and after an initial panic about catching COVID-19 as the children moved between houses, I turned to my ex-husband to request a temporary arrangement for shared care of our children. Shared care in this context would, for many parents, be a positive solution, but the request for help had a slow and destructive effect on our mental health and wellbeing, and after a short time, the children began to resist the new arrangement.

After I wrote to their father about the children's unhappiness with the new shared care arrangement, their father ended contact for the children with himself and their paternal grandmother. Legal proceedings were then initiated with the intent to remove the children from my care. The decision to cut ties with the children was likely initiated through his legal representative; he would have been advised that his legal case would be stronger if he could evidence that I had stopped him from seeing them entirely and this was the falsehood that was later spun out in his version of events presented to the family courts.

Changes to UK rules on legal aid in 2013 meant that without a concrete and recent claim of domestic abuse, like most lone mothers, I had no choice but to act as a litigant in person. Finding myself alone once more and now with full responsibility for my children, from the spring of 2021 until the summer of 2022, I learned how to be my own solicitor while also studying, working, and homeschooling my children. After six months, I eventually took a leave of absence from my studies as the multitude of responsibilities overwhelmed me.

To protect the privacy of those I write about, their identities remain anonymous, and specific details of the case are left out. Instead, in this article, I focus on the way in which the drawing realized the feminist activism of my method and the interface between autoethnography, drawing, and matricentric feminism. I have tried to only include specific facts from the case as they tell my story and shed light on my matricentric drawing method.

Figure 4. Performance Drawing Act 9: Unpredictable—Video Still from *Respondent Mother* **Performance Drawing to Video 2022**

Due to COVID-19 restrictions and financial pressures, we had stopped doing almost all the things we used to enjoy as a family, such as going swimming and going to the cinema; instead, we all slowly regressed into a virtual and insular world. By January 2022, my life had been completely taken over with the daily care of my children, as I reached out to external agencies for support. As I called doctors, the school, the local council, charities, families, and friends, I became caught in a never-ending cycle of care as children would get sick from COVID-19 or anxiety-related illnesses, which left them unable to engage with the world in the way they used to.

In retrospect, it was clear that this experience as it became expressed in discussions with the Children and Family Court Advisory Support Service (CAFCASS) was simply fuelling the image of the anxious and unstable mother that the father's solicitor wished to present to the court. During the proceedings, the father's solicitor described me as "evil" on no less than eighteen separate occasions, and this kind of persecution is not uncommon, as there is an "increased willingness" for courts to remove children from the care of their primary carers in cases where they are accused of parental alienation (Barnett 27).

The verdict of the final hearing, however, surprised everyone. In her statement, the judge took an opposing view to the professional opinions of all those who had been consulted during the case. She drew attention to the events that had proceeded the application—recognising the many years of commitment I had made in caring for my children and repeatedly emphasizing that I was carrying out the care of the children alone and without family close by. Through a factual examination of the events, the judge wholly discredited both the privately instructed therapists and the CAFCASS report, which had identified me as harming my children by alienating them from their father and exposing them to adult issues. She would instead use the father's attempt to isolate, exclude, and exile me as the basis of her rejection of his application. The judge stated that she had never once heard me referred to as a member of his family, thus culturally resetting this expectation as the basis of a normal separated arrangement.

Her concluding remarks reflected a shift towards a more "inquisitorial approach" (Women's Aid 3) by the family courts after the introduction of the Domestic Abuse Act (2021) just a month before the final hearing. However, as was so clearly the case of my own experience leading up to the final hearing, the June 2022 Women's Aid report makes it clear that "coercive and controlling behaviour remains widely misunderstood, with professionals and agencies minimising the impact of this form of abuse on victims and survivors and their children" (3).

Figure 5. Performance Drawing Act 9: Unpredictable—Video Still from *Respondent Mother* Performance Drawing to Video 2022

Autoethnography, Ethics, and Confidentiality in the Family Court

My practice as an artist was used as evidence against me in the court to shore up the narrative that I was a bad mother: negligent, uncaring, and exploitative. The ethics in making art about the lived experience of mothering, reflecting its more ambivalent aspects, was held up to scrutiny in position statements, questions were asked about my capacity as a mother to care for our children; my vulnerability became magnified and distorted into allegations of parental alienation, mental health issues, and emotional abuse.

As a feminist autoethnographer, I had equipped myself to identify and analyse the ways in which the submissions by the father (filtered through his solicitor) set out to denigrate me. I could clearly see the patriarchal language used to define good and bad mothering and the myths of motherhood that were being fashioned as weapons to use against me in legalese. In my final submission to the court, I quoted directly from the Ministry of Justice's *Harm Panel Report*, published only a year earlier, as it raises concerns about the lack of understanding around parental alienation and the "pro-contact culture" of the courts (147).

A critical examination of the literature on cases of post separation abuse (where mothers were accused of parental alienation) enabled me to distance myself from the attacks made, as they narrated a patriarchally constructed identity of motherhood. The *Harm Panel Report* and the Women's Aid

response to it highlighted my own experience as mirroring the patterns of abuse experienced by other mothers, as they too became victimized by the family courts.
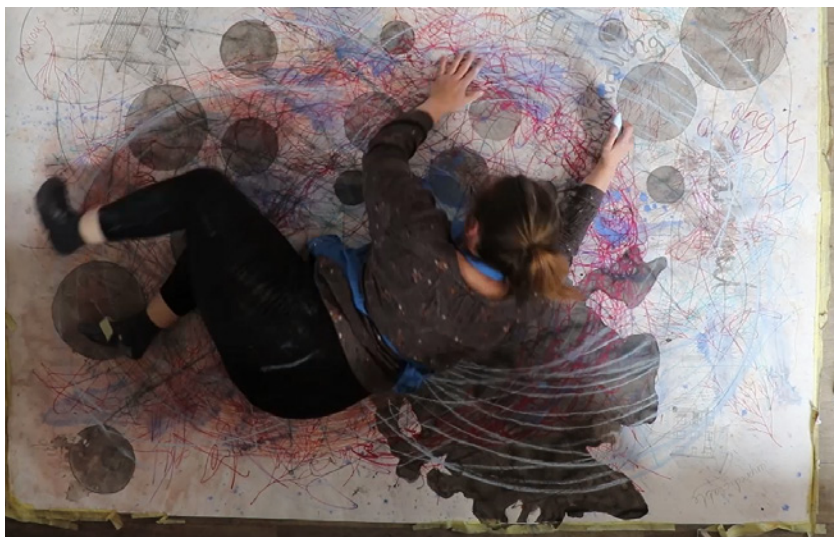

Figure 6. Performance Drawing Act 12: Lazy—Video Still from *Respondent Mother* **Performance Drawing to Video 2022**

My autoethnographic process took a "specific-to-general approach" (Chang 62), as it attended to the specific language of the court paperwork. I analysed the court bundle as a "textual artifact" (Chang 107) of my research. Through a series of drawing processes, the words selected from these documents became debunked, and in isolation provided a critique of the generalized negative stereotyping of single mothers in British culture.

