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IMPROVISING IDENTITIES: CAREER REENTRY FOR NEW MOTHERS

by

SUELLEN MILLER

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

NURSING

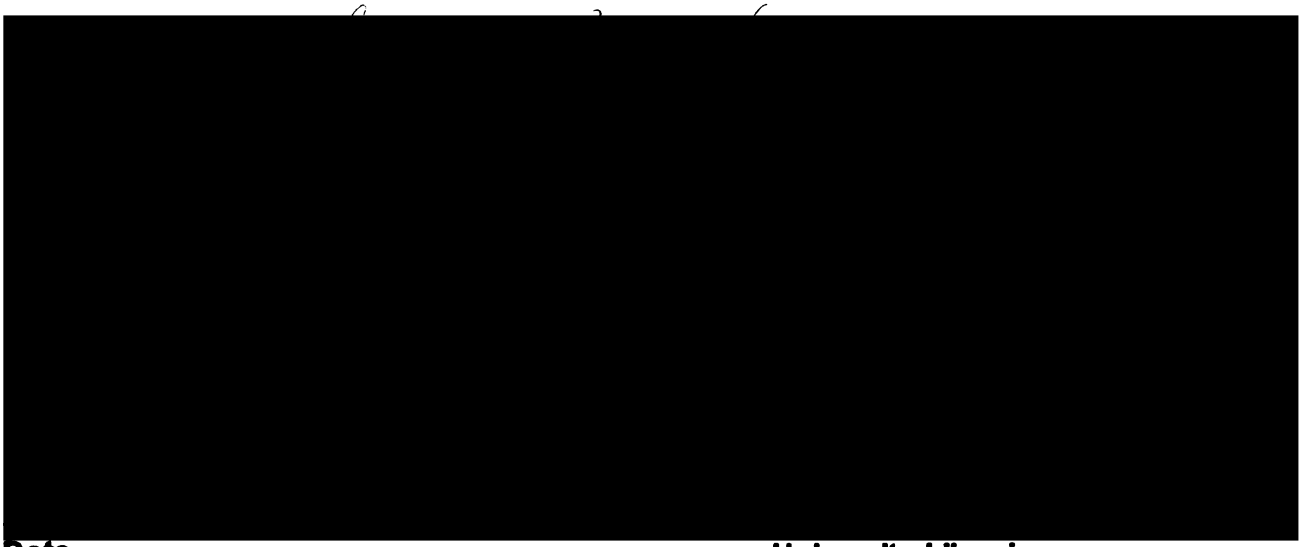
in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA

San Francisco



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To my family: Michael, Lucy, and Sarah Rose

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Practicalities, such as arranging for child care and scheduling if, when, and how to return to careers were managed within a network of relationships, both specific and

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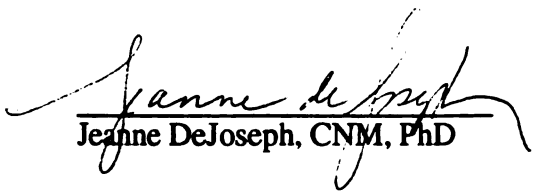

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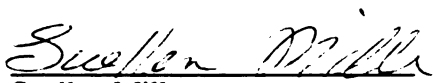

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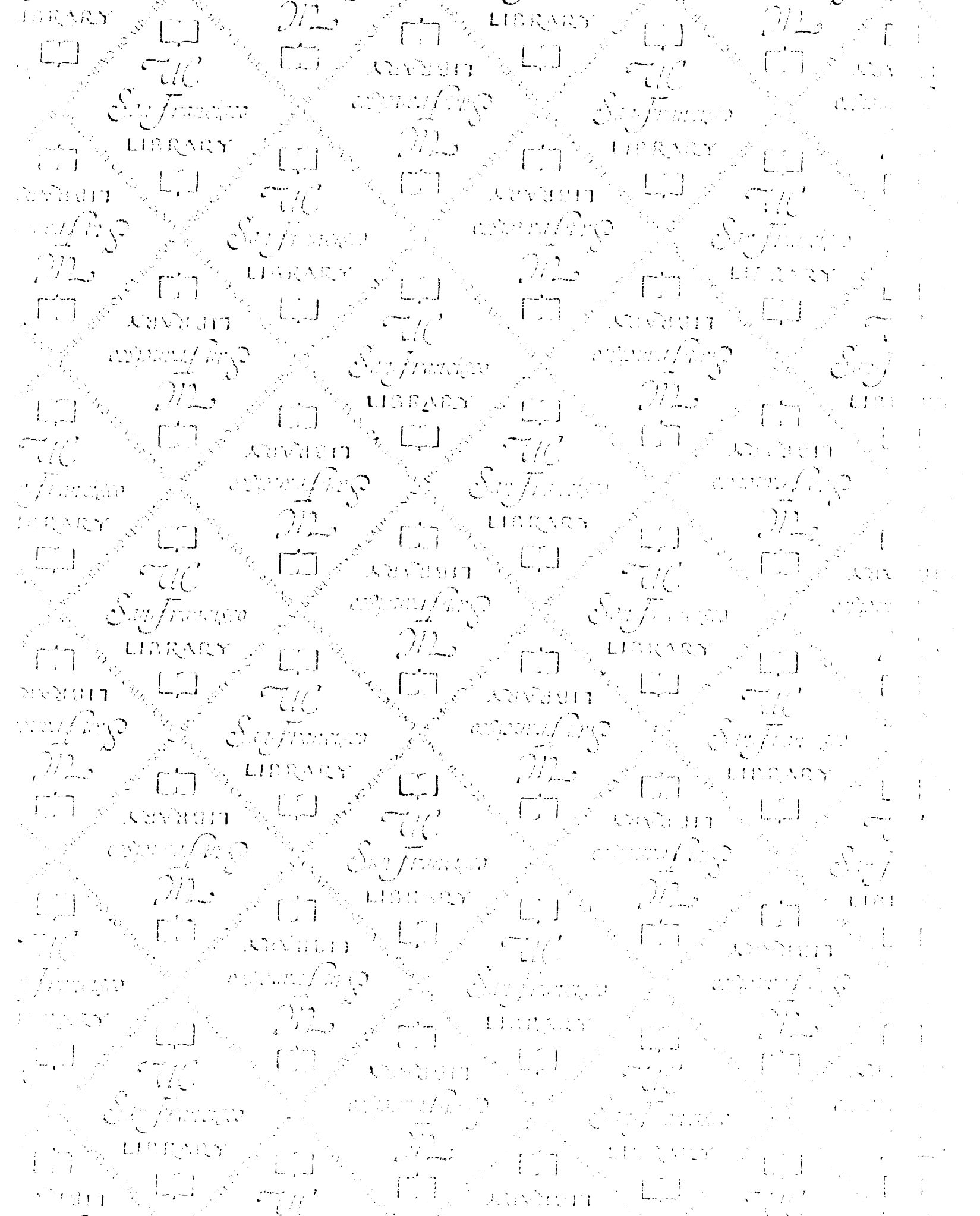
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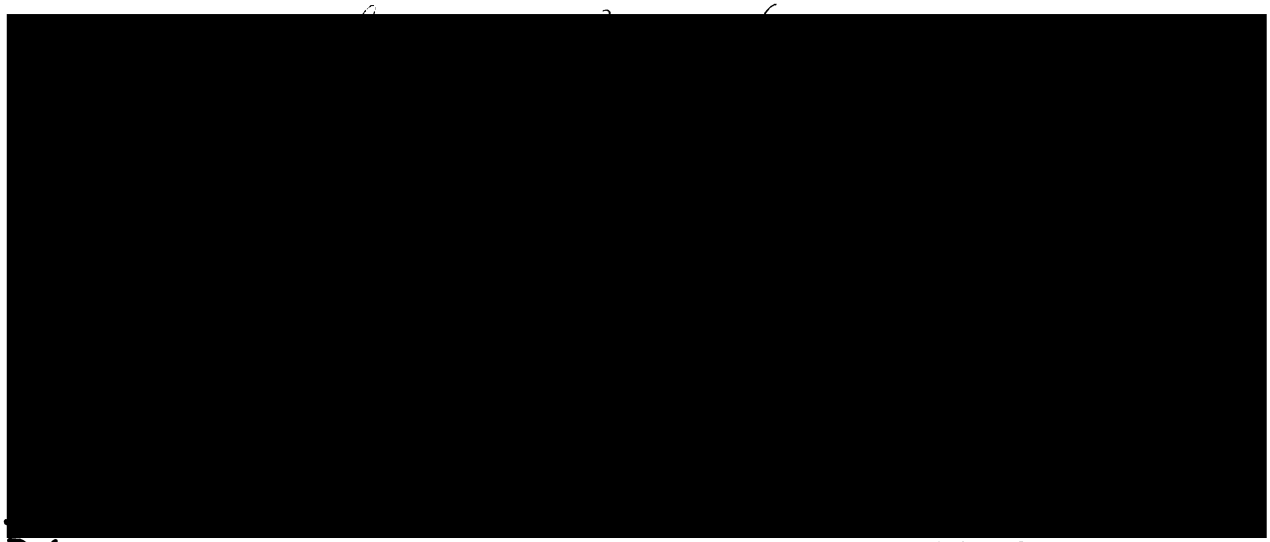

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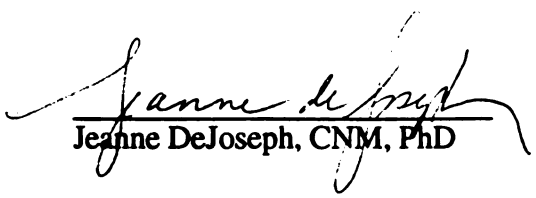

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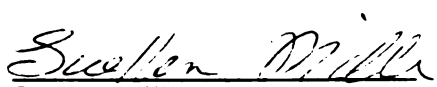

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CHAPTER ONE

INTRODUCTION

> Identities are highly complex, tension-filled, contradictory, and inconsistent entities. Only the one who claims to have a simple, definite, and clear-cut identity has an identity problem. Sami Ma'ari in Gergen, 1991

> Personal identity is an idea that a person constructs. . . . [D]evelopment of a personal identity or self is an ongoing effort that involves the synthesis of different ideas about oneself and its multiple facets into a single idea of self. William James, 1896

> The social construction of one's identity is a continual, life-long process in which maintenance and transformation occur in daily interactions. Celia Orona, 1990

If the construction of personal identity is, in James' terms, an "ongoing effort," involving the synthesis of multiple facets, how much more complex is the process of transformation of a woman's identity to accommodate a maternal facet and/or the identity reformulations such a transformation involves? This process may be seen to be complicated further by the identity changes required upon this new mother's subsequent early career reentry.

As women encounter these complex processes and attempt to negotiate their way through them, they seek direction and support from such sources as family, friends, and health care providers, as well as social and media discourses. Yet these potential sources of guidance and support may themselves prove to be complex and contradictory, thereby compounding, not alleviating, women's difficulties in identity formulation and reformulation.

The specific woman's health research addressed in this dissertation is the study of the processes by which career-committed new mothers manage practicalities and negotiate relationships to improvise facets of their multiple identities first as they become new mothers and then during this new mother's transition back to her career.

The idea for the present study arose out of my personal experiences as a career-committed new mother (17 years ago); my feminist interest in women's issues, especially issues of child rearing and employment; and my clinical work as a nurse-midwife involved with career women as they became new mothers. I wanted to understand the transitional/reentry process so that I might better facilitate what my clients have described as a difficult transition to motherhood and equally difficult transition back to their careers.

In choosing for the subject of my research transition states, emotions, and processes of which I have personal knowledge, and processes and populations with which I am in daily contact in the lived world of experience (van Manen, 1990), I follow tenets proposed for interactionist research by Mills (1959) and Denzin (1989a). Mills suggested that research and scholarly work should develop from one's life and interests, and advised researchers to "use your life experiences in your intellectual work" (p. 196). Denzin stated that "interpretive interactionists find that their own worlds of experience are the proper subject matter of inquiry" (p. 25).

Situated Identities of Participants and Researcher

In March 1994 I saw the following articles published in the San Francisco Chronicle: "How to Juggle the Job and the Baby," (March 2, p. E7); "Working Wives Keep America's Families Out of the Red," (March 14, p. A5); and "New Mother Wins $87,500 Bias Award," (March 20, p. B8). Reading these recent headlines, a person might conclude that no conflict exists between women's identities as mothers and as employees, that strategies for maintaining balance between a woman's family life and career are readily to be found in the local morning paper, that the working mother is the acknowledged savior of the North American family, and that discrimination against new mothers returning to their careers is a thing of the past.

Closer observation reveals, however, that the current situation in the United States is more complex than any of these headlines suggest. Side by side with these apparent endorsements of women's right to both significant careers and meaningful family lives are articles about the "crisis of the family," "the dissolution of pro-child and pro-family attitudes," "and the false values of women finding individual fulfillment in the workplace leading to child neglect," (Coontz, 1992, pp. 149-151). Susan Faludi (1991) cited the use of new mothers' career aspirations and career reentry as ammunition in the war against women--a war in which women, working mothers, and the women's movement are held responsible for the destruction of family values, willful child neglect, and the despoiling of male/female relationships.

The effects of this battle of beliefs ("mothers should have and need careers" vs. "mothers' desires for career threaten our families and our children") are played out on new mothers every day. In fact, it represents a significantly unacknowledged crisis in the lives and families of North American women today. Given these contradictory beliefs, how are women to understand their new identities as mother? And how, as new mothers, are they to view their identities as career persons?

Background and Significance

The Public Health Service Task Force on Women's Health Issues (1985) has cited the participation of greater numbers of women with infants and small children in the labor force as one of the most important lifestyle changes affecting women's health today. While mothers have always worked, they have not always worked apart from their children (Kessler-Harris, 1981; Norgren, 1989). Today, the majority of all mothers are employed outside the home (Roberts, 1994), and more than 53% of mothers return to their employment during the first year postpartum (U.S. Department of Labor [1991]). Not

only are mothers today returning to employment in larger numbers but do so sooner than in the past (the majority return between 30-180 days after the birth [Pridham, 1987; Tulman & Fawcett, 1990]). Many of these women have career aspirations (Regan & Roland, 1985) and want to combine their careers with motherhood (Catalyst, 1986; Hoffnung, 1989; Komarovsky, 1985). Despite this tremendous shift in mothers' labor force participation, however, the health and social implications for maternal employment (especially self-defining careers) for women and their families remain controversial. This is due in part to the fact that there is little information available as to how new mothers experience their return to their careers. Unterman, Posner, and Williams (1990) and McGovern, Gjerdingen, and Froberg (1992) reported a dearth of research on the effects on postpartum women of such variables as when to return to work and how to juggle home and career responsibilities. Lacking such information, nurses and other health care professionals are uncertain about how to facilitate the back-to-work transition for these mothers, or even how to help mothers make sense of their experiences.

Employed Mothers' Concerns

Whether they return to employment out of choice or necessity, many mothers experience conflict about their decision to combine motherhood with employment (Boulton, 1983; Killien, 1993; Mercer, 1986c; Russell, 1974). Women express concern that their working will adversely affect their families and children and/or their attachment to their infants (Tiedje & Collins, 1989). Career women are also worried that their pregnancies, maternity leaves, or altered family lives will jeopardize their place on the career track (Crosby, 1991; Gerson, 1985; Lubin, 1987; Marzollo, 1989). These apprehensions are magnified by depictions in the popular press of the harried career woman who guiltily tries to "have it all" (Goodman, 1990) and the "Mommy Tracker" who

can't quite keep up in the corporate world (Ehrlich, 1989; Schwartz, 1989). Others have reported the existence of a "maternal wall" that prevents women with children from advancing in their careers (Swiss & Walker, 1993).

Public Concerns

Early research on maternal employment appeared to indicate that children's development is negatively affected by maternal work-related absence, a condition called "maternal deprivation" by Bowlby (1969). Despite substantial subsequent research indicating that it was not the mothers' absence per se, but the quality of day care during her absence that might adversely affect children's development (Hoffman, 1984; Zigler & Frank, 1988), many still believe that a mother's employment outside the home is harmful. More than 50% of adults polled by the New York Times in 1989 stated that they believed children are not properly cared for in homes where the mother holds a job (Moen, 1992). In 1994, a Families and Work Institute report stated that at least 30% of family day care homes could harm children's development (Quindlen, 1994). Penelope Leach (1994), renowned child development and parenting specialist, argued forcefully against universally available institutionalized day care advocated as a solution to the career-parent dilemma. She insists instead that mothers should take time off to be with their children for the sake of the children, the community, and the future of the world.

Relevance to Nursing

Nurse researchers, such as McBride (1988) and Woods (1988), have called on nurses to engage in dynamic research on the intersections of employment and parenting. McBride suggested that research on women's participation in multiple roles be given special attention in the development of a research agenda on women's mental health.

Killien (1993) and Tinkle and Amaya (1993) urge nurses to study the connections between women's health and the public policies of parental leave, maternity leave, and child care.

The postpartum reentry of a career-committed woman is an example of a developmental and situational transition. Because nurses deal with people in transition (Meleis, 1985), the reentry transition is a significant topic of study that falls squarely within the domain of nursing. For nursing, an applied practice discipline (Donaldson & Crowley 1978), discovering theories should lead to changes in practice (Dickoff, James, & Wiedenbach, 1968; Johnson, 1991; Nagle & Mitchell, 1991).

Nursing research is needed to discover the processes by which career-committed women experience and manage their return to employment in the first year postpartum, so that nurses can both understand what these experiences are and the relationship between those experiences and the social, economic, and political policies that structure them. This knowledge is necessary so that nurses can help facilitate and promote those processes women declare have aided them in their transition, including the directions to pursue in challenging the lack of adequate parental leave or child-care policies on our national and business agendas.

Specific Aims of the Research

The purpose of this research as originally proposed was to discover and describe the processes and strategies by which career-committed (career defined as employment that is perceived by the woman as more than a job and the meaning of which extends beyond the financial reward) first-time mothers experience and manage their return to employment during the first year postpartum (Miller, 1993b). In the process of conducting such a discovery-oriented research study, I found that specific research questions emerged during data collection and analysis. While the initial data-generating research question was how

do first-time new mothers experience career reentry, other questions and goals arose as the study progressed. These were: (a) to explore the meanings of career and motherhood to the study participants; (b) to discover the ways in which career-committed women plan prenatally for maternity leave, child care, and the return to work, and to determine how those plans are followed postpartum; and how becoming a mother affects those plans; (c) to identify the problems and conflicts women with valued demanding careers encounter when they reenter the workplace following childbirth; (d) to uncover the relationships between women's personal problems regarding career and mothering with national leave policies, community resources, family resources, and employer policies; (e) to discover the processes by which new mothers/career women integrate and negotiate their identities and relationships and manage the practical problems of combining motherhood and careers during the reentry period.

As a response to what I was hearing from the participants, I eventually focused primarily on the processes I came to call improvising identities and on the relationships between women's personal problems and public policy and social beliefs. This shift in the research focus will be discussed further during the later description of the discovery process of the research act.

Assumptions, Theoretical Frameworks, and Methodologies

In considering appropriate methodological and epistemological approaches to such a study of career reentry for primiparas, I recognized the need to adopt frameworks capable of addressing the topic in all its complexities. As I will later describe, I found perspectives that emphasized the fragmented nature of self, identity, and subjectivity in postmodernisms and postmodernist feminisms.

Before my exposure to postmodern feminism, I viewed nursing, especially nurse-midwifery, as a feminist practice or praxis (Rothman, 1989). After my exposure to postmodern feminisms, I began asking: Could the domains of nursing research and the domains of feminist critical practice coincide? If so, could their intersection be found within feminist postmodernisms? How could feminist postmodernisms work for nursing research on women's health? Could postmodern feminist research processes be useful in unmasking the oppression in the unequal power relationships of researcher and researched? Could attention to diversity uncover the paradox that women, while alike in some ways, are different in so many others, not only among and between different women, but within each individual (Matthews, 1984)? By studying the genealogy of motherhood (Dreyfus & Rabinow, 1983; Ferguson, 1991), by deconstructing the discourses within which women create their social identities as mothers and as career women, as well as by interpreting women's current experience of mothering practices within rapidly changing contexts, could I describe the local, indeterminant, contingent meanings of identity transition for a diverse group of new mothers returning to their careers? Such inquiries led me to explore various methodological and epistemological issues in feminist, postmodern, and interactionist approaches and their relevance to this nursing research study.

As a mother and nurse-midwife, I have personally and professionally shared pregnant women's and new mother's dilemmas about how to successfully combine two important facets of our identities: our career facets and our mother facets. As a feminist postmodern interpretive researcher, I assumed an obligation to make explicit my own assumptions and to explicate the appropriateness of who I am (a mother and a midwife as well as a researcher and a scholar) in conducting the research as well as my theoretical

frameworks and methodologies to this research problem. One of my research goals was to conduct reflexive social research as a means to achieve interpretation and understanding of social life. Another goal was to produce research findings that can be used in policy formulation in the workplace, and in state and national legislation.

The theoretical frameworks undergirding this research process are postmodern feminisms and symbolic interactionisms. Postmodern feminisms stress the importance of examining the relationships between power and knowledge in the research process and the avoidance of essentializing women with new babies as if they were all the same ideological mother. Epistemologically, postmodern feminisms view knowledges as forms of socially negotiated and historically contextualized understandings, rather than accurate renderings of "reality" (Harding, 1986). As such, these positions provide a perspective for viewing current social notions of gender and sex roles, including maternal roles, as fluctuating social constructions. Symbolic interactionisms direct me, as a nurse researcher, to note the ways in which environmental and contextual influences affect career women's identities as women, mothers, and career persons, and how women's perceptions of events change the course of the processes of their multi-faceted situations. Understanding the meanings and identities career-committed new mothers create within their social environments is crucial to my ability to understand the process of career-reentry for these new mothers. Symbolic interactionisms provide foundations for exploring the contextually related changes in primiparous career women's experiences over time to gain a vision of the multiple influences in this complex phenomenon. Further, symbolic interactionisms are in concert with nursing's model of health, which emphasizes the interactions between the domains of person and environment (Stevens, 1989).

Study Design: Feminist Interpretive Interactionism

A postmodern feminist interpretive study reflecting interactionist perspectives was uniquely suited to the research problem of career women's maternal identity transformations and renegotiations in their return to the workplace. Specific advantages offered by such perspectives relevant to the present study include an emphasis on the importance of women's lived experience; the ability to accommodate diversity; and the positioning of significant problems in subjects' lives within the larger historical, social, and political context. Interpretive interactionism, as developed by Denzin (1989a, 1990), is an approach to data collection and analysis that grew out of symbolic interactionisms, postmodernisms, and feminisms. It is a methodology, not a method, encompassing a naturalistic data collection that involves getting inside the world of participants to understand their reality and the relevance of starting with the woman's everyday experience (Fine, 1992; Harding, 1987; Mies, 1983; Reinharz, 1992; Smith, 1984, 1990a).

As a doctoral student and nascent nurse researcher, I decided to study the problems of career-committed new mother's reentry experiences. As a feminist interpretive researcher, I chose naturalistic methodologies--constant comparative analysis and interpretive interactionism (Denzin, 1989a; Glaser & Strauss, 1967)--as the means to elicit and elucidate the career reentry transition. These qualitative methodologies provide systematic scientific methods to study and understand complex human behavior and to develop substantive theories that can be used in planning interventions for the improvement of nursing practice (Swanson & Chenitz, 1982). In the present research, they proved particularly appropriate in studying new mothers' reentry as they yielded insight into the full range of variation in women's explanations of this transformation in their lives. Support for a qualitative approach to a study of this problem can be found in

Woods (1988), who, in her review of women's health research, called for nursing research that provides "experiential dynamic analyses of women's lives, including transition to and from parenthood and employment" (p. 229).

Identities or Roles

One of the problems I encountered in the presentations (Miller, 1991; 1992a; 1993a) and public explications of this research was a confusion in people's conceptions of identities and roles. It is necessary, therefore, to make clear my understanding of identities and to emphasize that it is identities, not roles, under discussion.

There is a long history in nursing, sociological, and psychological research (Hall, 1992; Hall, Stevens & Meleis, 1992; Mercer, 1986b; Mercer & Ferkeitch, 1994; Myers-Walls, 1984; Rubin, 1967a,b) about maternal role adaptation and competence, work roles, role overload, and so forth (see Chapter 2 for multiple-role literature review). However, many qualitative researchers among symbolic interactionists and phenomenologists understand the process of becoming a mother as being more than simply assuming a role (Bergum, 1989; Kleinman, Stenross, McMahon, 1994; Leonard, 1988; Pridham, 1987). While traditionally men's work has been viewed as central to their identities and women's work outside the home has not, there is now a growing body of literature examining women's career identities (Dennis, 1991; Lobel & St. Clair, 1992; McGowen & Hart, 1992; Nelson & Nelson, 1990; Singh, 1986).

Symbolic interactionists have long been concerned with the concept of identity, and many have written on the differences between identity and role (Charmaz, 1973; Orona, 1985, 1990; Strauss, 1969; Stryker & Statham, 1985; Thoits, 1991; Travisano, 1970). As in the case of many other concepts in the social sciences, no single definition exists with

which to label identities. Strauss commented, "identity as a concept is fully as elusive as is everyone's sense of his own personal identity" (1969, p. 9).

My view from postmodern, feminist, symbolic interactionist perspectives is that identities are constructed, fluid, complex, unstable, subject to change and transformation, dynamic, and produced and maintained simultaneously in many different locations and in multiple relationships and interactions (Denzin, 1992; Foote, 1951; Gergen, 1991; Marcus, 1992; Weedon, 1987). Identities are products of culture, society, others, and selves. They require commitments, out of which lines of action develop.

Concepts such as role and role playing are too static, simplistic, over-determined, and emotionally lacking to explain the commitments women hold to their careers and their relationships with their babies and families. Roles may be seen as socially acceptable "scripts" for enacting identities and, in fact, can be elements used by individuals in the construction and creation of their identities. "Role," therefore, is not equivalent to "identity." In this dissertation I use multi-plural, emergent, fragmented concepts of identities to represent the facets of women's situated positions in complex interactional webs of relationships, commitments, and practicalities.

Significant validation of this distinction is found in the reports of many of the participants in this study, who did not perceive their motherhood as playing a role, despite the frequent use of the term in the popular media:

> I don't see motherhood or parenting as a role. It's just a way of being that kind of evolves . . . and it's changing all the time. (Linda)

Organization of the Dissertation

In the following chapters I will describe the evolution of this study and its findings. In Chapter 2, I provide a critical review of selected related literature. Chapter 3 is an exploration of the connections between the nursing research problem (formulated as the

processes by which career-committed new mothers experience identity transformations during the transition back to their careers) and strands of postmodern feminist theorizing and research. In Chapter 4, I examine feminist and interactionist criteria for research methodologies; discuss issues of methodology and method; locate myself as a researcher; and demonstrate how I met certain ethical and methodological challenges, such as insider/outsider status, reflexivity, and power/dominance. In Chapter 5, I describe the application of the methodological approaches developed in Chapter 4, in the research design and process. The interactional processes I discovered through the analysis and the model of those processes are explored in Chapters 6, 7, and 8. Finally, I conclude the dissertation with a summary of the results and their significance; limitations of the design and study; the contribution to feminist mothering theories; and the implications for health policy, future research, nursing practice, and the women who participated in this study as well as others who are awaiting the results.

CHAPTER TWO

CAREER REENTRY FOR NEW MOTHERS: A REVIEW OF RELATED LITERATURE

In this chapter I will briefly describe the history of mothers' employment in the United States and define the feminist perspectives that will be used to review and critique some of the relevant literature on maternal role transition for employed women, women's work in multiple roles, the meaning of work-identity, and the meaning of mother identity. Since no body of literature exists on how career-committed first-time new mothers experience career reentry, the literature review and critique will be presented as a background for an initial theory developing research question: How do new mothers experience career reentry?

Historical Background/Middle-Class, European-American Women's Work

While many who grew up in the 1950s presume that the late twentieth century represents the first era in which mothers have been engaged in productive as well as reproductive work, history proves otherwise (Kessler-Harris, 1981; Vicinus, 1985). Until the nineteenth century, when the means of production moved out of the home, all adults and children worked together in a productive economic unit. With the industrial revolution, however, men began to work outside of the home in what was called the "public sphere," while women's work was relegated to the domestic or "private sphere" (Cott, 1977; Watkins, 1979). Women became the guardians of the home and family, and, according to the nineteenth century Cult of Domesticity (Ryan, 1979) and Cult of True Womanhood (Welter, 1966), motherhood became the primary occupation of European-American, middle-to-upper class women. Census data from 1870 to 1900 reveal

that 90% of white women married, and that 97% of these married women were not employed outside the home (Degler, 1980; Smith, 1976).

Not all women stayed at home, of course; some refused and others could not afford to remain out of the world of production. Many poor women, widows, single women, immigrant women, and women of color labored in a variety of low-paying jobs (Evans, 1989; Hubbard, 1983). Further, census statistics do not reveal the actual extent of women's participation (across race, socioeconomic status, and marital status) in such wage-earning activities as taking boarders and/or serving meals in the home, taking in laundry, bartering, trading, piecework sewing, selling home-grown vegetables, and other activities not considered employment outside the home.

Because census data did not distinguish between mothers and childless women until the 1940s, one must extrapolate the extent of mothers' participation in the labor force from statistics on married women. From the turn of the century through the 1920s, the number of married women in the work force increased by 40% (Zigler & Frank, 1988), despite strong opposition from those who argued that women belonged at home with their children and that women were competing with men for limited jobs. This attack became more strident during the Depression when state, local, and federal governments passed legislation (e.g., Section 213 of the 1932 Economy Act, "the married persons clause") that decreed that married women were to be the first fired if their spouse was also employed by the government (Scharf, 1980). Following the lead of the federal government, 26 states passed laws that forbid hiring any married woman (Moen, 1992).

World War II, when 14 million men were in the armed services, brought a sharp increase in women's labor force participation and a reversal of the dismal trends of the 1930s. From 1942 to 1945, nearly five million women were employed both in traditional

"women's" jobs--such as service, food, and retail industries--and also in jobs gender-labeled as "male"--such as steel, aircraft, and other heavy industries (Kessler-Harris, 1982). Women's labor force participation received government support in the form of federal and state subsidized day care under the Lanham Act.

Even though government support and public approval for women's out-of-home employment disappeared after the war, significant numbers of women remained in the labor force. By 1955 more than a third of mothers with school-age children were employed (Nye & Hoffman, 1963). Despite the post-war rhetoric idealizing mother in the home and a lack of child-care resources or family leave policies, census data reveal a steadily increasing proportion of women and mothers in paid employment (Coontz, 1992; Harris, 1979).

Accompanying this increase was a change in the pattern of women's labor force participation. Formerly, women worked before marriage, retired home for child rearing, and perhaps returned to work after their children were grown--a phenomenon described as the "dual peak pattern" (Sorensen & Mortimer, 1988, p. 157). Beginning in the postwar era and continuing to the present, increasing numbers of women have chosen to be continuously involved in the labor force (Cotton, Antill, & Cunningham, 1990; Matthews & Rodin, 1989). These new labor force participation patterns reflect the fact that many women both are employed and have a family.

An historical overview of changing labor force patterns is helpful in overturning the conception of motherhood as a biologically determined full-time occupation. Given current statistics on employed mothers, such a definition is anachronistic. This overview serves further to highlight the ways in which notions of motherhood are socially constructed by the political and social forces of their times. It demonstrates that the view

of females as full-time mothers apart from the productive economy is a racially and class-specific response to industrialization slippery enough to disappear during times of economic need. Far from a traditional or cultural norm, the full-time mother is, in fact, an historical anomaly. Historical perspectives thus encourage the redefinition of women as mothers in response to the conditions and demands of our current postindustrial society.

Feminist Perspectives

Chinn (1989) defined feminism as a world view that values women and confronts systematic injustices based on gender. While this proves to be useful as an initial definition, it must be noted that there is no one feminist perspective. Rather, there are as many feminisms as disciplines in which feminists are working (Reinharz, 1992). Feminisms question gender roles, identify women's oppression within the constraints of a patriarchal society, and are grounded in women's lived experiences and the women's interpretations of them (Peplau & Conrad, 1989). As such, they offer the researcher a broad and diverse framework that "can accommodate diversity and a multiplicity of truths" (Spender, 1985, p. 4).

In the past two decades much has been written on utilizing feminist perspectives in science and scientific research (Belenky, Clinchy, Goldberger, & Tarule, 1986; Bleier, 1984; Harding, 1986, 1991; Keller, 1989), in sociology and psychology (Chafetz, 1974, 1988; Chodorow, 1978; Dinnerstein, 1976; Gilligan, 1982; Oakley, 1974, 1980, 1981; Rossi, 1964; Smith, 1974, 1987), and nursing (Allen & Wolfgram, 1988; Campbell & Bunting, 1991; Chinn, 1989; Chinn & Wheeler, 1985; Duffy, 1985a; Hagell, 1989; Hall & Stevens, 1991; MacPherson, 1983). Feminist nursing scholars have urged nursing researchers to assume feminist perspectives in their work on women's health issues, and have exhorted

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nurses to utilize feminist critiques in their approach to the results of that research (Chinn, 1989; Hagell, 1989).

Because feminisms recognize that knowledge is a form of socially negotiated and historically contextualized understanding (Hare-Mustin & Marecek, 1988), they provide perspectives that view current gender and sex roles (including the maternal role) as fluctuating social constructions rather than eternal verities. By utilizing feminist critiques in approaching the literature on career reentry for new mothers, I expected to unearth certain assumptions underlying research that is based on more traditional, static views of nature, culture, and appropriate roles for women.

In this review of research on women at the interface of employment and maternal roles, I will utilize a feminist perspective that challenges received knowledge about women and gender. Equally important to my critique will be a feminist perspective that emphasizes the women-defined meanings of female practices and female-identified values (Hoffnung, 1989; Trebilcot, 1984), a perspective, as I will demonstrate, that has been lacking in research on employed women as new mothers. Finally, utilizing feminist perspectives will reveal the lack of diversity in samples used to depict definitions of maternal role, role adaptation, and mothering behaviors (Joseph, 1981).

Literature Review

Introduction

The transition to motherhood has been examined in various ways in research literature. Some studies have focused on the acquisition of the maternal role in the transition to motherhood; others have looked at the impact of multiple roles on women's lives. Little research, however, has been directed toward assisting career-committed women in the integration of new motherhood with their career. Instead, the research has

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largely focused on the psychological phenomena that accompany maternal role transition and work in multiple roles, such as depression, stress, and coping (Belle, 1982; Gerson, Alpert, & Richardson, 1990; Myers-Walls, 1984). When researchers have considered women's actual experiences in returning to employment after childbirth, they have tended to view employment and motherhood as discrete roles and to focus on women's performance of specific role tasks. Further, these studies have concentrated on predetermined "critical" intervals (i.e., 6 weeks, 3 months, 8 months, 12 months, and/or 18 months postpartum [Mercer, 1986a,b]), rather than examining the reentry process as it happens. As a result, little research exists on career-committed women's actual experiences of career reentry. As more new mothers reenter the workplace, the need for information on how to integrate an identity-defining, highly valued employment career with a newly acquired and highly valued maternal career (Robrecht, 1988) continues to grow.

In a review of the 1980 to 1985 literature on "dual-career marriage" (p. 787), Hiller and Dyehouse (1987) noted the lack of consensus on the definition of "career." While some researchers use the term to describe a highly salient job or a job that requires a high degree of commitment, others view careers as jobs that have a developmental sequence. Still others, like Rapoport and Rapoport (1969) use all three criteria in defining a career. In this chapter "career" refers to employment that is perceived by the woman as more than a job, the meaning of which extends beyond the financial reward. Most of the extant research does not differentiate between women with jobs and women with careers.

It will be noted in this chapter that nonworking mothers are referred to both as "unemployed" and "nonemployed." For the purposes of this discussion, the two terms will be used interchangeably and, where appropriate, will be used according to the preference of the researcher(s) cited.

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In a theory generating study, the literature review aids the researcher in formulating initial questions regarding the phenomenon (Wilson, 1989). The present review cites gaps in the literature as well as relevant studies to demonstrate the need to examine women's own descriptions of their reentry experiences in order to understand the phenomenon of career reentry for primiparous new mothers. Much of the research on maternal role transition focuses on primiparas only. Other research on women's work in multiple roles and combining employment and motherhood, however, does not distinguish between multiparas and primiparas. Therefore, while I have noted which articles combine multiparas and primiparas, I wish to clarify that it is my intent in my own research to examine primiparas' responses only. I believe that the responses of primiparas and multiparas may be different because the first-time new mother will be formulating a completely new identity facet, that of mother, while the multipara will be adding an additional maternal facet.

Because there is little published research specifically relevant to new mothers' career reentry, selected studies on related phenomena are cited herein to provide theoretical support for such a proposed study. These include research on: maternal role transition for employed women; the function and effectiveness of social support for new mothers; the health effects of working in multiple roles; the coping strategies of women who work in multiple roles; the meaning of the employment identity; and the meaning of mothering. Concepts from the theoretical framework of role theory will be explicated, as they have been extensively used in the literature review.

Role Theory

Within the conceptual framework of role theory, specific concepts have been identified that are useful in describing both maternal role transition for employed women

and women's work in multiple roles. Goode (1960) defined role strain as "the felt difficulty in fulfilling role obligations" (p. 483). Hardy and Conway (1978) labeled role stress as external social conditions that "order role obligations in ways that are vague, irritating, and difficult, and conflicting or impossible to meet" (p. 76). Thornton and Nardi (1975) described role acquisition as a four-step process of anticipatory, formal, informal, and personal acquisition. Mercer (1981) explicitly utilized Thornton and Nardi's concept to describe her model of maternal role acquisition (MRA). Meleis (1975) defined role transition as a change in role relationships, expectations, or abilities that requires a person to incorporate new knowledge and to change behavior patterns. Role conflict was defined by Heiss (1976) as the incompatible expectations perceived by the occupant of a position. Role accumulation refers to the number of roles in a person's role set; Sieber (1974) hypothesized that increasing roles may mitigate against role strain when the rewards accruing from a role outweigh the negative effects of multiple role demands. Hall, Stevens, and Meleis (1992) described role integration as a "process by which multiple roles are meaningfully organized into a larger whole" (p. 9).

Critique of Role Theory

Notions of gender roles have also arisen out of role theory. Historically and cross-culturally, societal roles have been defined along sexual lines, creating within some individual cultures roles deemed appropriate for men or women (Chafetz, 1974; Lerner, 1986). Functional gender roles in our society have portrayed the male as the breadwinner and material provider (described as "instrumental") and the woman as the domestic worker and maternal care provider (described as "emotive"). Parsons and Bales (1955), for example, posited this particular historical pattern of the gender roles in the Western nuclear family of the 1950s as a universal norm. Yet these and other concepts of

"normative structure" (Nye, 1976, p. 7) are losing relevance in contemporary North American society where dual career families (today 58% of all married couples with children [U.S. Bureau of Labor Statistics, 1988]) and single parent families (25% of the nation's unmarried women are mothers--an increase in 60% over a decade ago [Bachu, 1992]) constitute a greater portion of the population than traditional male worker/female homemaker families.

In contrast to normative structure, the feminist perspective views the sex/gender system as a social construction that changes from one historical period to another (Lerner, 1986). Some feminists see childbearing as the only universal, ahistorical difference between the sexes (Kimmel, 1989) and criticize the assumption that childbearing equals child rearing. The notion that biology is destiny, for example, was critiqued by al-Hibri (1984) and Oakley (1980).

Despite its limitations, the vocabulary of role theory remains in broad usage, even in feminist theory (Chafetz, 1988; Thorne, 1982). It is also helpful as a language to discuss roles portrayed in the research literature and as a perspective (strongly tempered by feminism) for examining current gender role ideology and its conflict with the realities of women's lives.

Nursing Research on Maternal Role Transition and Social Support

Maternal Role Transition for Employed Women

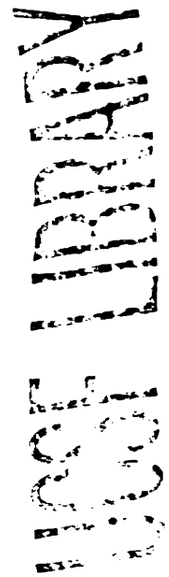
Maternal role transition, the addition of the maternal role to a woman's other established roles, has been the subject of study by social scientists and nurse researchers for many years. This transition has been variously viewed as a crisis (LeMasters, 1957), a source of pain and conflict (Rossi, 1968), an experience of violated expectations (Belsky, 1985), and a developmental process (Mercer, 1985a; Rubin, 1967a,b). Much early nursing

research ignored employment as a variable in maternal role transition. Even as recently as 1991, Pridham, Lytton, Chang, and Rutledge, in their research on postpartum transition and progress in maternal identity and role attainment, failed to include maternal employment as a possible explanatory variable in that transition. However, in a recent "State of the Science" review article (Koniak-Griffin, 1993), the author suggested that nurses attend to previously ignored but important variables, such as career demands, which can affect "maternal role attainment" (p. 257).

Other recent researchers on maternal role transition have rectified this omission, addressing employment and career effects on maternal role transition. One such nurse researcher is Mercer (1985a, 1985b, 1986a, 1986b), who identified numerous factors influencing the level and rapidity with which primiparas attain the maternal role, including employment-parenting role strain and timing of return to work. In her multiple publications based on this research, Mercer reported no significant difference by maternal age in role strain or self-image as a mother over the first year. Mercer collected both quantitative and qualitative data in her study of three age groups of 294 women. Of those women recruited, 242 (82%) remained in the study: 40 were between the ages of 15 and 19; 114 were 20 to 29; and 88 were 30 to 42. The occupants of these age groups differed significantly by educational level, marital status, and race. The older group, for example, included predominantly European-American, married, well educated women, while the teen group was racially mixed and predominantly single; nearly half had not finished high school.