My autoethnographic approach is an action of "writing to right," "breaking silence," and "(re)claiming voice" (Bolen qtd. in James et al. 36-37). The story I tell of being a litigant in person "position(s) the 'I' within a political context—one in which my situated self is constructed through cultural and political events" (Ettore 2).

Figure 7. Performance Drawing Act 8: Controlling—Video Still from *Respondent Mother* Performance Drawing to Video 2022

Stacey Holeman Jones, Tony E. Adams, and Carolyn Ellis propose that "auto-ethnographic works present an intentionally vulnerable subject, to purposefully open yourself up to 'the possibility of being wounded or attacked' (Behar, 1998) in order to call attention to the vulnerabilities that other human beings may endure in silence and shame" (24). These vulnerabilities emerge through drawing, as the words are written and drawn performatively through embodied gestures and within the context of carrying out daily reproductive work. Drawing becomes a part of this disarmouring and rearmouring of the maternal body as I draw "when my world falls apart" (Ellis 33). Through interpretative autoethnography, the court paperwork as a textual artifact invokes an "epiphanic moment" (Denzin 28-30) and allows for matricentric drawing to enact a "critical reflection upon the systems of power held in place through language" (Spry 20).

Throughout the case, I was careful to shield our children from the details of the court paperwork, as I often worked late into the night on my submissions. The children witnessed the drawing being made, and they helped me to install the work (shown in Figure.1). They spoke freely with visitors about their experiences of seeing the work evolve in our home. Since my practice takes place in the family home, informed consent occurs naturally in our daily conversations. Although I avoid talking about the specifics of the ways in which I suffered from legal abuse during the case, they have an awareness of

how I feel. There is a silence that hangs in the air as we acknowledge the differences in our relationship with their father—an acceptance that is necessary to the continuity of this relationship.

My eldest child read this article before it was published, and I talked through the relevant ethical issues with the other children. The video work was produced in high speed, which assists in disguising our identities but also makes transparent the temporal and endurance aspect of "reproductive work" (Federici), as the video distils a week's worth of work into seventeen minutes. Since I was silenced from sharing my own experience of the family court by the legal process, the ariel view of the video provides a degree of anonymity for myself and my family, as the tops of their heads, legs and feet appear fleetingly in the video.

I presented on this work using a pseudonym and undertook an ethics application for my PhD project simultaneously with a literature review of ethical processes in autoethnographic research (Denzin; Benhabib; Denzin and Lincoln; Ettore). But it was a feminist colleague and mentor who high-lighted the importance of my own voice and presence both as a woman and as a feminist, since my autoethnographic drawing practice has the potential to be transformed into "narrative representations of political responsibility" (Ettorre 3).

Drawing as a Maternal Battle Cry

Respondent Mother is an example of feminist resistance; it is a form of consciousness raising as well as a strategy I used to check my embodied response to all the attacks mounted against me through a legal case, which was in fact a "vehicle for post separation abuse" (Women's Aid 56).

Produced in May 2022, just a month before the final hearing in a trial that spanned fourteen months, *Respondent Mother* began with confessional-emotive autoethnographic writing (Chang 145) as the first step tracing the impact of the court case upon my body—as a "body of evidence" (Spry 19). This self-analysis of the changes felt in my body in response to the case triggered my search for the language used against me, as autoethnographic writing enabled me to develop the gestural and other embodied drawing acts, which were carried out in the final drawing.

Figure 8. *Respondent Mother* Mixed Media Performance Drawing

My eyes are constantly heavy. The light hurts my eyes.

My breathing is laboured. It is like my airways are closing up. Each time I breathe, it feels like I am pumping bellows. At the end of each breath, I push hard through my chest. I can feel the pressure in my throat and in my heart itself. Every so often, I take a deep breath, as if I am swimming underwater.

My jaw is locked. It feels like my teeth are gritting, yet it is all at the back of my jaw.

My tongue pushes against the back of my teeth.

My whole body aches. I try to lie very still and focus on where it hurts, and the pain seems worse at my joints: I feel it in my neck, shoulders, hips, elbows, knees, wrists, and ankles. It's like the pain is making me into a wooden marionette.

I feel my heart beating deeply in my chest. My breath is forced through a narrow tube that lengthens and shallows my breath. As it reaches the end, it pushes that little bit harder, and I feel my heart pinch as it pushes itself out.

I sleep now with my head bent towards my chest in bed and my arm curled above my head in the brace position.

I have stopped speaking to my friends. I have removed myself from social media. I have stopped studying and working. Apart from the phone calls to my mother, I am floating in a vacuum without a future. I am just shackled into a constant reinvention of the past.

My children pull me into the present. They are calling me. They are older. They ask me to talk to them. To play games. To make them food.

I hold them much closer, kiss them more, stroke their hair, and gaze into their faces. I tell them I love them each day.

Drawing (Out) the Evil (M)other of the Family Court

In her book *Matricentric Feminism: Theory, Activism, Practice*, O'Reilly explores the ways in which feminist practices of mothering can "resist and refuse patriarchal motherhood" (168) so that mothering becomes an empowering experience for mothers. After I had written the above introductory text, I began to reread the court paperwork to locate the language that caused me to feel this way. I created a list of words in the table below that were later used to generate drawing acts. The list was collated from position statements and responses to allegations from the applicant father as they established the archetype of the unfit mother.

The writing process allowed me to unfreeze myself and engage with the allegations and accusations mimetically; I began re-enacting the words satirically as physical movements and gestures to make "visible what is often invisible in institutional motherhood" (O'Reilly 170).
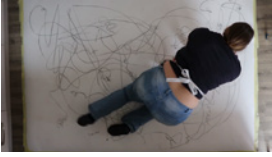
1. Erratic – drawing with graphite in an erratic way.

2. Unstable – using the weight of my body to push charcoal across the paper as I fall.
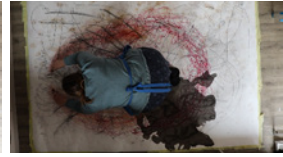

3. Weak – painting faint lines with a brush while lying down, body still, and without moving my arm too much.

4. Vulnerable – scribbling anxiously around my body while moving around slowly in a circle (creating a cocoon).

5. Chaotic – muddy footprints made by my dog and marks left from cleaning her feet after a walk.

6. Distressed – drawing simultaneously with left and right hands in an arc (as if waving flares calling to be rescued).

7. Harmful – throwing warm dye from an avocado over the drawing in a saucepan.

8. Controlling – carefully drawing concentric spirals drawn from inside out, on top of circles painted in black ink.

9. Unpredictable – each of the four houses we lived in as a lone-parent family drawn in pencil with a note about why we moved linked by a wavy line with arrows showing directional movement.

**Figure 9. Table A Performance Drawing Acts in** *Respondent Mother*

Through their re-enactment in drawing, the words themselves become dissected and debunked, as the viewer questions their meaning against the domestic backdrop upon which they are made; it is through gesture that the textual body performs matricentrically, as mothers highlight how "regulatory elements of the institution are harmful to women and children" and how mothers can "speak to the low self-esteem, self-blame and self-hatred of internalized oppression" (O'Reilly 170).