Mercer used the following quantitative measures to operationalize her dependent variable of maternal role attainment: Maternal Feelings About the Baby, Gratification in the Mothering Role, Observed Maternal Behaviors, Ways of Handling Irritating Child

Behavior, and Infant Growth. One limitation of this study is the fact that although the sample was multi-cultural and multi-ethnic, the instruments employed had been used previously only with European-American populations, even though it is known that different cultural groups demonstrate different ways of mothering. The methods used to obtain data about women's feelings during the process of maternal role transition included semi-structured interviews with open-ended, Likert scaled responses, and forced choice questions. Data was gathered from face-to-face interviews in the women's homes or settings selected by the women. Participants received the instruments by mail about two weeks before the interview. Chi-square tests were used on nominal data, Kruskal-Walls on ranked data, and ANOVA on interval data. A repeated ANOVA technique was used to test whether patterns of maternal role activities varied by age group over time. Step-wise multiple regression analysis was conducted to estimate amount of variance accounted for by the independent variables (including demographics, social stress measures, social support, self-concept, personality traits, maternal attitudes and health status, and infant temperament and health status) on maternal role attainment.



Despite the limitations in cultural relevancy in the outcome measurement instruments, Mercer did not find age differences in the process of maternal role attainment. Two of her findings, a decrease in perceived maternal role competency at 8 months and an increase in feelings of role strain across age groups from 8 months to 12 months, raise issues concerning the challenge to new mothers in incorporating their maternal identity with their employment identity, as 55% of women in the study returned to work about this time.

In a correlational descriptive study, Majewski (1986) examined relationships among employment status, role conflict, marital satisfaction, employed role attitude, and ease of

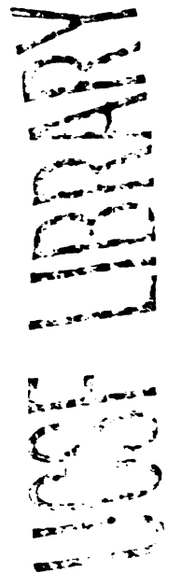
transition to maternal role at 15 and 18 months postpartum. The mostly European-American sample (n=86) included 45 employed and 41 unemployed mothers. Quantitative data were obtained by the use of four scales: the Transition to Maternal Role Scale; the Role Conflict Scale; the Marital Satisfaction Scale; and the Employed Role Attitude Scale. Qualitative data were obtained by telephone interviews and questionnaires mailed to the participants. The interviews elicited answers to questions such as, "What is it like to be a mother?" and "What is it like to work and be a mother?"

Majewski did not find significant differences between the employed and unemployed women with regard to role conflicts. Whatever their worker status, mothers who experienced more role conflict had a more difficult transition to maternal role. Majewski noted that between mothers with careers (n=30) and mothers with jobs (n=15), that the career women had more role conflict than the women with jobs. (Majewski's use of the terms "career" and "job" were based on participants' own perception of their employment.) Majewski recommended that future research include investigations on the impact of perceived role conflict on maternal role transition by utilizing face-to-face interviews. This recommendation supports this reviewer's critique that self-reports of such emotionally laden material as, "What is it like to be a mother?" would be better obtained by qualitative, rather than quantitative, methods. Ideally, for example, such research would utilize in-person interviews conducted by a thoughtful woman interviewer rather than questionnaires distributed by mail.

Pitzer and Hock (1989) found that employed mothers felt less guilt and separation anxiety from second-born children than from first-born children at the same age of separation (return to employment by seven months), but that women were unchanged in their concerns about employment-related separations. A power analysis was used to

determine an adequate sample size of 40 women. Quantitative and qualitative methods were used, including the Maternal Separation Anxiety Scale (MSAS) and the Interview-Based Rating Scale (IBRS) as a measure of maternal separation and anxiety to provide construct validity for the MSAS. Pearson Correlation Coefficients of r=.95, p, .0001 resulted from inter-rater reliability done on 10 interviews.

Besides the questionnaires, the women were also interviewed face to face and asked such questions as: "Would you prefer to work or prefer to remain at home with your infant (assuming sufficient finances)?" (p.125). Pitzer and Hock published some of the women's comments on their feelings and the meanings in their lives of employment and employment-related separation. The authors suggested nursing interventions to aid women in expressing apprehensions about employment/parent roles and to provide anticipatory guidance for dealing with maternal separation anxiety. Racial and ethnic categories for these women were not noted by the authors. All women were married. Replication with other, more diverse populations, such as single mothers, would be useful and more realistic given the make-up of today's labor force. Since "single mothers account for 67% of the total female labor force" (Kammerman, Kahn, & Kingston, 1983), their inclusion as research participants would lend increased generalizability to these research findings.



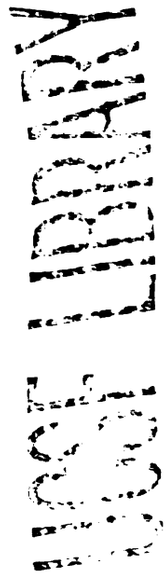
Fawcett, Tulman, and Myers (1988) used both qualitative and quantitative methods to develop the Inventory of Functional Status After Childbirth (IFSAC), an instrument to assess physical, psychological, and social aspects of a new mother's return to functional ability. The concept, functional status after delivery, defined as "a multidimensional concept encompassing mother's readiness to assume infant care and resume self-care, household, social and community, and occupational activities" (p.252), is based on Roy's

theoretical framework. In their article describing the development of the instrument, the authors suggested using the IFSAC to formulate scientific recommendations to national policy makers on parental leave. For example, the IFSAC could be used to track recovery during the postpartum period and to see how women who returned to employment fared in their ability to resume their occupational and other role tasks. It could provide guidelines for nurses to aid women in assessing which role tasks they were ready to assume.

Employing a questionnaire called the Childbirth Impact Profile, Form MQ (CIP-MQ) (a precursor to the IFSAC), Tulman and Fawcett (1988) studied the return of functional ability after childbirth in a group of 70 European-American suburban women, 30 of whom had had vaginal deliveries and 40 of whom had had operative deliveries. The authors reported that by the end of the traditional six-week postpartum recovery period, only 51% of the total sample were able to assume full household, social and community, occupational, and infant care responsibilities. The article made clear that new mothers are returning to employment before they have fully regained functional ability in these and other areas.

Besides the lack of racial, ethnic, and socioeconomic diversity within the sample, a major problem with this research was that the data were gathered retrospectively. Women were recruited who had delivered full-term infants within 5 years prior to data collection (x=22 months). Asking a woman to assess her energy level by percent of "normal energy level" at 6 weeks from the delivery when she is 22 months postpartum seems meaningless. Many of the questions depend on an accuracy of recall not possible so distant from the time in question.

Tulman and Fawcett (1990) examined maternal employment after childbirth, but found the only measurable difference between employed and unemployed mothers was the increase in the number of roles the employed mothers performed. This study investigated differences in demographic, health, psychosocial, and family variables, and in functional status for activities in two groups: one of employed mothers (58% of the total sample of 92) and one of nonemployed mothers. In this prospective longitudinal study, subjects were followed from recruitment in childbirth classes and postpartum units through data collection points at 3 weeks, 6 weeks, 3 months and 6 months postpartum. The instruments for data collection were background data sheets, the IFSAC (which now used a Likert type scale instead of the percentage of normal functioning mentioned above), a Postpartum Self-Evaluation Questionnaire (PSQ) to measure psychosocial variables, and the Infant Characteristics Questionnaire (ICQ). Chi Squares and t-tests were the statistical procedures appropriately used to analyze the data. However, because of the small number of subjects compared to variables, multivariate analysis was not appropriate. There were no significant differences found in demographics (age, education, household income, and number of children) between employed and unemployed women at 6 months, nor were there any significant differences between the two groups on psychosocial variables. Their findings that employed women, despite their "double load" of family and employment, were not different from their nonemployed counterparts raises many questions, such as, did those women who were unable to perform well in both areas, self-select out by not seeking postpartum employment?



Questions such as these become more important given the fact that Tulman and Fawcett's findings of no differences in psychosocial variables between employed and unemployed mothers were contradicted by Walker (1989) in her study on "stress process"

among mothers of infants. Walker identified "maternal employment during infancy as a stressor" (p.10). Walker and Best (1991) discovered that full-time employed mothers of infants reported greater perceived stress in their lives and less healthy lifestyles compared to homemakers, with the greatest source of stress being conflicts about returning to work.

Again, in contradiction to Tulman and Fawcett (1990), who found no differences in self-care activities between the employed and unemployed group, Walker and Best stated that employed mothers of infants neglected themselves as a way to deal with work overload. Psychometric instruments and survey questionnaires were mailed to a random sample of 330 mothers with infants 2 to 11 months old. Participants were also asked to describe the two main causes of stress for mothers with babies. The final sample of 78 homemakers and 70 employed mothers (52% of those contacted) were similar in their demographic and medical information. Multivariate analyses of variance were used to compare the two groups on perceived stress, health promotive lifestyle practices, and self-evaluation as a mother. As a statistically significant difference was found, multiple univariate analyses of variance were conducted that indicated that the employed mothers reported more perceived stress than homemakers ($F= 10.80$, $p<.01$) and less health-promotive lifestyles at the $p.< .001$ level. Again, as with the studies cited above, generalizability of the findings of these quantitative studies is limited by the samples, which overwhelmingly comprised married, European-American, middle-class women.

Trying to discover factors that increase a woman's vulnerability to poor health during the transition to the maternal role, Killien and Jarrett (1992) gathered data from 61 primigravidae employed 20 or more hours per week who were planning to return to work during the first year after their child's birth. These participants were primarily European American and well educated; their mean age was 31, and 60% were professionals or

managers. All the women were married or in "committed" relationships with male partners.

The investigators compared health outcomes of women in three groups: those who returned to the workplace before 8 weeks postpartum, those returning between 8 to 16 weeks, and those returning after 16 weeks. Participants were interviewed and completed a packet of questionnaires (including measures of stress, functional ability, and health ratings) once during their pregnancies, and at 1, 4, 8, and 12 months postpartum. Differences between the groups on the health outcome variables were tested using ANOVA. No statistically significant difference was found in the health status of the women in the three different groups.

Social Support During Maternal Role Transition

Several nursing researchers have investigated the role of social support as a buffer for the stress of maternal role transition. Much of this research is based upon work by Norbeck (1981), who developed an instrument designed to measure the multiple dimensions of social support. Her varieties of social support included total functional, total network, and total loss. It is presumed by many of the researchers on social support and maternal role transition that social support in the form of either functional or network support will buffer the stress of role transition.

In an exploratory study on the effectiveness of support for 86 first-time mothers during maternal role transition, Majewski (1987) was unable to confirm her hypotheses about the value of support. In fact, mothers who attended a support group had more difficulty making the transition to the maternal role than those who did not ($r = .23$, $p < .03$). Nor did Jordan's (1987) study of differences in network structure, social support,

and maternal role adaptation of employed and unemployed women support the hypothesis that social support mediated the stress of maternal role transition.

Jordan employed a repeated measures prospective design to gather data from the third trimester through 6 months postpartum from 35 married couples having their second child. There were no statistically significant differences in perceived social support between the two groups of employed women (n=15) and unemployed women (n=20). Generalizability of these findings is limited by the small size, European-American ethnicity, and higher socioeconomic status of the study population.

Cronenwett (1985) hypothesized that participation in postpartum support groups would buffer the stress of role transition, but in her study she found no beneficial effects of support group membership. Cronenwett used an investigator designed tool, the Social Network Inventory (SNI) in her longitudinal study of partnered, urban, middle-class women. She found that more women than men perceived an increased need for postpartum support in the transition to the parental role.

An intervention study was reported by Collins, Tiedje, and Stommel (1992) based on Lazarus and Folkman's (1984) stress and coping framework. In a quasi-experimental pilot study, 18 women in an experimental group and 13 women in a control group were compared on the basis of the experimental group's participation in an intervention of 6 weeks attendance at a 2-hour session of information sharing, exercises, and discussion. All the women returned to work within 6 months postpartum. A repeated measures pretest/posttest design was employed at 2 months' return to employment and at 1 year postpartum. The only significant differences identified were that the marital satisfaction of the control group declined while that of the experimental group increased. The finding of no difference between the two groups on other measures of well being may be due to the

short duration and low intensity of the intervention. Any generalization of this study is certainly limited by the small sample size and homogeneity of population. A lack of randomization of participants to control or experimental status decreases internal validity.

In a descriptive study conducted to identify a) if a postpartum support group was perceived as helpful by the mothers who attended, and b) what factors induced women to continue attending such a support group, Abriola (1993) utilized content analysis to interview 12 new mother attendees. She found that mothers continued to attend groups where they found support and reassurance, where the group leaders demonstrated knowledge and dedication, where mothers' needs were met, and where they were able to network with other mothers. Participants found groups helpful in that they provided information and support as well as opportunities to network and to see how other mothers related to their babies, and aided them in the transition to motherhood. Since all the women interviewed in this study were satisfied attendees at the same group, it is difficult to generalize Abriola's findings.

Due to these limitations, Abriola's study shed little light on why support groups do not seem to buffer the stress of transition to parenthood as some researchers had hypothesized. However, the author did recognize the need women have for "something" to aid them during the rapid changes that take place during the postpartum/maternal role transition period, and noted that policy changes such as shortened maternity stays have implications for nurses assisting women in the transition period.

Critical Summary of Nursing Research on Maternal Role Transition

Despite the increased understanding of maternal role transition gained from recent research, major gaps remain in our understanding of the process of maternal role formation, its development, and its expression in today's complex world, especially for

employed new mothers. The present literature has not demonstrated the meaning of the accumulation of roles for new mothers, or whether the multiple roles in which a new mother engages constitute a stress, strain, or asset. Nor have researchers identified the stressful dimensions of combining employment and parenting, nor even whether or not it is stressful to do so. Similarly, there remains a lack of understanding as to what constitutes social support for employed new mothers and what part social support plays in mediating the presumed stress and/or strain of maternal role transition. Overall, these predominantly quantitative studies were limited by their small sample size, lack of representative populations outside the European-American educated middle-class, and self-selection of participants. Moreover, the findings of the past, upon which many of these research studies were founded, may become less useful as social trends change. A case in point is Rubin's seminal works describing the process of maternal role transition (1967a, 1967b), which have come under scrutiny by Martell and Mitchell (1984), Gay, Estes, and Douglas (1988), and Muller (1990). Rubin's original concepts, derived in the early 1960s when most mothers of infants were primarily homemakers, have become less relevant to women in the 1990s who assume more roles outside the home.

Further, few of these studies meet the criteria for feminist research set by MacPherson (1983) and Duffy (1985b, 1989) as research that is not just <u>about</u> women, but <u>for</u> women. To date, maternal role transition research has not questioned the assumption that women will take on all child rearing and homemaking roles after giving birth. With some noted exceptions, few of these researchers have suggested policy changes that might facilitate or ease the presumed stress of transition to maternal role as affected by return to the workplace. Also absent from these studies has been a woman-defined concept of the meaning of maternal role transition to self-identity (Pickens, 1982).

Social Science Literature

Becoming a mother in the context of other identity defining roles (e.g., one's career) is not mentioned in the nursing maternal role transition literature to date. Rather, employment is viewed simply as a stressor for the new mother, or both mothering and employment are considered as static roles. Missing from this research is an understanding of the meaning of employment and the meaning of motherhood for these employed new mothers. Therefore, I undertook a survey of literature in other domains such as history, sociology, and psychology to determine if there existed research on the meanings of employment identity and maternal identity.

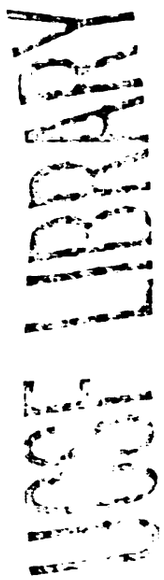
Meaning of Mothers' Employment Identity

Veblen (1964) spoke of an "instinct of workmanship," which he described as a fundamental need in human beings for the satisfaction that one finds in well-done productive work (i.e., non-homebound work). McBride (1973) and Bernard (1975) contrast this "instinct" with the reality of "motherwork" (Bernard, p. 112). Motherwork is not only the practice and experience of mothering, but the caretaking and housework mothers do, which often leave them with little tangible evidence of achievement. Bernard (1975) recognizes that both men and women experience a desire for "competence" (p. 140), which propels labor-force participation as an emotional as well as economic need.

Boulton (1983) suggested that the increased worth of identity in productive work over motherwork results from the value a capitalist society places on production but not reproduction. In this country, a person's worth is judged by how much money he or she makes. The lack of esteem the United States holds for wives and mothers is reflected in their salary levels. Despite the rabid argument about "family values," the family is not held

to be very valuable. Rossi (1968) noted that women's self-esteem drops when they leave paid employment for full-time child-care responsibilities.

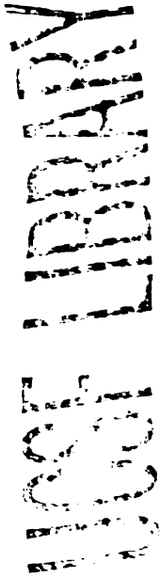
Gordon (1990) found that the meaning assigned by mothers to their employment was "crucial for many women in the construction of their own identities and lives and in pursuing societal interests as well" (p. 68). Cotton, Antill, and Cunningham (1990) noted that more mothers are becoming attached to the labor force and reported a new trend in women's continuous employment status. DeChick (1988) found that most employed mothers would not leave their careers even if their families did not need the income. Similarly, Spenner and Rosenfeld (1990) discovered women locating their identities in their employment roles. The mothers in their study stated they would work even if otherwise financially secure. This concept of women's employment identity provides an avenue to "understand the character and structure of women's work lives" (p. 295).



The human capital explanation (the notion that those women with the greatest investment in education, training, and experience in a given job are the least likely to stay at home after a child's birth) was investigated by Wenk and Garrett (1992). In a study of 1,920 employed mothers, the authors utilized logistic regressions to analyze data gathered by survey methods. The study participants ranged in age from 14 to 29 and were of all races and ethnicities. Wenk and Garrett hypothesized that human capital variables would have a significant effect on the timing of exits and returns to the workplace of expectant and postpartum mothers. They discovered that only age and education had an effect on how quickly the women returned to the workplace, and that race, length of prior employment, and employment in a "higher status" position" did not. The generalizability of these findings is limited somewhat by the low age range of the women studied. It is

likely that in women over age 30 the effects of length in a position or status of a position would have a different effect on outcomes.

While it has been theorized that employed men have a higher organization commitment (OC--a construct that describes high commitment to work organizations that implies a willingness to devote more time, to identify with the values of the employer, and to maintain their jobs) than do employed women with children, Marsden, Kalleberg, and Cook (1993) discovered that women actually had slightly higher OC. Using a data base of 1,517 adult English-speaking North Americans (the General Social Survey, Davis & Smith, 1992), the authors concentrated on a subset of 912 employed respondents. They conducted multiple regression analyses utilizing subsets of possible explanatory independent variables such as gender, compensation, family affiliations, sociodemographic variables, career experiences, and work position.

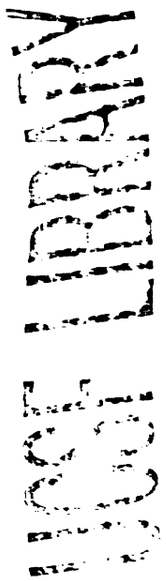


The authors discovered that gender differences in OC were created by differences in the types of work that men and women performed. Commitment was heightened by autonomy and workplace relationships. Their analyses showed that differences in OC between men and women were smaller than within-gender variation. Both men and women had increased OC positively related to availability of child-care assistance and benefits.

The research in psychology and sociology cited above examined patterns of women's employment as functions of social change. While some used quantitative measures and others used qualitative (Spenner & Rosenfeld [1990] used life history methods), all had large representative samples (in Spenner & Rosenfeld n=2,536). Scarr, Phillips, and McCartney (1989), in a review article (n=82) of research on the effects of mothers' employment on marital relations, on children's development, and on mothers' health,

theorized that women, like men, want to participate in the larger society and that productive employment holds the same important meaning for women as for men. Employment is seen as providing independent identity, social interaction, intellectual companionship, and an opportunity for self-actualization.

While strongly identified by their career roles, most employed women would not give up their mothering roles. Although some women interviewed by Gerson (1985) and Wilk (1986) chose to remain childless rather than compromise their employment identity, most women today are choosing both to remain in the labor force and to mother (Bergum, 1989; Lubin, 1987; Machung, 1989). Pickens (1982), in her qualitative study of "career-oriented primiparas" (p. 135), noted that when new mothers weighed the possibility of choosing one role over the other, they affirmed that career and maternal roles were not incompatible for them. Killien (1993), in her nursing study of the reasons employed new mothers return to the workplace, discovered that 55% stated that they found work personally fulfilling and that the workplace provided opportunities and commitments that they wanted to pursue.

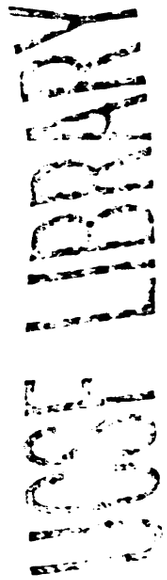


Some women choose to resolve the conflict between career and family by part-time employment. Schwartz (1989) described a less than fast track option, which was labelled by others a "mommy track." Barker (1993) undertook a study to comprehend the meaning of work in mother's lives by studying part-time employment. She conducted a survey of 315 European-American women who worked either full-time or part-time in three categories of profession--male-dominated (e.g., law), female-dominated (e.g., nursing), and nonprofessional jobs. While the part-time workers suffered from feelings of exclusion from skill promotion and organizational and interpersonal work related opportunities and from a greater fear of losing their jobs than full-time workers, the part-timers reported

being happier at home and at work and having greater satisfaction with both their jobs and their children. The author suggested that part-time employment may be a method of reconciling some family-work conflicts, while still maintaining a woman's feelings of value as a worker.

Meaning of Motherhood for Employed Women

While much research views motherhood ideologically or as a static variable or stressor, some studies look at the meaning of mothering (Bergum, 1989; Boulton, 1983; Genevie & Margolis, 1987; Gordon, 1990; Oakley, 1980; Pridham, 1987; Wearing, 1984). These studies differentiate between the feelings of mothers toward their children, and their feelings toward motherwork, that is, the structure of household and child rearing tasks. These studies compare the ideology or institution of motherhood with the reality and meaning of mothering.



Oakley (1980) conducted multiple (233) in-depth interviews with 66 middle-class women to discover their perceptions of mothering. These women overwhelmingly said that they had been misled by the ideology into thinking that motherhood would not be as difficult and demanding as they found it to be. Only a minority of women expressed satisfaction with the maternal role, while the majority felt "anxious despair" (p. 143). Oakley noted that women felt split between the intensity of the feelings they had towards their babies and the drudgery of living with constant child-care and household task demands. Of the women who had been previously employed, few returned to work. The women who stayed home stated that they chose to do so because of the incompatibility of working and their idea of motherhood. To them motherhood meant constant contact with their children.

Oakley's perspective as a feminist sociologist as well as her research methods in this study have served as an exemplar of feminist research in her reflexive use of self, leveling of status between researcher and participants, and reciprocity. For example, 73% of the women felt that the research act had affected their experiences of becoming a mother. While Oakley's sample was English and it is unwise to extrapolate data from one culture to another, her research was so well done that even a decade later it serves as a model for all feminist research on women and mothering.

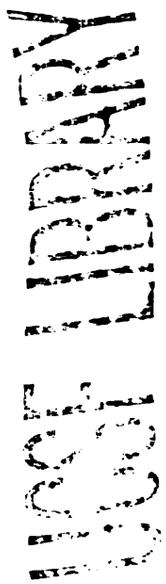
Boulton (1983) performed an exhaustive literature review (n=172) for her published dissertation, "On Being a Mother." She critiqued biological-deterministic and sociological roles-as-work theories of mothering. She discarded them for failing to offer grounded explanations of the experience of mothering. The purpose of her research was to explore qualitatively how women experience motherhood, as well as to look at the differences in the experiences of working- and middle-class mothers in England. She discovered two modes of experience: a woman's immediate response to the child-care role, and her sense of meaning and purpose in caring for children. In Boulton's sample of 50 working- and middle-class women, she discovered that 48% enjoyed child care and that 52% did not. However, 66% of her sample valued the significance of mothering. Her conclusion that motherhood is more than a duality of rewards and frustrations but rather a complex whole, sheds more light on the meaning of motherhood.

Boulton found no difference between employed and unemployed women in their response to motherhood, but explained that a woman's experience of employment was important to the way she appraised the rewards of motherhood. Women who were employed in professional roles were three times more likely to assess themselves as discontented with motherhood than were mothers who did not return to employment

roles. Boulton defended her "small sample" size as appropriate for an intensive study. She interviewed each participant twice, for about two hours each time, using open-ended interviews. She sought detailed descriptions in the women's words of the events of mothering and encouraged women to express their own feelings and views. She noted that an attempt was made to bring out the emotion and tone of the interviews. Additionally, as the interviews took place in the respondents' homes, Boulton was also able to observe the women involved in child-care activities. While her findings may be applicable to other middle- and working-class married mothers in England, it should be noted that she did not interview either single mothers or poor mothers.

The stated purpose of Wearing's (1984) study of 150 middle- and working-class Australian mothers was to demystify the ideology of motherhood by examining women's beliefs about mothering, how they experience mothering, and what effects their ideology had on their lives. Fifty percent of the subjects were employed. Using Marxist and feminist perspectives Wearing developed abstract analytical constructs she termed (after Weber) "ideal types." She categorized four ideal types: ideological traditionalist, that is, those who believe that the biological mother is the only rightful person to assume primary care of a child and who endorse the tenets of the ideology of motherhood; ambivalent, women who recognize that caring for a child is only one of several stages in a life-cycle, but do not question the ideology of motherhood that renders them completely responsible for their child's well-being; ambivalent progressive, women who question the ideology of motherhood, but experience guilt and loss if they give up their full-time homebound role; and radical utopian, women who reject society's structure, the premise that motherhood is necessary for woman's fulfillment, and that motherhood is inevitable.

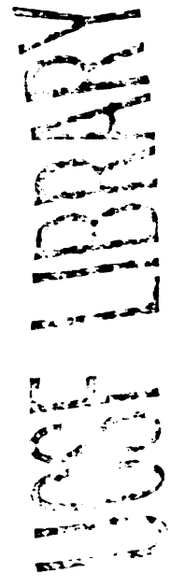
Overall Wearing found 48% of her sample to be ideologically traditional; 31% were ambivalent, and 21% ambivalent progressive. None of the women she interviewed was a radical utopian. The major difference in feelings towards motherhood experienced by employed versus unemployed women in this study was that the employed women enjoyed more autonomy and self-esteem, as well as improved material conditions of mothering. They still felt mothering was an important part of their lives and found being a mother fulfilling. To attempt to enhance the validity (or credibility per Sandelowski [1986]) of her interview schedule, Wearing conducted pilot individual and group interviews which she then had reviewed by women of educational levels and social class backgrounds similar to those of the participants.



As a qualitative, purportedly feminist work, the study was disappointing in that the women's own words are buried in Wearing's Marxist analysis. It was also distressing to find an analytical construct developed, presumably from the research data, which no mother in the sample fit (radical utopian). Denzin (1989a, p. 140) called this "analytical interpretation" and faulted it for imposing an abstract scheme that is decontextual and noninteractional, in that there is no way of knowing whether the researcher's interpretation fits participants' interpretations.

In contrast, there is no interpretation or analysis of any sort in a study by Genevie and Margolis (1987) who surveyed 1,100 mothers (79% of those approached to be in the study), ages 18 to 80, by means of a mailed open-ended questionnaire. The mothers selected were a demographically representative sample. The findings conveyed women's own words concerning their feelings about their children and about being a mother. Women in the study represented both those who were currently mothering and those who raised children as long ago as 40 years.

Overall, the mothers reported strong feelings of love, but stated that motherhood was a disappointing experience. Findings showed that 25% of the respondents felt positively about being mothers, 25% were negative, and a majority were ambivalent, describing both positive feelings and pain and heartache. "For most women, motherhood is love, joy, sorrow, frustration, sacrifice, and heartache all rolled into one" (p. 411). Genevie and Margolis concluded that a woman's employment status had little effect on her experience of motherhood. What mattered was how women felt about their roles; of the employed mothers, 55% described themselves as conflicted about not staying at home. Writing in a readable fashion and using large blocks of quotations from the mothers, the authors did not present any analysis, either statistical or theoretical, to explain their findings.



Another shortcoming of this study is the self-selection of respondents, a problem with any mailed questionnaire. The reader receives no information to compare those women who did not return the questionnaire with those who did. It may be that the percentages of respondents' feelings--negative or positive--about being a mother were skewed by the fact that all of the study's participants were of necessity the type who would take the time to answer such a questionnaire.

Gordon (1990), in a study of 52 self-described feminist mothers in England and Finland, found that these women saw motherhood as both a trial and a strength. They viewed mothering and being with children positively, but saw the difficulties of motherhood as arising from a society that devalues the maternal role and denies women the opportunity to both enjoy their children and easily enact other roles. Gordon interviewed a wide range of feminist mothers, including single, married, and cohabiting women, black, white, heterosexual and lesbian, middle- and working-class; her goal was to

find as heterogeneous a sample as she could, and her sampling was theoretically directed. Her interviews were also theoretically developed according to a grounded theory method of analysis (Glaser & Strauss, 1967). Her study, while descriptive, also explored possibilities for change and resistance, and she clearly charted how mothers are both socially constructed and construct themselves out of current ideologies and discourses.

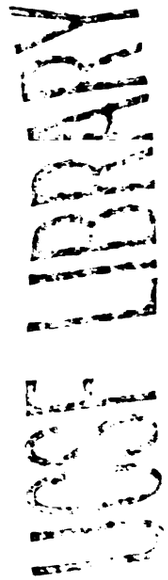
Bergum (1989), a nurse, concluded her feminist phenomenological study of the transformation of six women to mothers with the finding that being a mother means having a child constantly on one's mind, but that mothering does not require constantly being with one's child. The women in her study felt that they could be good mothers and be employed outside the home, but that society did not support them in this. All of them felt they had to be responsible for providing or arranging for child care. Methodologically, she chose to use the term "conversation" instead of "interview" for her investigation. Her conversations with the six women took place from mid-pregnancy to several months postpartum. All six of the urban Canadian women were pregnant with their first child, and of similar age, background, and financial status. Following phenomenological methodology, Bergum constantly sought clarity in her conversations through examples of what the women were describing. As this was a phenomenological study, no attempt was made for it to be generalizable or replicable. However, the author did bring her findings back to the participants and included their responses in the research report. This increased the coherence, credibility, and fittingness of her research, all of which are tenets of rigor in feminist, qualitative research (Hall & Stevens, 1991; Sandelowski, 1986).

Summary of Meaning of Motherhood

Each of these qualitative studies sheds light on the ambivalence many mothers feel towards mothering. They especially focus on the discrepancy between the ideology of the

mother's role depicted by society and the reality of mothering. Employed mothers find the same meaning in their mothering roles as unemployed mothers, but find the enactment more difficult in a society structured around beliefs that women should only mother and that only mothers should parent. Yet none of these studies addresses issues of how women proceed through the period of employment reentry, nor do they contain specific information for nurses as to what changes in their practice would better accommodate these women.

The results of research on the compatibility of mothering and employment are conflicting. What is clear, however, is that employed mothers are finding meaning and identity in both roles, notwithstanding the uncertainty and conflict about how best to enact the simultaneous roles of career woman and mother.



Multiple Role Literature

The body of research on the participation of women in multiple roles continues to grow. Literature on health effects of managing multiple roles, on coping skills of women working in multiple roles, and the effects of social policy on women's multiple role management will be reviewed here as relevant to a study of new mothers' career reentry.

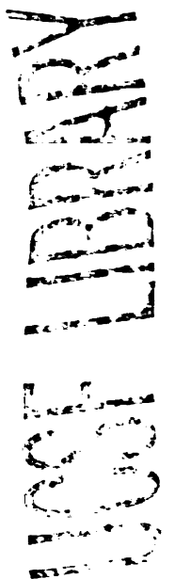
Coping in Multiple Roles

Much of the research on women's work in multiple roles attempts to answer questions about the coping strategies women use to ease the role strain experienced between parenting and employed roles. However, few of these studies challenge motherhood's limiting effect on women's labor force participation.

Van Meter and Agronow (1982) discovered that choosing a salient or cardinal role (defined as the most important role for a person holding many roles [p. 136]) was a significant moderator variable in their study of women with multiple roles (wife,

homemaker, mother, and student). Step-wise multiple regression analysis showed satisfaction with child care accounting for 37% of the variance in prediction of role strain. Their findings are limited both by a low response rate of 32% to their 132 mailed questionnaires and by the homogeneity and lack of representativeness of the study participants, who were all home economics students.

Pistrang (1984) studied 63 unemployed and 42 employed mothers with new babies. Women who were high-work involved (found more congruence with the work role) who stayed home with their babies had more negative experiences of motherhood than the high work involved women who returned to work. Their coping strategy was to decrease role conflict by role elimination, but some were unsatisfied with the role selected. Pistrang's complex study included both quantitative and qualitative methods, since she used interview material to help explain and interpret her statistical findings. Her use of multiple regression summary tables and interaction models to illustrate relationships between work involvement and outcome variables for the two groups of mothers made her research findings clear and easy to understand.



One limitation of the study was that the women defined their work involvement retrospectively; that is, they were asked about the importance of their work life two months after they were home with new babies. It is possible that the intervening experiences of mothering colored their responses.

Myers-Walls (1984) studied role changes that occur after childbirth and found that women in multiple roles adjusted more easily to parenthood in proportion to their use of four coping strategies: adopting a positive outlook, developing a salient role, compartmentalizing, and compromising standards. Myers-Walls used an adaptation of the Steffensmeier instrument to measure the ease of transition to parenthood. Unfortunately,

her adaptation instrument was not tested for reliability or validity. Her conclusions that the coping strategies are "simple, straightforward, and could be easily incorporated into preparation for parenthood classes" (p. 270) assumed that women enacting multiple roles only need to be taught what to do to cope with their situations and did not question the social conditions that may be at the root of some of the role conflicts.

The high-level, successful career women with children in Lubin's (1987) study also used compartmentalization as an important strategy for coping with multiple-role conflict. Gilbert, Holahan, and Manning (1981) compared the effectiveness of strategies for dealing with professional/mother role conflict and found that role redefinition and role expansion were equally effective. Hochschild (1989) enumerated the strategies employed mothers used to ease their role stress/strain. These included role change, "supermoming" (i.e., high-level performance in all roles [p. 195]), cutting back, and seeking help.

Hochschild, a sociologist, used a naturalistic approach in her research on domestic division of labor. She triangulated data sources and methods, using interviews, participant observation, and descriptive statistical analysis. She and her research collaborator, Machung, interviewed 145 people, some two-thirds of whom were interviewed more than once. The study population was 70% European American, 24% African American, 3% Hispanic, and 3% Asian, reflecting the diversity of the metropolitan area where she conducted her research. Hochschild and Machung discovered that, on the whole, women reported doing 75% of the housework and 80% of the domestic management. Hochschild questioned whether this division of labor was based on economic differences of the wage gap between what men and women earn, or due to residual traditional role beliefs, which no longer reflect fathers' and mothers' employment lives.

Hall (1987) used grounded theory methodology to explore the experiences of 7 married, white women, all of whom were employed full-time during pregnancy, as they returned to the workplace postpartum. She found that the women went through a process of "taking on multiple roles," experiencing role strain (feeling overwhelmed), and reducing role strain by "getting it under control." She labelled this process role redefinition. Many of the strategies women used to reduce role strain, such as letting go of myths and expectations and delegating responsibilities, were coping strategies. Hall noted that the Canadian women in her study felt that society was responsible for helping them "get on" with role redefinition in three areas: community support for finding adequate child care, help in establishing work-site child care, and developing flex-time working schedules.

Health Effects of Multiple Role Participation

Researchers of the physical and mental health effects on women combining family and employment have found support for two opposing hypotheses: The theory of limited resources posits that taking on multiple roles leads to role overload and poor health, while the theory of role expansion posits that multiple roles, especially roles outside the home, increase rather than drain a person's energy (Marks, 1977).

Limited resources. Waldron and Jacobs (1989), using longitudinal data from a national sample (n=3,282, 73% European American), found that the health effects of specific roles (labor force participant, spouse, and parent) varied depending on the woman's race and her other roles. Only 5% of the mothers in the sample had preschool age children, so their findings that labor force participation was beneficial to mothers should be applied to new mothers with caution.

Some researchers (Bolger, DeLongis, Kessler, & Wethington, 1989; Greenhaus & Beutel, 1985; Voydanoff & Donnelly, 1989) found that combining employment and family

was stressful for the study participants. Gilbert, Holahan, and Manning (1981) found in a sample of 24 professional women with children that career-motivated women experienced stress in combining mother and work roles. The researchers attributed that stress to internalized value systems that reflected a traditional woman's role ideology. Houston, Cates, and Kelly (1992) found that role conflict and quantitative overload ("too much to do," p. 2) were positively associated with job-related tension, daily stress and tension, and physical health problems in the 91 employed women studied. Lennon, Wasserman, and Allen (1991) found employed mothers of infants exhibited an increase in reported symptoms of depression, especially when their husbands did not participate in the basic, time-consuming tasks of child care.

Role expansion. Studies conducted by other researchers (Eccles, 1987; Hoffnung, 1989; McBride, 1988; Pietromonaco, Manis, & Frohardt-Lane, 1986) found that employed mothers felt better about themselves. The women reported increased satisfaction with their lives, and had higher self-esteem than did their non-employed counterparts. Rudd and McKenry (1986), in a random stratified sample of 237 employed urban and rural women, found that study participants saw employment as a source of enrichment, increased self-esteem, and family support, but that unfavorable family attitudes produced conflict between home and employment roles. In Baruch, Barnett, and Rivers' study (1983), women who had children and high-prestige jobs scored the highest in well-being indices. Repetti, Matthews, and Waldron (1989), in a review article (n=66) on studies concerning the effects of paid employment on women's health, noted that despite a theory of role overload (which assumes that the greater the number of roles, the more adverse health effects [Verbrugge, 1986]), the physical and mental health effects of employment for most women do not vary according to parental status. These findings are supported by

Marks (1977), who theorized that multiple roles increase rather than drain a person's energy.

In a population based study of white urban adults, Verbrugge (1983) examined effects of multiple roles on physical health, employing retrospective interview and prospective health diary data. In a complex multiple regression analysis she found employment, marriage, and family associated with good physical health. Both Brown (1987) and Woods (1988) supported the view that participation in multiple roles increased the opportunity for meaningful relationships, which they judged important to women's health.

The high-echelon employed mothers in Lubin's (1987) qualitative study were in excellent physical and mental health and enjoyed the challenge of their multiple role participation. Hiller and Dyehouse (1987) found that employed mothers were satisfied with their multiple roles and that they experienced the adult companionship in the workplace to be a way of decreasing the strain of being around children. Barnett, Marshall, and Sayer (1992) and Barnett and Marshall (1992) found that a rewarding job had a buffering effect on the psychological distress experienced by employed mothers whose relationships with their children were "problematic." They termed this a significant positive spillover from job to parenting.

The health effects of employment and motherhood were examined qualitatively in a study on clerical workers (Hall, Stevens, & Meleis, 1992; Stevens & Meleis, 1991). The authors developed a theoretical construct of role integration, which they stated was important in predicting health outcomes. While the women in the study found many aspects of mothering satisfying, they also identified many stresses.

The authors described the damaging effects on social policy of traditional beliefs that child care and homecare are the sole responsibility of women, whether or not employed outside the home. The authors' work provided a foundation for future research into how women experience and attempt to integrate conflicting aspects of their employment and mothering roles.

Most of these studies were based on cross-sectional data, which may fail to determine the effects of employment of women's health, as the finding that currently employed women are healthier than homemakers may not imply the beneficial effects of employment on health, but perhaps only reveal that healthier women are more likely to be employed and stay employed (the healthy worker effect). Similarly, many of these studies were done on women with children who are not infants, and the results may be different for reentry mothers of very young infants who are still recovering from childbirth and postpartum physical and emotional changes.

Effects of social and policy factors on multiple role enactment. Multiple role research underscores the fact that sociocultural and political factors both create and exacerbate role strain. As Epstein (1987) noted, "Society makes it easy or hard for the individual to fulfill the expectations attached to different roles." Authors have pointed out the discrepancy between the lack of maternity leave and child-care policies in the United States and those of other nations (Johnson, 1987; Kammerman, 1989; Leijon, 1986). While the U.S. government instituted a non-paid family leave policy in 1992 that affects workers in companies employing over 50 persons, more than 100 industrialized nations give the majority of employed women paid maternity leave, guarantee their jobs, and include health service coverage (UNA, 1985). Fuller (1990) and Matthews and Rodin (1989) have stated that the lack of child-care and maternity leave policies are at the root

of much of the conflict that exists between the employment and mother roles. Crosby (1991), Kammerman (1989), and Zigler and Frank (1988), among others, found that employed mothers' resources are strained by the failure of public policy to affirm the need for affordable, high quality day care, and parental and sick-child leave. Employed mothers in Hoffnung's interview study (1989) of 30 middle-class suburban women reported that their greatest problems were the absence of child-care policies that supported their employment roles and the presence of social values that discounted their need for support.

It is in the area of social policies that researchers and theorists alike most frequently have questioned the present system that requires women, regardless of employment status, to bear the responsibility for child care. Many authors noted the dissonance between traditional values that demand full responsibility for child care and homemaking from mothers and the reality of employed mother's lives (Crosby, 1987; Hewlett, 1986; Hochschild, 1989; Norgren, 1989; Oakley, 1980; Shreve, 1987). As Chodorow (1978) noted, "Women today . . . are considered unmotherly if they demand day-care centers, greedy and unreasonable if they expect help from their husbands, and lazy if they . . . want . . . payments in order to be able to stay home for their children" (p. 213).