As the drawing performance absorbs all the acts of care that unfold in this space, with my children and pets also becoming enmeshed into the drawing process, my bodily gestures express the struggle and suffering endured while lampooning the evil (m)other of the family court. It is this "self-reflexive creating of subjectivity" (170) in blending the autoethnographic method with a practice of performance drawing that allows the transformative element of O'Reilly's matricentric feminism to be realized. The dual modality of enacting negative self-narrative with self-reflexive creativity is also emphasized by the audio edits in the video, as they capture dialogue in family life that communicates the consistent repetition of reproductive care and the tone of stoical calm, empathy, and humour in my voice as I carry out everyday essential motherwork.

The words used to describe the respondent mother are spoken, as they overlay the background sound of the video emphasizing the sequence of drawing acts as distinct and separate. These inflicted words are written into the drawing itself as a "graphic continuum" (Petheridge); the drawing develops through a diverse layering of drawing processes, which obscures and interweaves image and text. Each word is drawn with the same media that is used to carry out each individual drawing act and connects the origin in language of each word to gesture, movement, and line in drawing.

Figure 10. Detail of *Respondent Mother* **Mixed Media Performance Drawing**
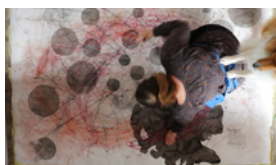
10. Angry – short aggressive, repetitive scratching marks made with a marker pen.
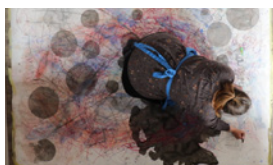
11. Anxious – repeatedly drawing branching veinlike linear drawings made in red felt tip.

12. Lazy – rolling around listlessly and with minimal effort with a stick of chalk.
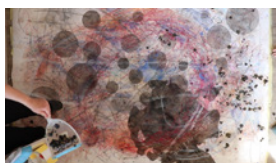
13. In turmoil – spilling all the recycling out of the bin over the drawing and then drawing around each item with a pencil.

14. Abusive – using a dishcloth and paint to whip the drawing as if flogging it.

15. Unsupportive – drawing a form unable to support its own weight; it's off balance and with spindly legs.

16. Irrational – throwing a box of blueberries over the drawing.

17. Aggressive – stamping all over the blueberries to leave stains on the paper.
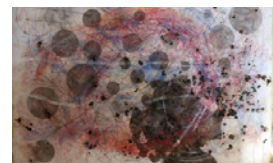
18. Destructive – throwing a milk bottle filled with pink ink and smashing it in the middle of the drawing.

Figure 11. Table B Performance Drawing Acts in *Respondent Mother*

Practising Performance Drawing to Video within the Home

Figure 12. Documentary Photographs of the Makeshift Studio Set Up in Our Kitchen for *Respondent Mother* **in April 2022**

Spatially, my kitchen floor defined the work, as it was the only space large enough in my small three-bedroom home where I could work consistently on a performance drawing of human scale, with my whole body, working with and through interruptions. Our home became "a dynamic place for creativity" (Green 113), as I drew in the space where I care the most: cooking, cleaning, washing, and talking with my children, "documenting of everyday acts of feminist mothering" (O'Reilly 170). For a short while, my identity as an artist became synonymous with my mothering self; the personal merged with the political and pedagogical. And while this was not practically tenable for more than a week in our home, bringing art and mothering into the same space "acknowledges the confining aspects of motherhood" (170), framing its limitations within the edges of the drawing.

"Embodying a lived resistance to normative and stereotypical expectations of motherhood" (170), I drew as a woman in full control of the space I inhabit, not only as both artist and mother but also as an act of self-surveillance; through the use of a bird's eye view, I reveal myself as vulnerable and victimized, yet I position myself as actor and director. Straddling both positions as the oppressed and emancipated is characteristic of how O'Reilly's theories inform my own concept of matricentric drawing.

Figure 13. Video Still of *Respondent Mother* Performance Drawing to Video

Thinking Matricentrically through Materials

The choice to work across a school week allowed me the quiet time I needed to carry out a lot of the more messy and demanding drawing acts; the wet media could dry during the day when the children were at school. Drawing acts became defined and limited by maternal time structures, as they were imposed externally by school hours, dinner times, washing, and other caring responsibilities as well as those that were unexpected, such as responding to a child's distress or being called to collect a sick child from school.

As the drawing evolved, the paper picked up all the traffic of movement across its surface as it remained taped to the floor. Dirt from feet, both human and animal, footprints from shoes, food spilled and dropped, as well as water and chemicals used in cleaning are all in evidence on the paper.

Diverse materials used in the drawing process included charcoal, graphite, oil pastel, chalk, chalk pastel, ink, pencil, acrylic paint, watercolour ink and domestic materials or food, such as blueberries, dirty water from washing my dogs' paws, and ink made using boiled avocado water. A pile of washing was used to create a shape to draw around as were bowls, plates, and packaging from the recycling bin.

Figure 14. Video Still of Drawing Act 16: Irrational—*Respondent Mother* Performance Drawing to Video

Figure 15. Video Still of Drawing Act 13: In Turmoil—*Respondent Mother* Performance Drawing to Video 2022

Whereas some choices in relation to materials were preconceived before the drawing began, other decisions about materials were made in response to the domestic environment and maternal time structures. I drew upon my experience as an artist, employing my tacit knowledge (Polanyi) of drawing materials and processes in estimating how long each process would take. I would sometimes have to take a break over dinner or leave a drawing half-finished because I had to respond to the call of my children. Ideas were abandoned because they would take too long to dry or because they would simply make too much mess. I would often explain all of this to the children as I went along, educating them about the drying times and the translucency of ink and paint as they built up in layers.

The drawing was schematized; each action was loosely planned in advance as a list with details of the action to be carried out alongside the selected word. I had previously allowed for the drawing to be enacted over a period of a week while considering the characteristics of materials as they were used in sequence. Dry materials were laid down before wet ones were introduced. Wet materials were used later in the day to allow drying time overnight. Although each sequence was scripted conceptually, the materials I used and the gestures I enacted to perform each series of marks were not rehearsed beforehand, and the entire drawing was done as a one-off timed experiment.

Staging Drawing from a Bird's Eye View

The use of a digital video and still camera to document the practice from a bird's eye view frames the maternal body from above within the context of daily life within the kitchen setting. The camera is set up in a makeshift way using pieces of wood, clamps, and bags of flour. As the paper fills the kitchen floor, the view from the camera picks up the movement of domestic tasks—such as the cupboard doors being opened and closed by myself and my children.

The camera recorded the changes in light over the drawing throughout the day and night, as I drew when times allowed. I was careful to only record while I was drawing. The cooking, cleaning, and childcare all happened in the spaces in between. The drawing remained stuck to the floor with us all walking across it.