Researchers (Bohen & Viveros-Lang, 1981; Cowan, 1987; Cowan & Cowan, 1992; Hochshild, 1989; Lennon, Wasserman, & Allen, 1991) have verified that mothers spend more hours in child care and household chores than their partners, regardless of their employment status. Voydonoff (1988) and Baruch and Barnett (1986) discovered that when spouses of employed women did increase their amount of "family work," they were more likely to be involved with child care than with housework. However, this paternal involvement with child care is limited. Bergum (1989) noted that both men and women still label a father's participation in child care as "babysitting."

A three-year pilot study by Cowan, Cowan, Coie, and Coie (1978) and a ten-year study by Cowan and Cowan (1992) examined couples making the transition to parenthood. One of the five areas that comprised the researchers' model of central aspects of family life was the change and development of gender roles for the new parents. Most of the 96 couples enacted "traditional" family role arrangements, and a few labelled their arrangements as "egalitarian." The researchers found it surprising that prenatally the majority of couples predicted they would be sharing the care of the baby in a more egalitarian fashion than they were currently sharing household tasks and family responsibilities. After the birth, mothers employed full-time held far greater responsibility for managing family work and child rearing responsibilities than did their partners. Unlike the men's, the women's marital satisfaction was markedly influenced by their satisfaction with role arrangements.

Research indicates that North American women experience higher levels of sex role conflict than men, especially in relation to the ways in which their families function (Chusmir & Koberg, 1988). Lennon and Rosenfield (1992) stated that the most negative situation for women is the combination of greater family demands with little control on the job; that is, that the social complexities and configurations of demands, and lack of power and inequality for women in the workplace and at home have a negative effect on women's health. Scarr, Phillips, and McCartney (1989) stated that the lack of affordable, high quality child care has more impact on working mothers than on any other group, but they insisted that child care should be considered a family and social issue, not solely a woman's issue.

Social policy debate. While several researchers and theorists perceive the difficulties and conflict of combining employed and maternal roles as stemming from a lack of child-

care and/or parental leave policies, there is substantial controversy over what policy changes should be made. Should policies encourage women to stay home and be with their children, the extended and subsidized maternity leave option recommended by Kitzinger (1978), Rossi (1977), Newton (1990) and Leach (1994)? Or should policies support child care and encourage women's active participation in the labor force, as advocated by Sharpe (1984), Wearing (1984), Boulton (1983), and Friedan (1985)? Still others have argued both for support of women's equal participation in the labor force and for a complete and equal sharing of child rearing and household tasks between male and female parents (Ehrensaft, 1984; Held, 1984; Hoffnung, 1989; Kessler-Harris, 1987). Asmundsson (1981) decried the inadequacy of extra-familial support for dual work roles and asserted that both men and women must be socialized toward greater flexibility in role definitions.

While controversy rages over what changes in social policies should be, all of these authors agree that the current lack of U.S. family policy affects women's ability to combine employment and parenting. The U.S. Family Leave Policy signed into effect in 1992 guarantees 12 weeks of unpaid family leave to workers in firms employing more than 50 persons. It remains to be seen, however, what actual effects this legislation will have and to what degree it will meet the needs of North American families. Immediately apparent, however, is the fact that many employed mothers do not work for qualifying employers nor can they afford to be absent from work without pay. Most researchers and policymakers agree with Gibbs (1990), who noted that the demographics and economics of our country (i.e., increasing divorce rates [Ries & Stone, 1992], increasing numbers of single-parent households, inability of families to get by on one income) combined with young women's desires for both family and career necessitate some change in the way

these roles are structured and the ways in which the social system supports them. McGovern, Gjerdingen, and Froberg (1992), in an extensive literature review on parental leave, described the need for policy relevant research that will aid a confused, struggling society in the development of both rational and humane policies. Likewise, in the nursing literature, Killien (1993) demanded that nurses formulate their research questions to be relevant to policymakers on such issues as effects of different workplace policies on women's health and, conversely, the effects on workplace productivity of family supportive policies.

Critical Summary of Multiple Role Research

A critique of the formulation of role theory, the theoretical framework underlying much of this research, has already been given. With the exception of the studies by Stevens and Meleis (1991) and Hall, Stevens, and Meleis (1992), the current research on women's multiple roles appears most often to focus on formal relationships among stressors, coping strategies, and functioning. Yet these theoretical relationships do not adequately explain how individual women cope with their own multiple roles (Leonard, 1988). This disregard of individual variation hinders nurses from offering appropriate practical interventions (Tiedje & Collins, 1989).

Another problem with the research to date, as in the case of maternal role transition research, is that information about women's multiple roles becomes quickly outdated amid the dynamic changes of a rapidly evolving social environment. There is also conflict among those who recognize that changes in policy are necessary, but who disagree as to the form those policy changes should take. Equally important, while the researchers call for values clarification for adults and children regarding appropriate gender roles, the meaning of those roles and how to enact them has not been explicated.

Finally, as has been shown, research on the health effects of women's multiple roles, based mainly on cross-sectional studies, has yielded conflicting results. Therefore, current multiple role literature has limited usefulness for nurses trying to answer the questions women ask regarding the health effects of their employment on themselves and their families, how they should handle maternity leave issues, whether and when they should return to the workplace, and how to manage that return.

Conclusion

Reifman, Biernat, and Lang (1991) have called the areas of health promotion and the changing work and family roles of North American women the two most salient issues in the country today. Nursing researchers who are interested in promoting women's health must be active in exploring the interconnections between these phenomena. While research has been conducted on employed women's experiences of maternal role transition, women's coping in multiple role enactment, and the health effects of women working in multiple roles, research describing the meaning and experience of career reentry for new mothers is still conspicuously scant. Despite a quantity of research by nurses and other scholars in the above mentioned areas, we are still uncertain as to the health effects of new mothers' early return to the workplace on themselves (mentally, emotionally, and physically) and on their families.

To date there have been no conclusive studies to guide nurses and other health care providers in addressing the concerns of reentry women and their families. Given the increase in the number of women facing this situation, it is crucial, for the sake of individual and family health, that nurses come to understand the reentry process. By increasing their understanding they can, as practioners and clinicians, better assist new

mothers and their families during their reentry transitions and, as researchers, formulate meaningful research questions to pursue in terms of policy formation.

In the next chapter I will explore the theoretical and epistemological frameworks which are the foundations for the dissertation research.

CHAPTER THREE

POSTMODERN FEMINIST PERSPECTIVES FOR NURSING RESEARCH ON CAREER WOMEN AND MOTHERING

In this chapter I will explore the connections between the nursing research problem (the processes by which career-committed new mothers experience identity transformation during the transition back to the workplace) and the specific strands of feminist theorizing that have been labeled postmodernist. I will demonstrate how utilizing feminist/postmodernist perspectives encourages nursing researchers to proceed without damage to the women involved in the study and without further contributing to normalizing discourses, a concern expressed by Allen, Allman, and Powers (1991). I will show that postmodern feminisms avoid reductionist, essentializing approaches to women as mothers and allow nursing researchers to hear diverse voices among women with children, rather than listening for a putative "mother's voice." Finally, I will describe the appropriateness of feminist postmodern perspectives for the particular research question I have chosen.

Multiple Paradigms for Nursing Research and Postmodern Feminisms

A frequent cry among writers in the current nursing literature is the need for a multiplicity of paradigms, methods, and theories adequate to reflect the complexity of the discipline (Cull-Wilby & Pepin, 1987; Nagle & Mitchell, 1991; Schultz, 1992; Silva and Rothbart, 1984). While this need for diverse methodological and theoretical perspectives has been addressed in other disciplines through utilization of postmodern perspectives (Dasenbrock, 1989; di Leonardo, 1990; Lash & Friedman, 1992; Marcus & Fischer, 1986; Murphy, 1990; Rosenau, 1992; Simon, Haney & Buneteo, 1993), very few nursing articles have yet been written from these perspectives (Anderson, 1991a; Dickson, 1990; Doering,

1992; Dzurec, 1989; Lister, 1991; MacPherson, 1985; Muller & Dzurec, 1993). Silva & Rothbart's (1984) lament that nursing theory development has lagged behind changing trends in the philosophy of science is still valid today.

While nursing researchers have been slow to adopt postmodern perspectives, feminisms have been accepted among the many schools of thought influencing nursing research (Allan, 1993; Allen, 1992; Campbell & Bunting, 1991; Hall & Stevens, 1991; Riegel, et al., 1992). Feminisms facilitate the movement away from outcomes and raise questions regarding gender and power. Postmodern feminisms add layers of complexity to modes of nursing research, methodologies, and epistemologies.

Postmodern feminisms, therefore, offer nursing researchers needed multiplicity. In particular, these perspectives provide researchers the ability to go beyond empiricism and historicism (Thompson, 1985), beyond objectivism and relativism (Bernstein, 1983), and beyond logical positivism and phenomenology/hermeneutics (the two research paradigms which have dominated nursing [Dzurec, 1989]), and into more contemporary debates within the academy.

Postmodern feminist philosophies and epistemologies can be valuable perspectives for the ongoing process of developing the nursing sciences. Their value lies in the ways they encourage nurse researchers to attend to ontological and political assumptions regarding knowledge, language, and power in the social scientific research arenas as well as the kinds of research questions posed by nursing scientists.

Postmodernisms

Postmodernisms are difficult to define in that they refer both to transitional temporal states and to complex, heterogeneous theoretical perspectives. Some theorists distinguish between the time period (postmodernity) and the perspectives (postmodernisms [Best &

Kellner, 1991]). As a period, postmodernity is "post" modernization, that is, industrialization and the birth and growth of the nation state (Harvey, 1989; Kroker, Kroker, & Cook, 1990). Postmodernity is "marked by cultural fragmentation, changes in the experience of space and time and new modes of experience, subjectivity, and culture" (Best & Kellner, 1991, p. 3).

Such a notion of postmodernity is important to a researcher examining the identity transformations of career women becoming new mothers as a means of contextualizing her individual changes. Some important changes in postmodernity that affect cultural understandings of family, parents, career, and mothering are the growth of women-headed households, acceptance of alternative family forms, and the erosion of gender as an organizing principle of some aspects of work life (Haraway, 1991; Stacey, 1990).

Postmodern perspectives critique the modern concepts of self and subjectivity, and challenge Enlightenment forms of the alleged neutrality of modernist science and knowledge (e.g., the "god's eye view" or "view from nowhere" [Fraser & Nicholson, 1990; Haraway, 1991; Harding, 1986; Lash, 1990; Nagel, 1986]). Postmodern theories reject "grand narratives" or metatheory (Lyotard, 1984). No narratives are privileged over others; any narrative is seen as just that, one more narrative. No single theory can possibly capture the "truth" because every truth is incomplete, partial, and culture bound. Examples of the grand narratives critiqued by postmodernists include modern western science, Marxism, Freudian psychoanalysis, and feminism.

Pluralism/Situated Knowledges

In place of these grand narratives or metadiscourses, postmodern theorists look for multiplicities, indeterminancies, fragmentations, and pluralities in small-scale situated knowledges, or micro-theories. Common among many postmodernisms is the recognition

of the pluralism of cultures, traditions, values, theories, ideologies, and forms of life. These perspectives hold that no knowledge can be assessed outside the context of the culture and languages/symbols which make it possible and endow it with meaning (Bauman, 1992; Haraway, 1991).

Postmodernisms and Cultural Critiques

Jameson (1988) defined postmodernism as "a periodizing concept whose function is to correlate the emergence of new formal features in culture with the emergence of a new type of social life and an economic order" (p. 15). No one agrees exactly on the definition or characteristics of postmodernisms, except that they represent a reaction or departure from modernism (Harvey, 1989; McGowan, 1991). Some have referred to them as "postmodernisms" (Harvey, 1989; Jameson, 1988; Kaplan, 1988; Lash, 1990; McGowan, 1991; Murphy, 1989), others as "poststructuralisms" (Rabine, 1988; Scott, 1988; Weedon, 1987), and others as "neo-pragmatisms" (Rorty, 1979). It is important, however, that the use of a single term to refer to these perspectives does not obscure the fact that there is no one postmodernism. Postmodernisms encompass many different areas of ontology and epistemology, and represent cross-cultural intellectual movements encompassing multidisciplinary approaches to knowledges and knowledge-making.

In this discussion I will restrict the term's use to refer to specific forms of cultural critiques that have become most conspicuous in academic circles since the mid-1970s. These are antifoundationalist critiques, refusing appeals to ontological or epistemological absolutes. These critiques are radical in their commitment to transforming the existing western social order (McGowan, 1991). As such, feminist theorizing, which has long proclaimed the notion of the Enlightenment western social order to be partial,

foundationalistic, contingent, and historically situated, can be seen to fit with postmodernisms as a radical cultural critique (Kaplan, 1988).

Postmodern Strategies

As the concepts representative of postmodernisms are often worded in neologisms and jargon, I include some definitions here. It must be remembered, however, that these definitions are neither final nor absolute. Further, any attempt to define, clarify, and outline key concepts of this loose aggregation of theoretical positions must be tentative to avoid the risk of fixing and oversimplifying complex theoretical formulations which exist only in process. It may be most useful to look at these concepts as strategies (Jacques Derrida, one of the influential postmodernist thinkers, describes his technique of deconstruction as a "strategic device," [Derrida, 1983, p. 47]). In this way, one can see how postmodernist perspectives can be used in critical thinking, theorizing, and researching. I will also demonstrate how these postmodern strategies can be used in examining the process of women becoming mothers.

Deconstruction. Culler (1982) described deconstruction as a way to examine how language operates below the everyday level of consciousness in creating meanings. Derrida (1982) developed deconstruction as a technique for challenging the binary oppositions (male/female, nature/culture, public/private) that are basic to western Enlightenment thinking. Deconstruction challenges assumptions of opposition and hierarchy by drawing attention to the way each term in a binary pair contains elements of the other and depends on the other for its meaning. The meaning of a word is determined as much by what it is not as by what it is.

Deconstructive readings, then, will rely on the gaps, inconsistencies, and contradictions in a discourse or text. By attending to these inconsistencies, and

marginalized meanings, the deconstructive reader can find meanings beyond those apparent on a literal reading. For the researcher, deconstructive strategies can focus attention on hidden meanings in culturally embedded metaphors (Hare-Mustin & Marecek, 1988). An example from the research work on mothering and career would be to deconstruct the opposition in career/motherhood, family leave/child care, and public/private, subjecting these terms to a critical examination by looking at their historical context and by refusing to see them as dichotomies. Viewing career and mothering not as oppositional pairs but as two of the many facets of women's multiple identities opens up new possibilities for researchers on women's health, work place issues, and family policies.

Discourses. Hollway (1989) defined discourses as an "interrelated system of statements which cohere around common meanings and values" (p. 231). Weedon (1987) described discourses as the structuring principles of a society that constitute and are reproduced in social institutions, modes of thought, and individual subjectivity. In my nursing research example, the discursive productions of the desire to be a good mother would involve such discourses of "good enough mothering" (Code, 1991; Doane & Hodges, 1992; Riley, 1983; Winnicott, 1965) as child-care books; visits to the pediatrician, obstetrician, or midwife; representations of mothers on television and in the movies; magazine depictions; or advertising images. Included in these discourses are the publicly disseminated results of medical, nursing, psychological, and sociological research on bonding, child development, maternal deprivation, attachment, "maternal role acquisition," salience of maternal role, and so forth, all of which could be labeled normalizing discourses on motherhood--that is, techniques that define satisfactory maternal health or development (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984).

Universalizing. This involves making statements that refer to all members of a category (e.g., woman or mother) that are transhistorical and acontextual. For example, discourses that universalize good enough mothering practices based on idealized heterosexual European-American middle-class families have marginalized and stigmatized women who mother along different cultural patterns or sexual orientations. Research conducted on lower income African-American mothers based on middle-class European-American values will ignore racial and economic oppression, and miss explanations and interpretations arising from the historical and cultural experiences of black women in families (Joseph, 1981). Universalizing mothering as a heterosexual activity excludes the many lesbian women who have chosen to bear, adopt, and/or raise children.

Essentializing. This term refers to the reduction of concepts to an essence; belief in an inherent, eternal nature. In terms of women, this defines a "female" nature that manifests itself in such characteristics as gentleness, goodness, nurturance, and sensitivity. Essentialist discourses on mothering and nurturing abound both in cultural feminist discourses, where they valorize women's nurturing role, and in the conservative rhetoric and sociobiology discourses (Rossi, 1977; Wilson, 1975), where women are viewed as naturally less intelligent, more dependent, and less objective, and where essential femaleness is defined against a masculine, "human" essence (Code, 1991, p. 18). Essentializing is the tendency in western feminist thought to posit an essential "womanness" for all women despite racial, class, religious, sexual orientation, ethnic, or cultural differences among them (Spellman, 1988). These essentializing trends in both cultural feminism and biological determinism obscure the heterogeneity of women and prevent political analysis of heterogeneity in feminist theory.

Postmodern Feminisms and Feminist Postmodernisms

Some feminist scholars believe the strands of theorizing loosely called postmodernisms to be an antidote to essentialism in feminist theorizing and research, especially on the issues of motherhood, mothering, and having children (Code, 1991; Spellman, 1988). Postmodern feminisms argue against the notion of a unique, single feminist standpoint, which appeals to essentialized identities, or the notion of a unitary feminist theory (Harding, 1986). Postmodern feminists deny the illusion of a single female subject as a fixed identity oppressed and dominated by a single male subject. While postmodernist feminists don't deny the existence of male dominance and oppression of women in a variety of situations, they also allow for the possibilities that women can exert power over other women, men, and children (hooks, 1990).

Like the postmodernist philosophies, feminist theory is not a unified metatheory, but a collectivity of theories, related by a perspective through which diverse women's needs and experiences are considered inherently valid (Klein, 1983; Leavitt, 1984). Feminist theorizing engages its practitioners both intellectually and politically; in fact, it is the political engagements that mold the intellectual programs (Ramazanoglu, 1989). The many feminist theoretical and political positions currently espoused are those with liberal, Marxist, dual systems, radical, cultural, psychoanalytic, socialist, existentialist, Third-World, African-American, ecological, postmodernist, and multiple simultaneous perspectives.

While there are tensions between postmodernisms and feminisms (see below), some feminist scholars see enough parallels and convergences between the two that they call themselves postmodern feminists (Butler, 1990; Diamond & Quinby, 1988; Flax, 1990 a, b; Heckman, 1990; Weedon, 1987). Epistemologically, postmodern feminists view

knowledges as forms of socially negotiated and historically contextualized understandings, rather than accurate renderings of "reality" (Harding, 1986,1990).

Postmodern feminists acknowledge that since women's experiences vary across so many axes, it is impossible to describe them under one theory without doing damage to the significant differences among women. Just as women are not one but many, so feminisms and feminist theories must be plural, partial, multiple, poly-vocal, local, and small-scale. Postmodern feminists avoid seeking causal explanations of contextual constructions. Feminist postmodernists also try to avoid the privileging of one axis over another, seeking instead complex multiple locations and identities of women's lives. They acknowledge diversity among women and the possibility of the coexistence of many feminisms and the impossibility of a synthetic singular feminist theory. Many feminist postmodernists believe that political activism is possible despite divergent perspectives. They believe that to share a common political goal of changing the existing social order that privileges white men and their experiences does not imply that women (or men) will not have radically divergent perspectives on how that goal might be reached.

Postmodern Feminist Identities

Postmodernist feminisms move away from a universalized concept of female identity and experience, and embrace a more plural understanding of women instead of "woman" and a notion of situational identities determined by the contingencies of different women's social/political/emotional/sexual/economic contexts (Weed, 1989). As the focus of attention of feminist theorists becomes women instead of woman, differences instead of difference, and to multiple identities instead of one identity, one can begin to conceptualize the possibilities of heterogeneity and proliferating identities. "Identities seem contradictory, partial, and strategic" (Haraway, 1990, p. 197). Such work as

Haraway's "Manifesto for Cyborgs" (1990), which uses postmodernist techniques, fractures identities, interrupts coherences, and displaces origins.

In my nursing research on the phenomenon of new mothers' career reentry, I found that viewing women's identities as fragmented and multiple enabled me to see the wide variety of positions that new mothers could occupy as they improvised identities on their return to their careers. I heard in the voices of the women I interviewed that these new mothers/career women were also envisioning a new and different array of alternatives, multiple identities, and ways of being in the family and the workplace than they had imagined before.

Tensions and Conflicts

While there are convergences and fluidities between postmodernisms and feminisms, the relationship is not without conflicts, contradictions, and tensions. A major tension exists between the social constructionist nature of postmodern thinking and the feminist essentialist fear that refusing to recognize woman as a universal class will result in the inability to act politically (Fuss, 1990). Another tension is the stated need for feminists to retain a sex/gender dichotomy as a concept of analysis, and for postmodern thinkers to reject dualisms as social constructions (Scott, 1989).

Some feminists decry the androcentric nature of the work of the male spokespersons of postmodernisms[1] who have ignored gender in their writings. Others note that postmodernisms express the claims of white, privileged men questioning the Enlightenment, while women have never experienced an Enlightenment (Di Stefano, 1991; Flax, 1989; Hartsock, 1987, 1990; Kelly, 1988).

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[1] Examples of these masculinist postmodernist spokesmen include: Derrida, 1976; Lyotard, 1984; Rorty, 1989; and Foucault, 1988.

Unresolved Tensions

These tensions remain unresolved and probably will remain so for the foreseeable future. Suggestions have been made to recognize the contradictions within/between feminisms and postmodernisms and to embrace them, adopting positions that are tolerant of ambiguity. Feminists can take the critical deconstructive insights of postmodernisms and harness them to a progressive and substantive feminist politics. Feminist postmodernists can take up positions as contextual pragmatists (Roty, 1993; Seigfried, 1991) taking what is useful from postmodernisms while adhering to their political agenda (Fuss, 1990; Seigfried, 1993).

In confronting and acknowledging the conflicts that exist between and among feminisms, and between and among feminisms and postmodernisms, productive strategies may be developed to move feminist theorizing out of the morass of sameness versus difference (essentialisms versus pluralities) and into an awareness of the need for constant renegotiations of identities and positions (Hirsch & Keller, 1990).

Commonalities and Convergences

Like postmodernisms, feminisms are radical movements that challenge the fundamental assumptions of the modernist legacy. They challenge the epistemological foundations of western thought and argue that the epistemologies that are definitive of Enlightenment humanism are misconceived and must be displaced. Both movements are very concerned with language and the way language shapes and constructs "reality" (Daly, 1978; de Beauvoir, 1952; Rich, 1979). Both challenge certain defining characteristics of modernism, such as the anthropocentric definition of knowledge. Historically, second wave feminisms and postmodernisms became prominent modes of theorizing at around the same time; in fact, many feminist theorists and postmodern theorists feel that postmodern

arguments are extensions of feminist arguments (Becker & McCall, 1990; Gergen, 1991; Harvey, 1989; Heckman, 1990; Newton & Hoffman, 1988; Scott, 1989).

Diversity and Multiplicity

The very multiplicity of postmodern philosophies and strategies coincide with the diversity and multiplicity of feminist positions. Just as there is not one woman, there is not one feminism. Postmodern perspectives allow for a multiplicity of feminist positions, acknowledging the contradictions implicit in them and accommodating ambiguity. Postmodern feminisms avoid a unitary theory about woman and view all theories about all women as not written in stone, but as "incomplete programs forever demanding critique and development" (Perinbanayagam, 1991, p. xii).

Feminisms/Postmodernisms--Mutually Corrective

Feminist postmodernists see feminisms and postmodernisms as complementary and mutually corrective (Flax, 1990a,b; Fraser, 1989; Heckman, 1990; Sawicki, 1991). Feminist critiques extend the postmodern critiques of rationalism by revealing their gendered character, and the postmodern critiques aid feminisms in avoiding universal concepts in the analyses of the oppressions of women. Many authors cite Foucault's contextual historical approach ("genealogizing," Foucault, 1980, p. 83), as offering a means of counteracting the universalizing and essentializing tendency in feminisms by encouraging theoreticians and practitioners to explore specifics (i.e., the local mechanisms of oppression of women) rather than to rely on some universal phenomenon of male dominance. Instead of appealing to an essential female nature, Foucaultian postmodern feminisms attempt to understand how femininity/femaleness is socially constructed in particular societies. Instead of deploring the universality of patriarchy they urge the analyses of the historical evolution of patriarchal structures. Instead of proclaiming a

universal male dominance or a universal female essence, they prefer examining the specific instances of each phenomenon (Diamond & Quinby, 1988; Fraser, 1989; Gavey, 1989; Heckman, 1990; Komter, 1991; Molinaro, 1991; Sawicki, 1991; Weedon, 1987).

Feminist critiques can arise from nonessentializing postmodern feminisms. Foucault's concept of normalizing discourses is especially relevant to the prescriptive technologies through which power operates in postmodern times (Dreyfus & Rabinow, 1983; Foucault, 1977). In particular, they address the normalizing disciplines of the human sciences (including nursing), in which experts dictate to women how they should mother and that marginalize and label as deviant those women who fail to meet standards set by those experts (Chodorow & Contratto, 1989; Ehrenrich & English, 1979; Phoenix, Woollett & Lloyd, 1991; Welldon, 1988).[2]

Partial Conclusions

What Postmodern Perspectives Offer Feminist Nursing Researchers

Postmodernist perspectives offer feminist nursing researchers the opportunities to look beyond surface similarities of a mythical woman's voice and to study the wide diversity of real women's experiences along multiple axes of existence. They offer, too, the opportunity to produce research that does not totalize women's diverse experiences on the basis of one ethnic, social, economic, or political group of women. Postmodernist perspectives encourage nurses to indulge in multiple paradigms in nursing research and to

[2] Having explored the mutually corrective function of postmodernisms and feminisms, I will demonstrate that postmodern feminist critiques can be useful in analyzing feminist theories about mothering, enabling one to see the dangers of essentialization and normative producing discourses about mothering that feminists can unwittingly produce. This deconstruction of feminist research on mothering appears in Appendix A.

question their underlying assumptions of what research is, for whom it is meant, and what effects the research findings have on those who have been studied.

Critical multiplism, which has been put forth as compatible with nursing theory and research, is a strategy in which multiple perspectives are used critically to define research goals; to choose research questions, methods, and analyses; and to interpret research results (Coward, 1990). Critical multiplism, so congruent with postmodern perspectives, "encourages the use of multiple perspectives and options" (p. 166), even when they seem inconsistent. Critically combining postmodern and feminist perspectives may help nurses to understand better the inconsistent, multiple realities that are characteristic of nursing (Meleis, 1985) and to approach those multiple realities with nonreductionist methods.

Do These Perspectives Fit This Nursing Research Study?

Feminist postmodern approaches offer valuable perspectives from which to research women's identity changes as they discover new facets of themselves--first as they become mothers and then as they return to their careers. These multiple perspectives enable me as a researcher to avoid both sweeping generalizations about the meaning of motherhood as ideology and institutionalized gendered role, and to avoid essentializing or universalizing diverse women with children as unitary, idealized "mother."

These perspectives also hold out the promise of avoiding another danger of research on women's issues--that of normative judgment making. It is important that I take a critical stance on my particular research problem and neither participate in creating theories that report effects of gender arrangements as their causes, assume flawed and overly deterministic hypotheses, or produce research that results in "normalizing judgments" ("a technique that involves the maintenance of acceptable standards" [Dzurec, 1989, pp. 72-73; Foucault, 1977]), which can be used to maintain the status quo.

The dangers of research on gender issues are very real if the results can be used against the women judgmentally, in policy making, or in perpetuating dichotomous beliefs about "women," "mothering," or "child-rearing" (Allen, Allman & Powers, 1991). As Faludi (1991) made clear in her sweeping review of the anti-feminist backlash, the media will frequently pick up badly flawed research and present it sensationalistically as fact, thus causing changes in women's behavior and in social expectations of their behavior based on a mistaken belief about what they "should be" doing. Felice Schwartz's (1989) experience with the "Mommy Track" is an example of what can happen when research purportedly undertaken to enhance women's lives instead is used against them. To this day, Schwartz is still trying to get as much press coverage for what she "meant" as what the media interpreted (Faludi, 1991, Schwartz, 1992).

Another reason feminist postmodern perspectives seem so appropriate for this study is the fit between these perspectives and the subject matter--women's adding, juggling, negotiating, improvising, and creating new facets of their identities under complex and novel social situations. The subtitle of Gergen's (1991) book on the postmodern condition, The Saturated Self: Dilemmas of Identity in Contemporary Life could serve as the title for my dissertation. Family life has undergone rapid transformations caused in part by the feminist movement, in part by economic conditions in the United States that require many more middle-class, European-American women to engage in wage earning outside of the home, and in part by the rise of single parent families--all transformative elements of the modern world to the postmodern world. New mothers find themselves facing dilemmas in integrating multiple identity commitments--that is, fracturing and fragmenting their identities in a rapidly contracting time period. As they struggle to put

their lives together under new circumstances, such women may be especially vulnerable to the pressures of normative thinking.

Postmodern feminist perspectives, therefore, are particularly appropriate for viewing women's practices and for understanding how the participants construct and judge themselves based on current cultural definitions of "good mothering." At the same time, these perspectives enable me as a researcher to avoid judging these participants in their attempts to improvise new identities.

The postmodern feminist attention to context is also of value to the nursing researcher in women's health, who needs to observe not only what women experience, but the context in which these experiences take place. For the women in my study, this includes the current situation in the United States of shrinking health care dollars; intense emphasis on career; a weak, exclusive parental leave policy; the presence of the "second shift" for many employed women (Cowan & Cowan, 1992; Hochschild, 1989); the economic necessity of two-salary incomes; high migration leading to a lack of sense of neighborhood; market conditions dictating high costs for quality child care; absence of extended family; contradictory cultural expectations; and the presence of "male-model" career tracks, among a host of others.

Methodology, Postmodern Perspectives and This Study

Grounded theory method with its conditional matrix (Strauss & Corbin, 1990) helps to situate the phenomenon temporally and spatially, and fits in well with postmodern perspectives (Denzin, 1986, 1990; Gottschalk, 1993; Shalin, 1993). In the discussion in Chapter 4 on symbolic interactionisms, postmodern feminisms, and in Chapter 5 on the research act of discovering processes of identity improvisation in career-committed new mothers, I will explore my use of postmodern feminist perspectives in the design and

method of my study on the intersections of women's mothering/motherhood/maternal practices and their return to their careers.

I attempted in this study to do what Flax (1990b) outlined in her injunction for postmodern feminist theorists and researchers:

1) to articulate feminist viewpoints of/within the social worlds in which we live;

2) to think about how we are affected by these worlds;

3) to consider how the ways in which we think about them may be implicated in existing power/knowledge relationships; and

4) to imagine ways in which these worlds ought and can be transformed (p. 55).

In addition, I have attempted to understand how the women I studied made sense of their lives through whatever identity facets they improvised--as women, mothers, workers, lovers, students--individuals struggling personally and collectively for meaning in a complex and changing world.

CHAPTER FOUR

FEMINISMS, POSTMODERNISMS, AND INTERACTIONISMS

In considering appropriate epistemological and methodological approaches to a study of career reentry for primiparas, I recognized the need to adopt frameworks capable of addressing the topic in all its complexities. As described in Chapter 3, I found what I sought in postmodernisms and postmodernist feminisms, two perspectives that emphasize the fragmented, in-process nature of self, identity, and subjectivity.

I also investigated various methodological and epistemological issues in feminist, postmodern, and interactionist approaches and their relevance to this particular nursing research study. I found that while specific feminist, postmodernist, and interactionist methods do not exist, there are certain criteria for studies within these frameworks which present the researcher with particular methodological challenges capable of reinforcing the complex and multifaceted nature of the study itself (Denzin, 1989b; Harding, 1987; Reinharz, 1992).

In this chapter I will explore feminist and interactionist criteria for research methodologies; discuss issues of methodology and method; describe criteria for adequacy in feminist interactionist research; locate myself as a researcher; and demonstrate how I met specific challenges to research in the realms of insider/outsider status, reflexivity, and power/dominance, using examples from the research on new mother's career reentry.

Symbolic Interactionisms

In employing feminist frameworks, it is important to recognize that feminisms are not separate from other approaches. "Feminist research voices are not free-standing. Rather they are rooted in and draw on many mainstream and critical theoretical traditions" (Reinharz, 1992, p. 246). Feminisms often work within and through other frameworks,

such as ethnomethodology, phenomenology, existentialism, critical social theory, and Marxist theory.

One such sympathetic framework for feminist researchers is symbolic interactionism, a theoretical perspective which postulates that interaction occurs between human beings who interpret or define each other's actions instead of merely reacting to them or to each other. Responses are based on the meanings that individuals attach to their own and others' actions. Human interaction is mediated by the use of symbols, by interpretations, and by "role taking"--that is, assessing the meaning of one another's actions (Blumer, 1969).

Like feminisms, symbolic interactionisms embrace diverse strands, among which are dramaturgical (Brissett & Edgley, 1990), everyday life (Adler, 1987), feminist (Clough, 1990), reality construction (Berger & Luckmann, 1967), and interpretive (Denzin, 1989, 1992, 1994). One strand, the Chicago School, is a framework developed by Herbert Blumer (1967) out of the social philosophy of George Herbert Mead (1934). Mead developed his theories along with his colleague John Dewey (1926), a pragmatic philosopher (as well as an educator, psychologist, and social activist) who, in turn, was influenced by the works of William James (1896) and Charles Sanders Peirce (1878).

Pragmatism is a North American philosophical strand in which human beings are seen as continually adapting to changing social realities. These adaptations are made possible by the human mind, which can be viewed as a process capable of symbolizing social objects and creating plans to attain social adjustment. Mead continued and expanded these pragmatist notions by describing the creation and adjustment in mind, self, and society that occur through role-taking, that is, adapting one's behavior to the imagined

experience of another. Others may refer to specific present others, unpresent others, and also to generalized others (society) (Mead, 1934; Turner, 1982).

Writing on the methodological principles of empirical science, Blumer (1969) enumerated what he believed to be the fallacies of the positivistic approach to research. He posited that the methods of the hard sciences, including verification, replication, statistical sampling, and research protocols, "do not provide the empirical validation that genuine empirical science requires" (p. 32). The only way to assure the empirical validity of the data, concepts, and interpretations that researchers gather and develop is to "go directly to the empirical world" (p. 34). Once in the real world of the ongoing group life of human society, Blumer advised, researchers should make meticulous direct examination of the empirical world and allow the world to speak for itself. He suggested a two-step method for naturalistic investigation. Step one is exploration, by which Blumer meant a research method wherein the researcher forms a close acquaintance with the segment of society being investigated. This familiarity enables the researcher to "develop and sharpen his inquiry so that his problem, his directions of inquiry, data, analytical relationships, and interpretations arise out of and remain grounded in the empirical life under study" (p. 40). The second step, inspection, is the analytical component of the research wherein the researcher closely examines and scrutinizes the data, viewing them from different angles and asking different questions.

Postmodernisms and Symbolic Interactionisms

The philosophical premises of interactionisms and pragmatist philosophies share much in common with postmodern philosophical perspectives. Many chroniclers of postmodernisms cite Dewey and pragmatic philosophy as forerunners of postmodern philosophies (Best & Kellner, 1991; Gergen, 1991; Harvey, 1989; Murphy, 1989). The

symbolic interactionist view of human beings as active creators of meaning (via symbols including language) in their social worlds is highly congruent with the social constructionist view of postmodern philosophies (Becker & McCall, 1990; Clough, 1991; Denzin, 1989a, 1990, 1992, 1994; Plummer, 1990a, 1990b; Rochberg-Halton, 1987). Perinbanayagam (1985) and Denzin (1983) have noted postmodern foreshadowings of the significance of language to the formation of the self (Derrida, 1976) in the semiotic systems of Charles Sanders Peirce (1878). The postmodern concern with language as the bearer of meaning and its ambiguities and shifts is a further link between postmodernisms and symbolic interactionisms. Mead claimed that the self and the mind were constituted from the social world by means of language and gesture (symbolic interaction), and that subjectivity was inseparable from a linguistic medium (Perinbanayagam, 1985). The postmodern notion that the meanings we link to social actions are not "objective reality" but human constructions is clearly a notion adopted from symbolic interactionists (Berger & Luckmann, 1966; Goffman, 1959; Rosenau, 1992).

Denzin is probably the most outspoken interactionist in favor of combining postmodern perspectives with interactionist ones, as he does in the methodological treatment he calls "interpretive interactionism" (Denzin 1983, 1989a, 1990, 1992, 1994). Plummer (1990a, 1990b) is more reserved about the postmodern project than Denzin, but noted that Blumer's work shows a "curious affinity with some aspects of postmodernist thought" (1990a, p. 139), such as centrality of context and localizing experience in the lived world, flux and change, the struggle of "I and me," truths as plural rather than singular, the ambiguities of different definitions of the situation, and the belief that all meaning is context bound and in process.

Several pragmatic philosophical premises of interactionisms are congruent with postmodern beliefs: the epistemological perspective of reality as being in flux, the view of society as emergent interaction, a methodological search for inquiry "sensitive to the objective indeterminacy of the situation" (Shalin, 1986, p. 10), and a commitment to a goal of social activism and change (Denzin 1983, 1989a, 1990, 1992; Farberman, 1991; Plummer, 1990a, 1990b). The Chicago School of symbolic interactionism as represented by Mead and Blumer has traditionally been linked to social activism (Aboulafia, 1991; Deegan, 1987; Shalin, 1991), which, in turn, ties it to feminist as well as postmodern projects.

Postmodern Feminisms and Symbolic Interactionisms

Affinities between feminisms and postmodernisms have been examined in Chapter 3. Here I will briefly demonstrate congruences between symbolic interactionisms and feminisms. Certainly there are many feminist researchers working within the interactionist framework; Clarke (1991), Olesen (1992, 1994), Hall, Stevens, and Meleis (1992), Graham (1992), Davies (1990, 1992), Kasper (1986), Kearney (1993), and Reinharz (1987) are but a few examples. Stanley and Wise (1983, cited in Gorelick, 1991) have espoused symbolic interactionism as a conceptual framework for feminist methodologies because "it adopts a non-deterministic attitude towards social life and interaction . . . and insists that structures are to be found within the processes of interaction" (pp. 201-202). As noted below, Denzin (1989a, 1992) has appropriated feminist critiques of positivism and feminist critical theory and combined them with his postmodern interactive interpretive methods to create interpretive interactionism.

Many first-wave feminists, such as Jane Addams, Gertrude Stein, and Emma Goldman, were students, friends, and co-activists in social movements alongside James,

Dewey, and Mead (Leffers, 1993; Seigfried; 1991, 1993). Dewey and Mead actively supported women's suffrage (James, as a "typical Victorian" [Seigfried, 1991, p. 10], tended toward a more patriarchal view of women), and both men worked at Hull House with Jane Addams (Aboulafia, 1993; Deegan, 1987, 1988). Pragmatism appeals to feminist postmodern thinkers for a number of reasons: its position that human knowledge, rather than being value-free, reflects the values and perspectives of the knower; its emphasis on seeking diversity in unity and developing unity out of diversity; and its concrete methodological concern for research and study grounded in one's own experience and everyday problems (Code, 1991; Ferguson, 1980; Fraser, 1989; Seigfried, 1991, 1993).

Mead's understanding of the self as an emergent process is useful for feminists in their attempt to understand the multiplicity of factors involved in sexual oppression and the dynamics of domination. Any theory of liberation (e.g., feminist theory) must of necessity "center on the basic process of self-definition and the nature of the obstacles that prevent it" (Ferguson, 1980, p. 12). Ferguson explored the Meadian perspective on the nature of self-other interactions on domination and on liberation, and discovered that perspectives of symbolic interactionism were crucial to feminist understandings of "the dialectic between defining one's own situation and taking the perspective of the other" (p. 172).

Critiques of Feminisms/Symbolic Interactionisms

Feminists' whole-hearted acceptance of symbolic interactionist modalities has been viewed with skepticism by some critics. Reinharz (1984) noted that some feminists discount any male-originated theories as inappropriate for feminist frameworks. A case in point is the interpretive model which needs to be reevaluated in light of women's (and other non-dominant group members') different perception of self and different methods of

knowledge acquisition. While men's experience of self and society was the basis for the foundation of symbolic interactionisms, women's experience of self and society contains more conflict between socially acquired meaning systems and their own experiences. To become feminist, the interactionists need to review the problematic conflict "between culturally-acquired and experientially-felt meanings" (Kasper, 1986, p. 46). Through this feminization process, the interpretive paradigm will be enlarged to allow for new questions regarding relationships between self-identity formation and social power.

Methodologies: Feminist Interpretive Interactionisms

Methodologically, interactionisms take numerous interpretive, qualitative directions. Grounded theory (Glaser & Strauss, 1967), feminist ethnography (Clough, 1991), conversational analysis (Maynard, 1987), life history (McCall & Wittner, 1990), and postmodern ethnography (Turner & Bruner, 1986) are but a few of the methodological approaches utilized by interactionist researchers. Denzin (1983, 1987, 1989a, 1992, 1994) ties together symbolic interactionisms, postmodernisms, and feminisms (as well as semiotics, hermeneutics, cultural studies, and existentialism) in a methodology he calls "interpretive interactionism." This approach to research "takes as its subject matter the everyday world of experience, as that world is taken for granted and made problematic by self-reflective, interacting individuals" (1987, p. 16). He describes this type of research as existential, interactional, and biographical; naturalistic; rigorous; both pure and applied; postpositivistic and feminist (as it is built on feminist critiques of positivism); and appertained with the social construction of knowledge, power, and gender. Following Foucault (1980) and Nietzsche (1910), Denzin (1988) noted that there is no knowledge free of power relations.

Assumptions

I feel it important to stress the assumptions undergirding Denzin's interpretive interactionisms because they undergird my own feminist postmodern interpretive nursing research. As enumerated by Denzin (1989a, p. 8) these assumptions are:

1) In the world of human experience, there is only interpretation.

2) It is a worthy goal to attempt to make these interpretations available to others, since by so doing, understanding can be created. With better understandings come better applied programs for addressing the major social issues of our day.

3) All interpretations are unfinished and inconclusive.