The camera also recorded the audio and visual elements, collecting conversations and surrounding noises in the family home, which were later used in the video audio along with the documentation of performance drawing to video.
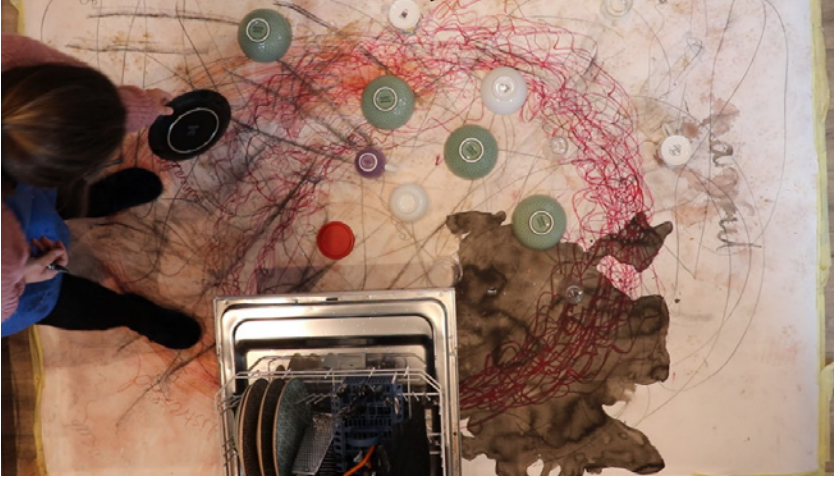
Figure 16. Video Still from Drawing Act 8: Controlling—*Respondent Mother* Performance Drawing to Video 2022

The Many Layers of Matricentric Drawing

In the same way that Spry proposes performing autoethnography to advocate a "performative-I disposition" (41-74), matricentric drawing is "an act of consciousness" (Newman qtd. in Zegher 267); the staging of the gesture and line affirmed that "I am conscious, I exist" (Newman qtd. in Zegher 237). Drawing becomes the activity that reveals both the intimacy and complexity of maternal thinking (Ruddick) as I reflect upon my own thought processes as a mother. Each word inflicted from the opposing side was instead transformed into a series of drawing acts performed across a single surface, as they evidenced the "many layers of thinking" (Newman qtd. in Zegher, 67) that allow for the complexity of maternal subjectivity to be communicated.

Evidencing a diverse range of drawing methods in layers and sequentially allows for the myriad of "multiple maternal identities" (Juhasz 400) to be visualized, as they reflect a diversity of thinking processes in reproductive work. Similarly, as the drawing measures 2.2m x 1.9m, the shifts in scale demand the viewer to move back and forth from the anthropomorphic to the intimate. This movement by the viewer draws attention to maternal practice, as it requires both a micro and macro focus since "being around [small] children for prolonged periods of time requires working at different economies of scale and different spatio-temporal frameworks" (Baraitser).

This layering of micro and macro drawing acts is visible in the combining of gestural embodied drawing processes with methods that are more pictorial or

illustrative in their approach. At a distance, it becomes possible to view the marks made by the whole body, as I enacted gestures corresponding to such words as "erratic" (Figures 2 and 10), "angry" (Figures 12 and 10), "distressed" (Figures 10 and 6), and "abusive" (Figure 14)—marks that fill the space in their energy and movement. The drawing sequences relating to "unpredictable" (Figures 4 and 6) were executed slowly and carefully in pencil using photographs on an iPad as a reference. The word "unpredictable" was used to exaggerate the harm caused towards the children through multiple home and school moves. Normative ideals of stability (of remaining in the same family home) were weaponized against me as my precarious financial situation led me to relocate in order to secure better a job, housing, and education.

Figure 17. Video Still from Drawing Act 9: Unpredictable—*Respondent Mother Performance Drawing to Video 2022*

The small sections of text handwritten in pencil extending from the illustratively drawn houses are layered in between other drawing acts. These intricate pencil drawings and text require the viewer to move closer to the surface of the paper to observe and read the details. The shifting between these practices of drawing were necessary both to articulate how the situational, contextual, and practical elements of mothering require the use of illustrative and text-based methods. The consistent mention of my own mother in these texts and her description as "my mum" rather than "my parents" indicates an exclusively matrilineal relationship, pointing to the importance of the genealogies of women in maternal identities.

Figure. 18. Unpredictable—Pencil Drawings Made from Photographs of Our Rented Family Homes Since Becoming a Solo Mother in 2013

Matricentric Drawing as a Performative Practice

Matricentric drawing builds upon concepts of performance drawing, as explained in the text of the same name by Maryclare Foá et al. The intention of the book was to explore what drawing can tell us about the movement from mind to hand to space. But as the movement from hand to space operates concurrently within the narrative of a specifically maternal trauma, what can the drawing say in relation to the situated knowledge (Harraway 581-95) of the artist? How can the lines drawn in movement trace first the image of maternal suffering, of a body in pain, and then open up a space for activism and transformation?

In the *Stage of Drawing, Gesture and Act*, Avis Newman proposes to juxtapose the performative gesture in theatre with that in drawing (Newman qtd. in Zegher 74). Throughout my research, I had been thinking about the daily life of our family as a kind of theatre—it performs within its own domestic stage with unexpected and predictable actions and "intra-actions" (Barad) while they erupt between the essential acts of living. Gestures are repeated and observed, as my own maternal acts of care become enmeshed with the memory of maternal touch and speech that preoccupies maternal thinking (Ruddick).

These gestures are wholly present in the drawing, but through auto-ethnography, they become entangled with a mimetic and subversive mockery of the respondent mother. The stage of drawing in this instance becomes conflated with the imaginary courtroom as I prepare for battle to defend my-self through a re-enactment of daily bodily gestures that are composed in response to words mounted against me. In *Respondent Mother 2022*, the process of "drawing is akin to an interior monologue emerging to the surface in our actions" (Newman qtd. in Zegher 78)—a monologue constructed from the words that stung my flesh in the legal process yet became unravelled by enactment within and through the daily acts of maternal care within the kitchen.

Matricentric Lines and Movement-Based Thinking

The drawing *Respondent Mother* is composed of sequential linear drawings in which the surface remains partially visible. As an open structure, and despite its illustrative elements, the linear performative marks construct a kind of net where the drawing "resists pictorial illusion" (Rosand 110). David Rosand asserts that drawing is "a way of perceiving the self" (Rosand 16) and prompts me to consider that in "rehearsing the creative gestures" in my imagination, the viewer is similarly invited to "participate in that reflection of its creation" (Rosand 2). I wish to suggest here that the linearity of matricentric drawing is characterized by the "movement-based thinking" (Phelan qtd. in Rosenthal) where "drawing is used to perform thinking in a 'line'" (Luzar 53).

The linearity of marks as they connect to the text-based prompts and their relation to one another in sequence are what allow for meaning to emerge beyond performative drawing as "the gesture in itself" (Zegher 20). Drawing is more than the sign of a performance having happened (Foá et al. 16); it is the composition of linear gestures that moves the drawing beyond the act of recording time, although duration is intrinsic to its production.

It is the relational potential of a line that unravels the psychophysical dialogue with the self: "Line draws on relation as much as relation draws on line" (Butler and Zegher 23). In her essay on linear drawing, Catherine de Zegher observes the kinesthetic qualities of drawing as it is—"born from an outward gesture linking inner impulses and thoughts to the other through the touching of a surface with repeated graphic marks and lines" (Butler and Zegher 23).

In performing drawing acts matricentrically, the space opened up within the surface of the page reveals the self as an other—as a body positioned in relation to a socio-cultural construct of a (m)other—and this happens through a linear and gestural drawing away from the body, drawing outwards and towards the other: "to gesture outwards is not only the 'I exist, but I exist in relation to someone else'" (Newman qtd. in Zegher, 203).

It is arguably this distancing of the self from the self that is necessary for mothers to recognize the hidden and silent acts of aggression as they are made "the objects of licensed cruelty" (Rose 2). As a self-reflexive process, the drawing acts in *Respondent Mother* were a process of resurrection—a purging of the patriarchal (m)other in oneself.

Matricentric drawing proposes a visual strategy for transcending the West's poor treatment of mothers, in which they are systematically denigrated and silenced in patriarchal motherhood. As an activist process of consciousness raising, it holds the potential to empower women in the visualization of internalized oppression and the recognition of matrilineal power in their mothering practice and reproductive work.

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CAROLINA TOSCANO

Mothering, Masking Up, and Sarah Blake's
Clean Air: A Maternal Ecocritical Reading

During the last two-plus years, COVID-19 has exposed the fissures in the framework of how societies treat mothers. The pandemic has highlighted issues of motherhood that were already present but artfully disguised. This paper aims to analyze those challenges in the context of a newly published cli-fi thriller novel. Clean Air, by Sara Blake, is a matrifocal novel that tells the story of a mother who survives a climate catastrophe, in which the pollen from trees and plants overtakes the earth. The human beings who survive this event cannot go outdoors without special masks, mirroring our experience during the first months of the pandemic. In this project, I explore how critical issues related to mothering are amplified in the contexts of major social upheavals: pandemics, wars, or in the case of this novel, a major climate crisis. The intersection of ecocriticism and maternal theory provides a valuable lens to analyze maternal anxiety, maternal ambivalence, work-life balance, maternal guilt, grieving daughterhood, and imperfect motherhood, which are all present in the descriptions of this alternate reality. All of these motherhood issues are in the undercurrent of the maternal experience portrayed in this novel. However, I argue that the novel goes further than addressing the problems inherent in how we treat mothers under these circumstances. It provides helpful advice on moving forwards, mothering on your own terms, and choosing happiness, suggesting a path towards accepting ourselves as imperfect mothers and imperfect selves.

Introduction

In a newspaper article from *The Guardian*, titled "Guilt and Fury: How Covid Brought Mothers to the Breaking Point," Natasha Walter writes: "What's going on is that before the pandemic, we were papering over the cracks of a still unequal society." During the last two-plus years, COVID-19 exposed fissures in the framework of how societies treat mothers. This article analyzes

those challenges in the context of a newly published cli-fi, or climate-fiction thriller, *Clean Air* by Sarah Blake. *Clean Air* is a matrifocal novel that tells the story of Izabel, a mother who survives a climate catastrophe, in which pollen from trees and plants overtakes the earth. The human beings who survive this event cannot go outdoors without masks, mirroring our experience during the first months of the pandemic.

This project explores how critical issues related to mothering are amplified in the contexts of major social upheavals: pandemics, wars, or in the case of this novel, a major climate apocalypse. The intersection of ecocriticism and maternal theory provides a valuable lens to analyze maternal ambivalence, maternal anxiety, work-life balance, maternal guilt, grieving daughterhood, and imperfect motherhood, which are all present in descriptions of this alternate environmental reality. The guilt and fury Natasha Walter describes in her article are in the undercurrent of the maternal experience portrayed in this novel. However, I argue that the novel goes further than addressing the problems inherent in how we treat mothers under these circumstances. It provides helpful advice on moving forwards, mothering on your own terms, and choosing happiness, suggesting a path towards accepting ourselves as imperfect mothers and humans.

Theoretical Lens

I would like to begin by examining the definition and importance of Blake's work as a matrifocal novel. Matrifocal literature, as defined by Elizabeth Podnieks, are narratives that put mothering at their centre through point of view (first person or limited third person) (176). By focussing on mothers, these authors elevate the importance of studying the maternal perspective and emphasize it as a subject worthy of attention. They also tend to explore the tensions between traditional representations of "good" or "bad" mothers in order to present more authentic representations of mothering. In her article "Matrifocal Voices in Literature," Podnieks points out that it is easier to find examples of daughter-centric works rather than matrifocal ones. Although the main character, Izabel, is simultaneously a grieving daughter and a mother to four-year-old Cami, Blake manages to maintain a balance that can present both aspects of the main character's identity without one role overpowering the other. She does this by presenting flashbacks of Izabel's childhood, her relationship with her mother, and her mother's passing, interpolated with scenes of Izabel's current acts of mothering and carework with her daughter.

Podnieks also discusses how matrifocal literature performs the action of "unmasking motherhood," as described by Susan Maushart. According to Maushart: "The mask of motherhood is what keeps women silent about what they feel and suspicious about what they know. It divides mother from

daughter, sister from sister, friend from friend" (461). Maushart demonstrates that by concealing the realities of mothering, we continue the chain of binding ourselves to the conditions of patriarchal motherhood. In order to "unmask motherhood," we must be vocal about the realities of what it means to be responsible for another human life. We must tear off our disguises, stop performing, and be authentic about how we describe our experiences of mothering. Matrifocal novels, like this one, have the power to break down the divisions that Maushart describes. They can fill the silences by dedicating time and attention to the realities of mothering.

It is also significant that this novel is a work of matrifocal climate-change science fiction. Whereas ecocriticism is concerned with humanity's relationship with the earth and nature, ecofeminism adds the intersection of the treatment of women and the treatment of our planet to the discussion. We can examine parallels between how patriarchal society treats women and how we treat Mother Earth—mining and extracting what we can use rather than dedicating our lives to finding ways to care for, replenish, and improve the space we inhabit. Using these theories as lenses for our analysis of *Clean Air* will aid us in understanding the connections between maternal theory and concern for our environment. How is our treatment of mothers related to climate change and the COVID-19 pandemic? How is the mistreatment of resources reflected in all three major issues?