Epiphanies and Ruptures

Denzin defined "problematic interactions" (1989a, p. 13) as those interactional sequences that give primary meaning to people's lives and alter how they define themselves and their relations with others. He labeled "epiphanies" (p. 141) those life experiences that radically alter and shape the meanings persons give to themselves and their life projects, and called these ruptures biographically meaningful events that transform peoples lives. By recording these epiphanies in detail, the researcher is able to illuminate the moments of crisis that occur in a person's life. Such experiences are often interpreted both by the individual and by others as turning point experiences, after which the person will never be the same (Strauss, 1969). Clearly the transitions of career-committed women in the process of becoming mothers and the transitions they make as they reenter their careers after childbirth represent ruptures in the everyday lived experience of the women in this study. Moreover, this rupture has significance on two levels, the personal and societal.

These ruptures in a woman's life are of personal value because they allow her to examine her prior ways of being and her present ways of becoming, as well as to question the social conditions and societal expectations that influence and affect the processes of being and becoming. Similarly, there is a link between what appear to be the personal troubles of each of the individual women in the study and the public policies that exist (or in this case don't exist) to help families and individuals deal with these problems.

Contexts

The strategic positioning of women's experiences within larger historical, social, and political contexts is of equal importance in this methodological approach as the personal. Denzin (1989a) advocates the use of his interactive interactionism only when the researcher wishes to explore the relations between "personal troubles" and the public policies and public institutions designed to deal with those personal problems. Such relationships are, according to Wilson and Hutchinson (1991), a primary goal of nursing research. Understanding the interplay between the micro-interactions each women enacts in her daily life and the macro-structure of socially constructed contexts is the connection between the personal and political (Mills, 1959), which those working within feminist interactionist traditions recognize as crucial to the understanding of the emergent meanings of women's lives.

Utilizing a combined theoretical framework of feminist postmodern interactionism enabled me to examine the experiential and cultural understandings of the study participants as they reentered their careers after childbirth. Methodologically, this framework invoked the importance of "getting inside" the world of the participants to understand their reality and the relevance of starting with the woman's everyday experiences. This perspective encouraged me as a researcher to look at a wide range of

diverse women's experiences and how their everyday experiences are disturbed by ruptures which become the significant problematics in their lives and the subject for feminist research (Fine, 1992; Harding, 1987; Mies, 1983; Reinharz, 1992; Smith, 1987).

Feminist Postmodern Interactionist Epistemologies and Feminist Postmodern Interactionist Methodologies

Feminist postmodern epistemologists hold that there is neither "truth" nor wholly objective knowledge to be gained from any particular standpoint. They believe that truth is an historical product and that no knowledge is absolute or immune from the partiality of the multiple axes of race, gender, age, and so forth (Hollway, 1989). Each being constructs and is constructed by knowledge within its own context. Postmodern feminist perspectives view all knowledge as socially constructed and believe that there is a conflict in attempting to argue "truth claims" or warrants from one set of assumptions (including social constructions) when one's argument is a priori based on those assumptions (Morgan, 1983).

Postmodernists from Dewey onward encourage the view that knowledge seeking is merely another form of human action (interaction). Epistemologically and methodologically, this view moves from a consideration of the ends of knowledge seeking to a reflection on the process of research, or the act of knowledge seeking as a form of human interaction (Denzin, 1989a, b; Marcus & Fischer, 1986; Morgan, 1983). Fine (1992) and Morgan (1983) have suggested moving from epistemological concerns to methodological concerns and seeking within research strategies a variety of different voices in a "conversation about the nature and status of knowledge" (p. 374). As with feminist theories and epistemologies, feminist methodologies are diverse and far-ranging; as there is no one feminism, there is no one feminist method or methodological approach.

Feminist postmodern epistemologies seem to fit well with the interactionist precepts delineated by Denzin (1989a, 1992). With regard to my own position, I locate myself as a feminist postmodern epistemologist with a preference for qualitative interactionist methodologies.

What Makes Feminist Research Feminist?

If feminist epistemologies and methodologies are multiplural and nearly nondefinable, what, then, distinguishes feminist research as feminist? Cook and Fonow (1986), Fonow and Cook (1991), Reinharz (1992), and Olesen (1994) have identified characteristic themes running through feminist research. Fonow and Cook (1991) listed the following four themes, while acknowledging that there are others and that the categories are not truly separable:

1. Reflexivity--the propensity of feminist researchers to "reflect upon, examine critically, and analytically explore the nature of the research process . . . including the investigator's reactions to doing the research" (p. 2).

2. An action orientation--Since the intentions of much feminist research are liberation, feminist research necessarily contains an emancipatory impulse. This is true whether it is documenting prior struggles which lead to developing newer strategies for change, developing strategies for changing public policy through research, or depicting women's actions as the sites of resistance to patriarchy and oppression (Foucault, 1988).

3. Attention to the affective components of the research--Feminist researchers pay attention to the role of emotion and affect in knowledge production, and believe that the relationship between researcher and participant(s) is significant and needs to be addressed.

4. Use-of-the-situation-at-hand--Following De Vault (1987), Mies (1983, 1991) Oakley (1981, 1974), Smith (1987), and others, Fonow and Cook noted that feminist

researchers use "already-given situations" (1991, p. 11), or, as described in an earlier section of this paper, see the everyday world as problematic and worthy of research and attention.

As a researcher, I would agree with Fonow and Cook that these themes are descriptive of feminist works and I have utilized these themes within the research process. Yet I would stress that "feminisms" are perspectives and that there are multiple definitions of feminisms and multiple feminist perspectives.

The question remains, therefore, what criteria render research feminist and only feminist? For while it is true that the above themes exist throughout feminist research, I have found the same methodological and theoretical concerns in various degrees in reviews of naturalistic and qualitative research (Guba & Lincoln, 1989), postmodern research (Rosenau, 1992), postmodern interactionist research (Davies, 1990, 1992), and interactionist social constructionist research (Ellis & Flaherty, 1992; Mishler, 1986; Steier, 1991a, 1991b; Woolgar, 1982). Ultimately, I think that what makes feminist research distinctly feminist is the researcher's belief that women's lives are important and women's varied experiences are worthy of research, and that there is an attempt in the research process to expose the assumptions about gender relations that operate in women's everyday lives (Doering, 1992; Hall & Stevens, 1991; Reinharz, 1992).

Adequacy in Qualitative Feminist Research

Interestingly, adherence to these tenets for feminist research may be seen in the criteria for feminist research proposed by Hall and Stevens (1991). These feminist nursing researchers have developed an extensive set of criteria for determining the adequacy of feminist research: reflexivity, credibility, rapport, coherence, complexity, consensus, relevance, honesty, mutuality, naming ("generating concepts through words directly

expressive of women's experiences" [p. 26]), and relationality (collaborating in the research process).

An example of how these criteria for feminist research and criteria for adequacy can function together may be found in the case of my own research project. I returned their interview transcripts to interested study participants and requested their input and critique. I also gave a presentation of my preliminary findings to an ongoing new mothers support group and incorporated their feedback in further analysis. I designed the later interviews as member checks in which I described part of my analysis and asked women if they found these to be valid descriptions of their experiences. These acts of going back to the respondents served to validate the findings of my research, confirm relevance, improve credibility, give power to the participants, enhance their ability to name, improve personal relationships and rapport, and achieve coherence, complexity, and consensus.

Methodological Challenges--Insider/Outsider Status, Power, & Reflexivity

Who Is the Researcher and What Is She Doing Here?

As Lipson (1989) stated, the researcher is the primary investigatory tool in a qualitative interpretive project. Similarly, Denzin (1989a) suggested beginning a research project with the biography of the researcher and a statement to the fact that the events and troubles written about are ones the writer has previously experienced or witnessed firsthand. From these statements, as well as the above discussion of tenets of feminist research and criteria for adequacy of feminist research, it becomes clear that in positioning myself as a feminist postmodern interpretive researcher, I assume an obligation to make explicit my own assumptions, state clearly who I am as a researcher undertaking this project, and to examine and reflect on my activities in the research process. In doing so, I

make it possible to address three crucial methodological challenges facing postmodern qualitative feminist researchers--insider/outsider status, power inequality, and reflexivity.

I am a 46 year old, second-generation eastern European-American mother of two daughters (one step-daughter, Lucy, and one biological daughter, Sarah Rose). I am heterosexual and have been living with my daughters' father, Michael, for over two decades. I have been educated and have worked as a literary critic, copy editor, social worker, nurse, health manager, nurse-midwife, international health care consultant, and educator. The greatest part of my career has been spent in women's health care, and my research interests have been in women's health. I strongly identify myself as a feminist and see my role as feminist researcher not only as one of describing and understanding the current cultural situations, but also one of activist, researching to disturb, upset, and disrupt the status quo (Fine, 1992).

In terms of my personal experience with the research questions, I was pregnant while I was attending midwifery school, birthed my daughter (who was one month premature) on the same day I had delivered two babies as part of my labor and delivery rotation, and brought her with me to class that afternoon. My partner, Michael, took care of our daughter while I finished my midwifery program. I remember him bringing her in to nurse during a break while I sat my national certification examination. At 5 months postpartum, after my graduation and certification, I took 2 months off to be home with Sarah, before starting my own home birth midwifery practice.

Insider/Outsider Status

I related to the women who participated in this research in a peculiarly insider/outsider way. I was an insider in that I have experienced being a career women, having a new baby, facing the challenges of choosing to return to my career, and working

through the processes of identity transformations and negotiations that such transitions entail. I was also an insider in being of the same socioeconomic class as most of the respondents. I believe that in this research I took on the process of conscious partiality (Mies, 1983), that is, a connectedness and identification with the research participants that replaces the objectivist and distancing role of researcher in traditional social science research.

However, I was an outsider from the point of view that I am a researcher and a trained and knowledgeable women's health care provider; further, in the case of respondents recruited from my practice, I am also the woman who had been or was to be present at the birth of her baby. Therefore, I could not be viewed as the naive outsider, but as an expert, someone who has some degree of power over the respondents (Acker, Barry, & Esseveld, 1983; Aguilar, 1981).

Power Issues

The problem of power inequities resulting from my position as researcher and expert posed another challenge within the research process. Concern about such inequalities has been voiced by feminist, interactionist, and feminist postmodernist researchers (Allen, Allman & Powers, 1991; Denzin, 1983, 1989a; Dzurec, 1989; Hall & Stevens, 1991; Mishler, 1986; Smith, 1990a, 1990b; Wilson, 1983).

Power/Knowledge

Foucault (1980) joined knowledge and power together as power/knowledge and applied the construction to all knowledge, but especially to the knowledge production of the human sciences. According to Foucault, researchers through their position as experts will have more power than the respondents. Power is present and productive in all social relations, and the relations of research are no exception (Hollway, 1989). While I

attempted in my study to equalize the relationship between the participants and myself as much as possible, it is important to acknowledge that the power complexities in the relationship between those being studied and those doing the studying are not entirely determined by the respondents and researchers themselves, but, like everything else, are constructed by the historical socio/political times in which the interaction takes place (Gorelick, 1991).

As researcher, I am still ultimately in control of what is produced and in control of what is deemed important (given the structural conditions of publication, funding, and committee consent). The women in this study come to it with the understanding that the results may not immediately benefit them, but may benefit other women in the future. I, however, as the recipient of a degree and awards, am the one who most immediately receives benefits from the results of the research. Finally, for me as researcher to assume that my methods of research will raise women's consciousness (Hartsock, 1983) or empower the respondents (Mishler, 1986) implies that I am somehow in possession of knowledge that is true for the respondents and that I am in the elitist position of knowing it when they do not.

Techniques for Reducing Power Inequities

Mishler (1986) recognized some of these power problems and suggested that the selection of particular interview formats could facilitate or hinder the respondents' efforts to make sense of what is happening in their worlds and construct meaning of their own out of the research process. He suggested not only acknowledging the power inequities, but also having the researcher investigate whose interests are served by the asymmetry of power in the research situation, and who benefits from the investigators' controlling the interpretation, dissemination, and use of the findings. By utilizing the naming criteria that

Hall and Stevens (1991) have suggested, a researcher is somewhat able to put the interpretation of research findings back in the hands of those studied.

Other methods of reducing power inequities are to recontextualize the research by putting the respondents in the role of research collaborators (Steier [1991a] suggested calling them "reciprocants," [p. 6]) and the use of narrative methodologies to facilitate respondents' ability to make sense of and give meaning to their experiences (Mishler, 1986; Polkinghorne, 1988; Richardson, 1990; Stevens, 1992). Fonow and Cook (1991) suggested increasing the use of rapport in the research setting, treating participants non-exploitatively, as a way of equalizing power imbalances.

Ultimately it seems the best that can be done is to state that power inequities are problematical and to describe how one handled this problem. As noted elsewhere in this and in the following chapter, I employed techniques to this end as often as possible.

Reflexivity

Reflexivity, the reciprocal influence of the researcher and the research participants, has been defined as "critical thinking that reflects the dynamic interaction and exchange between the investigator and the total research environment" (Lamb and Huttlinger, 1989, p. 765). A reflexive researcher seeks to understand how personal feelings and experiences may influence a study and then strives to integrate this understanding into the study itself. Thus, reflexivity requires that the investigator look at herself, recognize who she is, and what she brings to the research situation.

Taking reflexivity to the logical conclusion of social constructionist postmodernistic thinking, one spirals into the notion that what the researcher describes, explains, and interprets in her research does not exist apart from that research situation. That is, if one believes that the world is constructed, then one must apply the same principles of social

constructionism to herself and the products of her research (Gergen, 1985; Steier, 1991a). Doing research, writing, interpreting, and coding are all constructive enterprises. They do not represent a "true" reality any more than claims about the social or natural world represent a true reality in the external world (Woolgar & Ashmore, 1988). Steier (1991a) described the notion of reflexivity as a "bending back on itself," a circular process in which one looks back on one's experience of oneself. Thus the researcher pauses to wonder, "How do I continue this spiraling process? To what end should I continue this spiraling process?"

Some have described this spiral as the infinite regress of the problem of reflexivity in research (Gergen & Gergen, 1991), or as sawing off the branch upon which the researcher sits (Lawson, 1985; Woolgar, 1982). Once researchers look at the activity of researchers as social constructions, "they make it impossible for their own explanations to be seriously believed by anyone" (Latour, 1988, p. 155). Latour and others do not offer handy solutions to this problem. Steier (1991b) suggested methodological solutions, such as placing the observer or researcher within her own inquiry, recognizing her role in research, and allowing her respondents greater voice in the research. Hall and Stevens (1991) have suggested utilizing Christman's (1988) series of questions that women researchers can use to focus on the researcher-respondent relationship to assess how researchers participate in creating knowledge: "How is this woman like me? How is she not like me? How are these similarities and differences being played out in our interaction? How is this interaction affecting the course of the research? How is it illuminating and/or obscuring the research problem?" (p. 80). Latour (1988), on the other hand, adamantly denied that methodological rigor is the solution to the reflexive spiral. Ashmore (1985, cited in Woolgar, 1988) called this attempt to use methodology

"meta-reflexivity," and ridicules the postmodern notion that reflexivity applied in a methodologically rigorous manner will eventually lead to the writing of "truer" texts.

I believe that the problem of reflexivity, like the problem of power issues and insider/outsider perspectives, is best dealt with by acknowledging the problem even while maintaining the importance of continuing to conduct reflexive social research as a means to achieve interpretation and understanding of social life. I feel as Denzin (1989a) that even though all interpretations are constructed, unfinished, and inconclusive, it is a worthy goal to attempt to make interpretations about the world of human experience, and, in turn, to make those interpretations available to others.

Partial Conclusions

The inherent methodological and epistemological challenges notwithstanding, a study reflecting feminist postmodern interpretive interactionist perspectives would appear uniquely suited to the research problem of women's multiple identity transformations and renegotiations during postpartum career reentry. Specific advantages offered by such perspectives relevant to the present study include an emphasis on the importance of women's lived experience, the ability to accommodate diversity, and the positioning of significant problematics of subjects' lives within the larger historical, social, and political context. I have attempted to apply these to the study of career-committed new mothers' reentry transitions. In the next chapter I will describe the application of these methodological approaches and the working out of methodological challenges in the research design and process.

CHAPTER FIVE

RESEARCH DESIGN AND PROCESS

In this chapter I will describe the process of research design, techniques of participant recruitment, methods of data collection, and the courses of the research process and analysis development in my study of the experiences of career-committed new mothers managing, improvising, and negotiating facets of their multiple identities during career reentry. I will discuss the debate over criteria for achieving adequacy within a qualitative, reflexive, feminist, constructionist study, and how I attended to these issues (Altheide & Johnson, 1994; Guba & Lincoln, 1989; Janesick, 1994; Sandelowski, 1993). Finally, I will reflect back on myself, how I functioned in a new facet of my own transforming identity--that of a postmodern feminist nursing researcher involved in a symbolic interaction, the research process.

Principles of Naturalistic Research

The theoretical perspectives and world views underlying my research have been described in Chapters 3 and 4. Also fundamental to this study has been my commitment to the assumptions of naturalistic inquiry. I would like to make these assumptions explicit here, so that the reader will have them in mind when reading the description of the research process and analysis in this chapter.

Denzin (1989b) suggested seven principles of a naturalistic approach to research, derived from principles of symbolic interaction. They are (a) to combine the participant's symbolic meanings with patterns of interactions; (b) for the researcher to adopt the perspective of the participant and view the world from her point of view; (c) to link the participant's symbols and definitions with social relationships and groups that shape those concepts, and to examine the roles of gender and power in the interactions; (d) to record

the behavior settings of interactions; (e) to adopt methods that can reflect process, change, and stability; (f) to see the act of researching as an example of symbolic interaction; and (g) to use sensitizing concepts, to underline the constructed nature of interactive causal explanations of the social processes under study.

I used multi-methods of data collection to insure adequate exploration of the transition process of the participants. While one-to-one in-depth interviews were the primary method of data collection, I also employed a focus group; participant observations of ongoing new mother support groups and educational sessions; informal interviews with pregnant, postpartum, and reentry mothers; and conversations with health care providers, childbirth and new mother education group leaders, and experts. I also analyzed expert and public media discourses (film, television, and print) around mothering, career, child care, and family to contextualize and historically situate new mothers' interactions in the United States in the early 1990s. I recruited participants for the project opportunistically at first and then purposively by snowball techniques and theoretical sampling (Burgess, 1984). I was especially diligent in attempting to recruit participants who were diverse along racial, ethnic, age, economic, and sexual orientation axes. Sampling, interviewing, and data interpretation and analysis were mutually informative during data collection.

Settings and Sampling

For the most part, this study was conducted in the San Francisco Bay Area. Participants resided in San Francisco, Marin, Sonoma, Alameda, and Contra Costa counties. In the search for diversity among respondents, I interviewed one woman on the East Coast and another in Santa Cruz County. As my goal in recruitment was purposive and theoretical, I did not seek a random sample of all career-committed new mothers in

the San Francisco Bay Area, as that attempt would have violated assumptions of symbolic interactionist approaches and qualitative research methodologies (Morse, 1994, 1986).

Diversity and Variation

My goals in locating women to interview or groups to observe were to maximize diversity and obtain a wide range of variation in women's life experiences, backgrounds, and demographics. In light of my feminist postmodern perspectives, I wanted to avoid universalizing mothering experiences by hearing only the voices of European-American, middle-class, and/or heterosexual women. Therefore, I proceeded from a limited approach of recruiting a convenience sample from my own clinical midwifery practice for a pilot study of five women who were fairly homogeneous along race and socioeconomics, to a more time-consuming, elaborate search for women of diverse ages, races, ethnicities, careers, marital/partner status, biological and non-biological motherhood, and sexual orientations. My goal was not to be able to explain the transitional experiences of each group along those axes, but to develop inclusive concepts of mothers and career women, to expand the concepts of mother and career woman to include as many different women as possible. Similarly, it was not my goal to search out negative cases to compare with some norm of what the majority of women were saying, but to have as much density, range of variation, and depth of understanding in my analysis as possible.

Recruitment and Sampling Strategies

For the research I recruited women from my own practice, as well as from three other obstetrics/gynecological and midwifery practices and four pediatric practices; from four new mothers' groups (one comprised of racially diverse women, one which was called a "Single Mothers by Choice" group, and one of lesbian mothers); from obstetrical nurses at four hospitals; from an infant day care center serving mainly low-income

African-American and Latino families; from childbirth educators throughout the area; from organizations such as the Fourth Trimester (a home care/postpartum help group), Labor Support Services (an organization which provides doulas [trained labor coaches] to women), and the Perinatal Education and Lactation Center (an organization at California Pacific Medical Center, which rents books, videos, and breast pumps, and holds educational and support groups for pregnant women and new mothers); and by word of mouth and snowball referrals from one participant to another.

I searched the ads in the Parent's Press (a Bay Area-wide monthly publication for parents) for new mothers' groups that targeted specific populations, such as "Single Mothers by Choice," "Lesbian Parents," and "Working Mothers." I then contacted the group leaders, sent them recruitment letters and explanations of the study, and asked to receive either referrals of participants or permission to participant observe at group meetings. (See Appendix B for site recruitment letters, Appendix C for letters of introduction to participants, and Appendix D for recruitment flyer.)