COVID-19 and *Clean Air*

I would like to explore the parallels between the COVID-19 pandemic and what is called, "the Turning" in this novel. *Clean Air* takes place in the year 2032. Ten years prior, a major climate event took place in which the trees began to overproduce pollen, and this killed off more than half of the human beings on the planet. It was an unexpected turn of events, not the rising sea levels or forest fires that had been feared, but another unanticipated result of humanity's inaction to reverse climate change. In *Landscapes of Writing in Chicano Literature*, Imelda Martín-Junquera describes the "ecofeminist desire to bring a change to the archaic and patriarchal vision of nature as a passive entity and to transform it into a living entity that breathes, feels and suffers—an attempt to give agency to the landscape and enter into communication with it" (loc 29). Blake seems to answer this call in the novel by giving consciousness to the trees that have taken over the earth. One of these trees goes so far as to communicate with Izabel's family through her daughter Cami. This aspect of science-fiction or perhaps magical realism allows Izabel to converse with the trees that have destroyed half of humanity, to reflect on their motive, and to see that they have their own consciousness and their own doubts about what they have done. Izabel shares some of their disappointment in humanity,

although she cannot forgive the trees for their actions. With the COVID-19 pandemic, people also questioned whether humanity was to blame for what was happening. Certainly, many of our reactions to the events taking place around the world could have been improved.

The initial descriptions in the novel are reminiscent of the first few months of the COVID-19 pandemic, when people were unsure whether it was safe to go outside and whether the coronavirus disease could be transmitted just by passing one another on the sidewalk. In Spain, where I currently live, children were not allowed out of their houses from early March 2020 until April 26, more than a month later. Even then, they were only allowed a short walk in their neighbourhood during certain hours (Hunter). Playgrounds were forbidden. For those first six weeks, people living in apartment buildings had to get fresh air and vitamin D by sitting next to an open window at certain times of the day. Friendships were formed with neighbours in the balconies across the street who would sit by the window at the same time of day. Neighbours would wave to one another while banging pots and pans in the evenings to thank essential workers. Windows and balconies were our only mode of in-person human connection outside of our immediate families or housemates.

In the novel, people must stay in their plastic domes and pass through a decontamination space before putting on masks to step outside for a matter of seconds. In this case, it is the outdoors and fecund nature that are the danger and will stop you from breathing. Similar to the way the coronavirus attacks our lungs, the pollen will kill humans in a short space of time. Izabel observes her daughter "masking up," in a similar fashion to how we have seen our own children get accustomed to wearing masks in public spaces: "Izabel watched Cami pull her mask up, over her mouth, without any prompting. Child of this world, she knew what to do" (34). Izabel's daughter is a product of these times, and Izabel's mother was one of the first to die right before the Turning. The terms used to describe her mother's death sound eerily similar to the early phases of our own pandemic and how we spoke about the elderly and the infirm who died in the first few months: "Her mother in the at-risk population. Her mother, early-susceptible. Her mother, sometimes called one of the Canaries" (27). Sadly, many young parents of the COVID-19 generation can relate to the double trauma of losing a parent in the pandemic and birthing a child under highly stressful circumstances in an unfamiliar world.

Even the decision to have children takes on similar parallels in the novel. Following the COVID-19 pandemic, birth rates dropped drastically (Morse). In an uncertain future, not knowing how this virus would affect infants, people were not willing to take chances. Izabel's generation goes through a similar state. There are some infants and some teenagers but no children in between. The Turning had killed off the youngest and the oldest. When Izabel

and her husband Kaito decide to have a child together, Izabel describes that she had "countless conversations with Kaito, weighing the pros and cons, considering what was hope and what was foolishness" (31). One can imagine that any parent who has had a child during the last three years can relate to those words. Not knowing how the virus would affect infants, not knowing how long it would take to have a vaccine for children under two years old, and knowing that pregnant women are high risk have all undoubtedly been recent topics of concern for most parents.

Another parallel between the pandemic and the Turning is the increase in screen use (McClain). As we became confined to our homes, those who were privileged enough to have Wi-Fi and technology began to look to the internet for information, solace, a means of communication with loved ones, a way to exercise, to attend school, and do their work. In my own case, I have hosted or attended birthday parties, a bachelorette party, a wedding, done push-ups, Zumba, and burpees all through a laptop. And, of course, academics share our research projects via online conferences like the one that inspired this journal. Izabel also turns to her tablet for almost everything: to find out that Cami has arrived safely at school, to read the news, to entertain her daughter, and to look up information. However, Izabel primarily uses her tablet to watch videos of the past, old TV shows, and old news reports. It is as if she is trying to immerse herself virtually in the time before the Turning in order to disconnect from the current reality and perhaps to process it as well.

Maternal Ambivalence and Maternal Anxiety

Nevertheless, immersing herself in reruns of *Bridezilla* or *Property Brothers* cannot remove Izabel from many of the mundane aspects of mothering. She must still put her tablet down to prepare a snack or wipe a bottom. Both the COVID-19 pandemic and the Turning highlighted certain issues within mothering that were always and already there. Furthermore, not being able to leave the house amplified these tensions. In the first scene of the novel, we see an example of one of these issues: maternal ambivalence. Izabel is getting Cami ready for school, going through the morning routine of snack and backpack preparation, when the narrator, who is third-person omniscient, reveals Izabel's thought process: "Kaito would be stepping out of the bedroom soon. If she timed it right, the three of them would be in the kitchen together as they got ready for the day. Not that she didn't want to be alone with Cami, only that she preferred not to be" (3). Izabel goes on to carefully prepare Cami's breakfast and bring a bottle of warm milk to her bed. She wakes her up lovingly, and they share a morning snuggle.

These first two pages set the stage for the novel's exploration of maternal ambivalence. Margo Lowy, psychotherapist, and author of *Maternal Ambivalence:*

Encounters with Ambivalence and Love posits that mothers having hateful or negative feelings towards their children is a taboo that needs to be normalized and examined. Lowy writes that although feelings of love and hate are both a natural part of mothering, negative feelings are silenced in society. She argues that exploring these dark feelings that come and go can be fruitful and helpful towards better mothering and an improved definition of what encompasses maternity. In other words, acknowledging negative thoughts as part of mothering is both healthy and necessary. This novel seems to commit to a similar perspective on how we define mothering. By presenting the reader with descriptions of maternal ambivalence, like the one above, Blake is validating our feelings as imperfect but caring mothers. This is a nourishing moment for the reader, who may relate to these conflicting feelings and observe that Izabel is a loving mother even though she is not a perfect one.

Similarly, in *The Monster Within: The Hidden Side of Motherhood*, Barbara Almond warns that sometimes mothers internalize their feelings of maternal ambivalence. On the exterior, these mothers may appear to be functioning properly: balancing work and home life, taking care of their children's physical and emotional needs, and making things work. However, on the inside, these mothers may feel increasingly frustrated with their lives and their children. By presenting examples of maternal ambivalence in fictional mother characters, authors like Blake are allowing readers to reflect on these tensions that exist within motherhood and see other examples of mothers who are struggling to meet the impossible expectations of motherhood. As readers, we are able to observe and empathize with Izabel's thought processes and see that she experiences the same kinds of tensions that most mothers feel. This opens the door to self-reflection and the chance for mothers to feel that they are not alone.

Maternal anxiety is a second and related issue that Blake handles in interesting ways in her novel. Perinatal and postpartum mood disorders are also unspoken taboos that need to become part of our everyday lexicon. In *Ordinary Insanity: Fear and the Silent Crisis of Motherhood in America*, Sarah Menkedick explores how maternal anxiety starts with biological changes that are a natural part of pregnancy and birth. However, Menkedick argues that these biological changes are exacerbated by the treatment of mothers during pregnancy and the lack of support for mothers postpartum—all of which are fomenting the epidemic of maternal anxiety that we see today. Izabel's apprehension can be observed in moments when she watches Cami run through the pollen in order to enter an automated car and be driven to school. The author writes: "As tired as she was of nearly every moment of her life, some parts still filled her with fear. Cami getting to a car was one of them" (8). Izabel's already present anxiety, in moments like this one, is exacerbated by the threat of a serial killer who begins tearing holes into families' domes as

they sleep at night. After ten years of humanity coming together in harmony to survive, this is the first case of major crime in their area, and it throws Izabel's emotional life off balance, and her anxiety level multiplies.

Unsurprisingly, the rate of maternal anxiety and depression increased with the COVID-19 pandemic (Geren et al.). Moreover, this increase puts pregnant women at risk of posttraumatic stress disorder. This reaction can be seen in parallel to the feelings of anxiety and stress that Izabel describes when her daughter goes outdoors in the pollen-infested atmosphere. When we feel our children are in danger, the levels of cortisol rise inside our bodies. Moreover, these intense moments of stress take their toll on our bodies both in the short and long term.

Izabel's maternal anxiety is connected to a sense of guilt that she carries. She is at a crossroads between grieving daughterhood and maternal guilt for her imperfections. When she remembers her mother's death, she feels that she has failed her: "Lots of people told her that she hadn't failed her mother at all. That she rushed her to the hospital and they did everything they could do for her for days, and she died like almost everyone died. But Izabel took the blame where she could" (73). Izabel feels guilty for her mother's death, guilty for not having a job, and guilty for not being a perfect mother. She often escapes to what are called privacy pods at the mall because if she stays home, she feels ashamed of not having a career:

> And when Kaito came out of his office for lunch or for a break, she felt like he was critical of how she used her time, even though he didn't say it, even though he insisted he didn't think about her like that. But she was critical of herself in that way. Even if she cleaned everything, got all the laundry done, responded to emails, ordered the groceries, scheduled appointments. Even then, she wondered what she was doing inside her perfect life. (10)

The graphic artist, Emma, explores this tension in her book *The Mental Load: A Feminist Comic*. For example, in the chapter titled "You Should've Asked," Emma toys with the idea that men often expect their partners to ask them to do chores and to point out to them exactly what needs to be done. Assuming that the women in a household must decide and manage household chores is placing an extra mental load on women that is not only underappreciated but also taken completely for granted. Emma encourages men to recognize the mental load and to be proactive in knowing things about their own children, such as "where to buy their clothes, what to feed them, when they need their next vaccination," and so on (18). Izabel feels guilty for not working outside the home, and this is compounded by the fact that she does not realize that the mental load that she carries is, as Emma points out, "already a full-time job" (7). Once the weight of this mental load is recognized, men and women will

be able to revalue these tasks and acknowledge their importance.

However, Izabel is not at this stage yet. Instead, she feels ashamed for not working outside the home and inadequate when she compares herself to other parents. When Izabel drops Cami off at school after the second murder, she questions her decision during the car ride on her way to the mall. She reflects on how there were fewer children at school than usual and wonders if the other parents are being more cautious, "smarter," and more "prepared." Izabel thinks: "She hadn't considered Cami not going to school. If she had, she would have kept her home. Like a good mother. But now it was too late. Cami was already there" (50). The concept of the "good mother," as described by Shari Thurer, is one of the "myths of motherhood" (331). Thurer writes: "A sentimentalized image of the perfect mother casts a long, guilt-inducing shadow over real mothers' lives. Actual days on Planet Earth include few, if any, perfect moments, perfect children, perfectly cared for" (331). Still, mothers tend to hold themselves accountable for their imperfections despite the impossibility of perfection. Faced with this feeling of wrongness within her, Izabel becomes obsessed with the killer in her town. Alone in the privacy pods at the mall, she begins to draft letters to him, trying to process and understand what is going through his mind. Even though she hates him, she still identifies with him for being unhappy in this new post-climate-apocalypse, pollen-infested world. She associates the darkness within her with that of the killer, even going so far as to include him in her sexual fantasies.

Another topic that Blake examines in her novel is the tension between traditional expectations regarding motherhood and sexuality. In the words of Shari Thurer in *The Myths of Motherhood*: "Sex and motherhood have not mixed well since the demise of the goddess religions, when men began to split women into madonnas or whores in every sphere. Presumably, a good mother extinguishes her libido with conception or else expels it along with her placenta in childbirth" (338). Blake toys with this notion by presenting us with a mother who is sexually attracted to her husband and to other men, even though she is troubled by the fact that one of these men is the killer. Izabel feels ashamed of the fantasies that she has about the killer. However, she also recognizes, in the letters to the killer and to her daughter, that what she feels drawn to is really the guilt surrounding death. She compares the killer's actions to when doctors lose a patient and when a child has to make a medical decision about an aging parent. Izabel concludes that: "We are all going to be held accountable for some amount of death at some point in our lives" (74). Death, guilt, and sex all intertwine in this character's psyche.

Izabel's letters to the killer are interspersed with letters to her daughter. She writes to her daughter as if she wants to prepare her for that darkness within us all—that sense of being imperfect, flawed, or an imposter. As Izabel tries to understand herself in those letters, she also tries to teach her daughter. Most

letters are ultimately shredded and disposed of, those drafted to the killer in particular, but a few of the letters to Cami make it into her purse, where they are kept for the future. These letters can be seen as an example of feminist mothering. Andrea O'Reilly and Fiona Joy Green both emphasize the importance of bringing "feminist theory and practice to their everyday motherwork" (Green 43). By trying to teach her daughter about the challenges she has faced both as a woman and as a mother, she is preparing Cami to make her own decisions as she matures.

Moving Forwards: New Pathways

The novel prepares both Cami and the reader for an increasingly normalized understanding of maternal ambivalence, maternal anxiety, maternal guilt, grieving daughterhood, and imperfect motherhood, all within the context of a climate apocalypse, whose parallels with the current pandemic are vivid and similar. However, the novel takes the process a step further. In addition to exploring these issues within mothering that are heightened by the context of a major world event, the novel proposes ways of moving forwards and promoting change, much in the same vein as the "Learning from the Pandemic: Possibilities and Challenges for Mothers and Families" conference topic and journal issue asked us to reflect on what we have learned from the pandemic in terms of mothering. I would like to emphasize two main takeaways from *Clean Air* that we can apply to motherhood studies. First, the novel's main characters are all women of colour of varied backgrounds. Izabel is a Hispanic American of Uruguayan and Jewish descent. Her second daughter, whom she adopts midway through the novel, Jana, is a young Muslim woman. Her "mom friend" and lawyer, Andy, is a Black woman she meets at the playground and identifies with because they both tend to say what is on their minds rather than what is expected of them. Izabel and Cami's psychologist, Opa, has a name that identifies her as probably Native American of the Choctaw Nation ("The Sounds of Choctaw"). And Inspector Paz's name identifies her as Hispanic, like Izabel. Just as it is essential to find matrifocal voices in literature, it is a step forwards when we hear the voices of women who stand at varied intersections in terms of race and background (Collins).

The second main lesson that we can apply to the COVID-19 pandemic occurs after Izabel helps the police arrest the killer and draw a confession out of him. Inspector Paz is so impressed by Izabel's bravery and dogged determination that she offers her a job as a shadow or apprentice in her profession. Izabel has not worked outside of the home since Cami was born, but she realizes that this job offer would make her happy. When she tries to explain her choice to work to Cami, her daughter does not understand why she needs to have a job. As one would explain to a child, clearly and concisely,

Izabel sums up her choice in words that we can all apply to our own lives: "It's important for people to be the most happy they can be. And for them to keep asking themselves what would make them the most happy" (299).

Conclusion

In conclusion, *Clean Air* teaches us that to be the "most happy" we can be postpandemic, we must acknowledge and hold space for maternal anxiety, maternal ambivalence, maternal guilt, and imperfections within definitions of mothering. We should learn from other strong women how to move forwards, and we should keep looking for happiness despite the world's and our own imperfections. By acknowledging and analyzing the connections between the way we treat mothers and the way we treat our environment, we can move towards a more respectful and caring way of life.

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Notes on the Contributors

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Lauren E. Brewer, associate professor of psychology and MotherScholar at Stephen F. Austin State University, earned her PhD in social psychology. Her broad research interests include self-regulation, behavioural consequences of philosophical beliefs, judgment and decision making, issues of parenthood, and the scholarship of teaching and learning.

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Lauren E. Burrow, associate professor of education studies at Stephen F. Austin State University, is a MotherScholar to three young children who often inspire and sometimes collaborate with her on her research agenda which focuses on best practices in teacher education to increase awareness about and actions for addressing social injustices.

Taylor Cavallo (she/her/hers) is a PhD student at the University of Minnesota. Her research interests are focused on the intersection of labour and gender with a particular emphasis on the experiences of motherhood for millennial women.

Abigail Connolly is a Rotary Peace Fellow with a master's degree in peace studies from International Christian University, Tokyo. Her own experience as a mother in the pandemic compelled her to change her research focus to document the lived experiences of mothers during lockdown. She has fifteen years' experience working with international organisations on issues of social justice and is now based in London, UK.

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Genevieve Currie is a nurse researcher and family partner. Her research focusses on the experiences of families caring for children with medical complexity and neurodevelopmental disabilities, rare diseases, care coordination, and family engagement in healthcare and research.

Penny Davis is an artist, a solo mother of three children, and a PhD candidate currently working in drawing and autoethnography to explore maternal embodiment. Davis is a member of IAMAS, and as a political maternal activist, her arts practice works to highlight inequities for single mothers alongside working with organisations to support Single Parents Rights. Graduating from Chelsea College of Art (UAL) in 1999, and the Slade School of Art (UCL) in 2001, Davis was also a resident at Skowhegan (USA) in 2004 and The Edward Albee Foundation (USA) in 2005. She has exhibited both nationally and internationally and her work is held in public and private collections. She has presented at the "Let's Get Dirty" symposium at Loughborough University (2020) and "The Missing Mother Conference" at Bolton University (2021). She has also presented and exhibited under a pseudonym at the "Learning from the Pandemic: Possibilities for Mothers and Families" (2022) and in the Domestic Academics project with Vanessa Marr (2021). Davis is an active member of the Drawing Research Network, presenting and chairing the annual conference of drawing events and was awarded the John Phillips and Dennis Holt Travel Prizes (2021)

Nicole Dillard (she/her/hers) is an assistant professor in the Organizational Leadership, Policy and Development (OLPD) department at the University of Minnesota. Dr. Dillard's primary research explores issues relating to the experiences of individuals with marginalized social identities within organizations with a focus on mothering and work, women and leadership, and the work-life dynamics of women of colour.

Gretchen A. Good, PhD, lectures in disability and rehabilitation studies, Massey University, Aotearoa/New Zealand. She is mother to two children

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Amanda Doherty Kirby is a biochemist and a family partner and advocate in children's health research. Her interests include neurodevelopmental disabilities, monogenic diabetes, paediatric pain, science and health literacy, health data, and family engagement in research.

Laura Lazzari holds a PhD from the University of Lausanne (Switzerland). A scholar in motherhood studies, she is scientific collaborator at the Sasso Corbaro Foundation for the Medical Humanities in Switzerland and professorial lecturer at the George Washington University in the USA. She was the recipient of a 2015-2016 AAUW International Postdoctoral Fellowship at Georgetown University, USA, and has lectured for several universities in Switzerland and the United States.

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Jane Lee, MSW, tutors in the Schools of Health Sciences and Social Work, Massey University, Aotearoa/New Zealand. She is a mother to seven children, one of whom is on the autism spectrum. She is a PhD candidate, researching social support and social integration among one-parent families with disabled children.

Laura Limonic is an associate professor of sociology at the College of Old Westbury of the State University of New York. Her current research is on the effects of the COVID-19 pandemic on motherhood and household division of

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Karen McBride-Henry, RN, PhD, is a professor of nursing at Victoria University of Wellington. She has four children, two of whom have complex impairments. Her research focusses on peoples' experiences accessing healthcare; current projects focus on disabled peoples' experiences of accessing healthcare during the COVID-19 pandemic.

Heather K. Olson Beal, professor of education studies at Stephen F. Austin State University, earned her PhD in curriculum and instruction. Her scholarship examines the issues of school choice and the experiences of women and mothers in academia. She has three feisty, bighearted children who guide and shape her scholarship and teaching.

Andrea O'Reilly, PhD, is full professor in the School of Gender, Sexuality and Women's Studies at York University, founder/editor-in-chief of the Journal of the Motherhood Initiative and publisher of Demeter Press. She is coeditor/editor of thirty plus books including most recently *Coming into Being: Mothers on Finding and Realizing Feminism* (2023). She is author of three monographs including *Matricentric Feminism: Theory, Activism, and Practice*, 2nd Edition (2021). She is twice the recipient of York University's "Professor of the Year Award" for teaching excellence and is the 2019 recipient of the Status of Women and Equity Award of Distinction from OCUFA (Ontario Confederation of University Faculty Associations).

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Mackenzie Beckmon Sharbine is a school psychology graduate student at Texas Woman's University. She received her bachelors in psychology from Harding University in 2019. Previous work includes participating in an NSF grant studying the lived experience of shame in engineering students. Current research interests are neurodiversity and disability advocacy.

Michelle ("Elle") Walks is a precariously employed instructor living and teaching on the traditional lands of the Coast Salish peoples, including the Kwantlen, Musqueam, Squamish, Tsleil-Waututh, Kwikwetlem, and Semiahmoo First Nations. Their research focuses on queer and trans reproduction. They currently teach anthropology and sociology at Simon Fraser University and gender, race, and social justice and critical sexuality studies at the University of British Columbia.