The site recruitment letter/explanation of the study was specific in describing my interest in finding a wide range of variation in experiences. The flyer was variously used, sometimes posted in a site and sometimes copied and handed to women personally by someone who could describe the study. Interestingly, I never received one call from a woman who had only learned about the study from the flyer. In most of the sites, practitioners, educators, group leaders, or other staff would call me with the names and phone numbers of women who met study criteria (outlined below), who had expressed interest in the study, and who granted permission for their names to be given to me.

Snowball Technique

Recruitment also utilized snowball sampling, a method in which participants put the

researcher in contact with friends who then become participants. This technique offers the researcher an advantage in being able to see both individual and social relations among individuals (Burgess, 1984; Coleman, 1958). Prospective participants called me after hearing from a friend or relative about her participation in the study, wondering if I was still looking for women with whom to talk about their experiences. Many of the participants gave me names and phone numbers of their friends, relatives, or acquaintances from child birth education or new parents' groups or health clubs.

The snowball technique worked especially well within the lesbian community into which I had had difficulty gaining entry. Once I began telling everyone I knew that I wished to include the previously under-represented voices of lesbian mothers[3] as part of the chorus of mothers' voices, I received a referral to one lesbian couple, both of whom identified themselves as mother to their infant. These interviews in turn led me to one of their friends, who then told another friend (outside the area) to call me. As I was completing the interview sessions in March 1994, I had a number of lesbian mothers interested in participating who, unfortunately, I did not have the time to interview.

Research Collaborators

During the course of my research, I relied on many experts in childbirth education, midwifery, obstetrics, pediatrics, and new mother counseling who participated as research collaborators or liaisons (Kagan, 1994). For example, I contacted the director of a hospital education center (a nurse), who worked with a multicultural population of

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[3] For recent works on lesbian mothers see Lottwhitehead, L & Tully, C.T. (1993). The family lives of lesbian mothers. Smith College Studies in Social Work, 63(3), 265-280; Lewin, E. (1993). Lesbian mothers: Accounts of gender in American culture. Ithaca, NY: Cornell University Press; and Burke, P. (1993). Family values: Two moms and their son. New York: Random House.

prenatal, postpartum, and reentry women. She invited me to classes, introduced me and my research to class and group participants, and sent a copy of my letter of introduction to the research to all of her class leaders. In addition, she greatly supported my research efforts, spending time with me on the focus of my research and on my findings. I was able to contact and maintain similar relationships with many other experts. Another example was a nurse who has been facilitating new mothers' support groups for over 15 years. I called her, introduced myself and my work, and sent her a copy of my proposal and letter of introduction. She searched her list of class attendees for the past year and called women she thought would be interested and who might satisfy my criteria for diverse women's voices. Besides recruiting participants and supporting me by acknowledging the importance of my research to their patients, clients, and group members, these experts also helped me check out hunches, analyze data, and validate my findings.

Theoretical Sampling

As my research continued, I began to employ theoretical sampling, a systematic method of selecting participants purposively to compare what different groups or individuals have to say with data that has already been collected and analyzed (Glaser, 1992). As I gathered and analyzed the data, I began to select participants based on theoretical categories I found emerging from the data. Thus, I sought multiple voices to tell multiple aspects of the same process from the perspectives of the different women experiencing these transitions. Three important categories that arose from the data to become integrated into sampling strategies were relationships, identity, and time.

Relationships. One of the emerging categories was the presence or absence of a partner with whom to share and negotiate child-care responsibilities. I sought to interview

women who were single or in relationships with partners who did not live with them or who did not participate financially in supporting the child or woman.

Identity. Degree of career commitment or locus of self identity in career was another emergent category. I theoretically sampled for women with varying intensities of career commitment, including speaking to women who were less identified with their careers and who were willing to forgo the career identity entirely when they identified themselves as mothers. Length of career commitment prior to the birth was a condition which overlapped two categories, identity and time.

Time. Another category of analysis and theoretical importance I found in the data was time or timing, for example, the length of paid leave. How did the presence or absence of paid leave and its duration affect the transitional processes? It turned out, however, this was not something I needed to seek in terms of sampling. Once I studied the demographic questionnaires of the participants, I found that in the diverse group of women I interviewed, 43% had no paid leave, 46% had only state disability with paid leave for 6 to 10 weeks, and 9% had either private disability or some combination of private and state disability with 2 to 3 months of paid leave at 60% to full pay; 3% did not answer the question. These findings corroborate recent Census Bureau information (1990), in which a random sample of 5,238 first-time employed new mothers revealed that only 46.6% had benefits of either cash or agreements regarding retention of benefits or job security.

Timing of return to work, timing of the interview relative to the birth (both before and after), and time of career reentry were also theoretically sampled for effect on outcomes. I purposively chose to interview women who varied as to their reentry timing in order to answer such questions as, "Does staying home longer make it easier or harder to make the transition?" I also varied the point during the reentry process at which I

interviewed women in order to answer such questions as, "What changes over time can be seen by interviewing women earlier or later in the reentry process?"

Timing of interviews. I interviewed all pregnant women in the third trimester, ranging from 28 weeks to two instances where I interviewed women during the early, latent phase of labor induction. I interviewed women postpartum at home with their babies anywhere from 1 week to 12 months postpartum. The mean time of postpartum interview was 2.5 months, and median was 1.5 months. In this group, reentry time ranged from 2 weeks to 12 months, with a mean return to work of 3 months (which compares with recent research by Tulman & Fawcett [1990] who found 85% of mothers employed by 3 months postpartum). I interviewed women during the reentry phase ranging from 1 week to 9 months after their return. The mean time of reentry interviews was 2.2 months, and the median 1 month. For more theoretical diversity, I spoke with two women one year after they had returned to their careers.

Theoretical sampling strategies also included attention to participants' race, ethnicity, age, sexual orientation, and socioeconomics, as mentioned earlier. While the median earnings of participants put them into a middle to high income bracket, nearly all of the participants felt that they had to reenter their career due to economic necessity. Those women who said they had a choice whether to return or not made such statements as, "I'm lucky that I don't have to go back," or "I've got the luxury of deciding that I can take six months of unpaid leave time from my career." This contrasts sharply with one woman (at the bottom range of household income) who felt she had to return to work immediately and, since she couldn't afford what she considered decent child care, sent her baby to live with relatives. Differences found along race/ethnicity, age, and sexual orientation will be discussed in Chapters 6, 7, and 8, for the most part there was so much diversity in the

Table 1

Source of Payment for Maternity Leave

Leave	Frequency	Percent
Paid Leave		
State Disability	16	46
Private & State	3	9
Unpaid	15	43
No Answer	1	3

Table 2

Timing of Reentry and Timing of Interviews

Timing in Weeks	Mean	Median	Range
Reentry Time	12		2 - 52
Time of Postpartum Interview	10	6	1 - 52
Time of Reentry Interview from Reentry Date	8.8	4	1 - 32

"majority" (white, European-American, heterosexual women) that no differences are noted. I have chosen to identify as different only those comments that women made to me wherein they compared or contrasted themselves with others.

In accordance with tenets of qualitative research to document how one arrived at one's conclusions, I documented my sampling strategies in my memos and a reflective journal as these strategies arose in the course of the research process (Huberman & Miles, 1994; Lincoln & Guba, 1985). I kept questioning myself and the data as to what differences and similarities to look for in the participants, and what effect those differences and similarities would have on the study. I kept different memos on theoretical sampling strategies with diagrams with multidirectional arrows pointing where I had looked and where to look next.

Participants

Study Participation and Demographics

In all, I interviewed 35 women individually. Inclusion criteria for study participation were primiparity, career commitment ("career" defined as employment that is perceived by the woman as more than a job and the meaning of which extends beyond the financial reward); having been in the career at least five years; and planning to return to career during the first year postpartum. If the women were being interviewed only postpartum or post-reentry, I restricted participation to women with infants less than one year old, so that the immediacy of becoming a mother would be easy to recall.

Interviews along the Pregnancy/Postpartum/Reentry Trajectory

During the early stages of my research while gathering pilot data and during the beginning data analysis/collection period of the dissertation research, I interviewed each woman three times: once in the third trimester, once one-month postpartum, and again

one to three weeks after reentry. After 10 sets of these interviews I realized that no new data were coming out of the pregnancy interviews. When I kept hearing and seeing the same things in the data (informational redundancy [Lincoln & Guba, 1985]) and had most of my emerging theoretical hunches satisfied and comparisons among multiple perspectives made (theoretical saturation [Glaser & Strauss, 1967]), I then began to interview each woman two times, once postpartum and once after reentry. Finally, after I discovered informational redundancy and theoretical saturation in the postpartum or maternal interviews, I interviewed women during the reentry period only.

Number of Individual Interviews

I interviewed 11 women three times (33 interviews)[4], 10 women two times (20 interviews), and 11 women during the reentry period only (11 interviews). In addition, I interviewed one person who never intended to reenter and 1 woman who went back to her career at 4 months and then quit working at 10 months postpartum (to look for less stressful work in her career in a location closer to home). I had one interview with a woman who prenatally had intended to return, but postpartum found she couldn't. I also reinterviewed two women after the reentry interview when their circumstances changed and they moved to other areas, one to save money and stay home, one to find a job with on-site child care. One of the women interviewed three times was followed-up at one year post-reentry to observe changes over time. This resulted in 70 formal interviews of 35 women.

[4] This included participants 01-10 and then #33. This later check was to see the effects of my development as a researcher and the development of my analysis on the types of questions I might ask and the meanings I might uncover. I also used the pregnancy interview with #33 to check out my findings.

Focus Group

I facilitated a focused group interview in the early phases of data collection and analysis. This was a group of 8 new mothers who met on an ongoing basis as a support group. The focus of the discussion was about whether to return to their careers and how to manage that return. I had planned to follow up data collection and analysis with an evaluative focus group to "try out" my analyses on a number of participants at once to see if they recognized the analytical conception as relevant to them (taking the account back to respondents), as well as to gather and analyze their comments and feelings as more data (mutually creating the data [Olesen, 1994]). However, due to time limits of writing and dissertation preparation, I did not follow through on this plan. Therefore, only 8 new women's voices were counted in the sample total of 43 women interviewed individually or in groups.

Age and Ethnicity

The participants ranged in age from 27 to 47, and the mean age was 36. The age was skewed slightly toward an older age group both by the study requirement that women be in their careers 5 years or more, and by the trend in the United States for women to first establish their careers before beginning their families (Roberts, 1994). The participants were 71% (25) European American, 14% (5) Asian, 9% (3) African American, and 6% (2) Latina.

Relationships

Eighty percent (28) of the women were married, 14% (5) were in relationships (although not necessarily living with their partners, whether male or female), and 6% (2) were not in relationships and were raising their children alone. Nine percent (3) were in relationships, but were not living with their partners. Eleven percent (4) identified

Table 3

Individual Interview Participant Demographic Profile (n=35)

Participant	Mean	Median	Range	n	%
Age	36		27 - 47		
Individual Income	54, 915	45,000	20 - 150,000		
Household Income	112,720	97,000	30 - 250,000		
Years in Career	9		5 - 16		
Education (degree)					
High School				2	6
College				17	49
Postgraduate				16	46
Relationship Status					
Married				28	80
Partnered				5	14
No relationship now				2	6
Partner, lives alone				3	9
Sexual Orientation					
Same				4	11
Opposite				30	86
Not stated				1	2
Race/Ethnicity					
Euro-American				25	71
Asian				4	14
African-American				3	9
Latina				2	6

themselves as lesbian, 86% identified themselves as heterosexual, and one woman did not identify herself as being or having been involved in either same sex or heterosexual relationships.

Birth Method and Complications

Two women (6%) adopted their babies and the remainder had biological children, of whom 9% were conceived by artificial insemination. There was one set of twins and all others were singletons. While 22% of the participants had dealt with infertility prior to conceiving (an infertility diagnosis is "usually made after conception has not occurred after one year of unprotected sexual exposure in a couple trying to achieve a pregnancy" [Davajan, 1988, p. 523]), 71% of those with infertility conceived naturally while 29% had in vitro fertilization.

Of the biological mothers, 19% had complications of the pregnancy (hypertension, threatened preterm labor, eclampsia, hyperemesis, pregnancy induced hypertension, one questionable genetic problem diagnosed on chorionic villi sample which required a follow-up amniocentesis, and placenta previa). All of the infants were born healthy, except for one who was suspected to have intrauterine growth retardation and was being followed at one year for growth below the 10th percentile. Seventy-eight percent of the women gave birth vaginally and 22% had cesarean births.

Education and Careers

Two women (6%) had a high school diploma as their highest educational degree, 94% of the women had at least a Bachelors degree (BA), while 26% (9) held Masters degrees (MA or MS). Seventeen percent (6) had a law or medical degrees (JD or MD) and 3% (1) had a Doctorate degree (PhD). The women had been involved in their careers anywhere from 5 to 16 years, and the mean was 9 years. The careers covered a

wide range of professions; 34% were in the health professions (4 nurses, 3 physicians, 3 therapists, 1 occupational therapist, and 1 health care administrator), and 5 women (14%) were in the financial arena (banking, accounting, bookkeeping). There were 3 lawyers, 2 writers, 2 in the film industry, 2 in educational administration, and 2 business consultant/trainers. Other careers included sales manager, city planner, advertising executive, marketing, public relations, research, and manicurist/nail salon owner. As previously mentioned, 3 women (9%) did not return to their careers postpartum; two had intended to return, and one, who was purposively sought, knew ahead of time she would not return and was happy with that decision 10 months later.

Income

Individual income ranged from $20,00 to $150,000 with a mean of $54, 915 and a median of $45,000. Household incomes ranged from $30,000 to $250,000, with a mean of $112,720, and a median of $97,000. In five instances, the women's income constituted the household income: three had no partner or their partner did not live with them or contribute to the upbringing of the infant, and two women had partners who were not earning any income.

Methods and Strategies for Data Collection and Analysis

Following the tenets of Denzin's interpretive interactionism (1989a), I chose to use multiple methods and multiple data sources to enrich the interpretation and understanding of the social worlds (Clarke, 1990, 1991) of career-committed new mothers and to better contextualize the process of career reentry for this group of women. The use of multiple methods seems appropriate for this research on multiple facets of identity. Similarly, it reflects the multifaceted identity of a feminist postmodern researcher as it offers multiple avenues from which to explore the complexities of women's lives.

Data collection and analysis began during a pilot study in early 1991 and continued in fits and starts during 1992, with increased concentration on interviewing, participant observation, and analysis from the fall of 1993 through March 1994. Analysis and data collection continued throughout the writing process as theoretical hunches became firmer. I was fortunate in my ability to continue to confirm these interpretations with participants. Some of the 1994 interviews were structured as member checks in contrast to the more free-flowing, open-ended questions of the first interviews, such as "Tell me about what happened when you returned to your career?" or "What has it been like for you at home with your new baby?"

Constant Comparative Method

For data analysis and collection, I used the constant comparative method. This method of analysis incorporates all kinds of evidence-comparing or evaluating of incidents, texts, groups, or other work. The purpose of this model of analysis is to open up ideas and establish relationships with other pieces or slices of data (Glaser, 1978; Glaser & Strauss, 1967; Schatzman & Strauss, 1973; Strauss, 1987; Strauss & Corbin, 1990, 1994).

Using this method of simultaneous data gathering and data analysis, I was able to hone my interview questions over time and move from open data collection to more theoretical data collection. The data were constantly questioned and compared, and similarities and differences noted. Multiple memos were written on everything collected, queried, or considered. Naturally this resulted in an increasingly unwieldy mass of papers, including the 2,467 pages of transcribed interview material and 905 pages of memos, field notes, summary statements, and process diagrams.

Constant Comparison and Naturalistic Research

The method of constant comparison of data serves to ground the findings in the

substance of the data. It is a method which formalizes and expands Blumer's principles of exploration and inspection (1969). The goal of such naturalistic studies may be interpretation, explanation, or the creation of a fully developed grounded theory, which involves the discovery of a central complex process (or core variable) that explains and clarifies the social interaction between the individuals involved in a study (Schatzman & Strauss, 1973; Strauss & Corbin, 1994; Wilson & Hutchinson, 1990). While the constant comparative method of sampling, data collection, and analysis is linked with the grounded theory method of Glaser and Strauss (1967), Schatzman and Strauss (1973), and Strauss and Corbin (1990), it is also viewed as a useful technique for any naturalistic study and is probably the most widely used qualitative interpretive framework in the social sciences (Denzin, 1994; Guba, 1990).

In an interpretive interactionist or postmodern project, all coding and comparison are done deconstructively, that is, the data are examined for what is not said as well as what is said. The data are queried, "What if this were different, what if that, what if . . . ?" The data are observed for the specific historical, social, political, economic, and gendered discourses that create meaning for the respondents who produced them. Contextualizing the data by means of what Strauss and Corbin (1990, 1994) referred to as the "conditional matrix" (1990, p. 161) involves locating the interactions in reference to the universal, global, national, community, organizational, neighborhood, familial, and interpersonal relationships within which interactions occur.

Steps in a Naturalistic Study

The steps involved in such naturalistic research are non-linear and "molecular" (Hutchinson, 1986 p. 122), an ongoing process of exploration and inspection that involves the following: identifying a research problem; gaining access to an appropriate group to

study; collecting data (via open-ended, unstructured or semi-structured interviews, observation, and document and record reviews); involvement between the researcher and the study participants; coding the data (substantive or open, selective, and theoretical coding are three hierarchical levels of abstraction); writing memos; formulating a concept; developing the concept or core variable (by reducing categories, collapsing categories by listing lower level categories as properties of higher level categories); selective sampling of the literature, and selective sampling of the data; more sampling (theoretical sampling); continuing data collection until the categories are saturated; concept modification and integration; and production of the research report (Corbin 1986b; Glaser & Strauss, 1967; Stern, 1980; Strauss & Corbin, 1990, 1994; Wilson 1989).

While the steps involved in this research process are non-linear, I will need to use a linear format to discuss how I went about the research and so will separate my descriptions of sampling strategies, data collection, and analysis. However, the actual process was more circuitous and back-and-forth than this separation implies.

Adequacy for Nursing Science

Lincoln and Guba (1985) and Guba and Lincoln (1989) have provided guidelines for judging the adequacy of research within a naturalistic perspective. These criteria are creditability, applicability/transferability or "fittingness," auditability/dependability, and confirmability. They call these criteria "parallel criteria of trustworthiness," because they designed them to correspond to criteria for rigor in the positivistic paradigm (i.e., internal validity, external validity, reliability, and objectivity [Lincoln & Guba, p. 290]), which no longer fit within the naturalistic paradigm, as they violate the epistemological assumptions of these world views. Sandelowski (1986) and Mishel and Murdaugh (1987) have

reviewed Lincoln and Guba's criteria and acknowledged their applicability for naturalistic nursing inquiries.

There is, however, currently a debate in the social sciences and nursing about the utility or correctness of the term "rigor" when applied to qualitative research. Morse (1994) writes about ensuring rigor in qualitative research by methodological checks on reliability and validity--audit trails, member checks, multiple raters, and so forth. Sandelowski (1993) and Guba and Lincoln (1994, 1989) currently argue that the very term rigor is too harsh, too rigid, and too positivistic to be of importance in determining the adequacy and usefulness of qualitative research. Others, like Janesick (1994), argue that the search for rigor has destroyed the human and passionate elements of research. Writers and researchers in interpretive modes who identify themselves as postmodern, for example Lather (1993), Clough (1992), and Denzin (1994), recognize that knowledge produced under positivist or postpositivist criteria is sometimes used for social control (the relationship between knowledge/power and the crisis in legitimation).

While criteria are necessary for establishing and assessing trustworthiness, the notion of parallel criteria no longer fits with world views that reject the notion of internal validity. If one believes that there is no truth out there waiting to be discovered, then what is valid? If one believes that what is called reality is partial, situated, constructed, ever changing, and multiple, how can there be consensus over truth statements? If one's concern is how individual women make meaning in interactions, how can one generalize from one woman to another or from one group of women to another?

As discussed in Chapter 4, some researchers try to address both reflexivity and adequacy by careful documentation of the methods used. For example, the use of a reflexive journal may be one way to warrant findings in an interpretive study.

Methodological ways of demonstrating adequacy also include sampling strategies, different versions of the coding schemes, documenting the range of variation and attempting to account for variety in the findings, documenting and making explicit how the research was designed and conducted, explaining how data collection and analysis fit the research question, how conclusions were drawn, how levels of conceptual analysis grew, descriptions of mistakes made as well as successful and unsuccessful relationships with participants, and discussion of problems and how they were dealt with (DeVault, 1991; Huberman & Miles, 1994; Miller & Crabtree, 1994; Warren, 1988).

There are those who criticize methodological demonstrations of adequacy and the illusion of technique (Ashmore, 1985; Barrett, 1988; Latour, 1988). Even opponents to the notion of hard-and-fast rules of rigor acknowledge that we need to ensure trustworthiness by recognizing the dangers of unquestioning acceptance of methodological techniques, such as validation strategies (Sandelowski, 1993). I position myself as one who needs to demonstrate adequacy in my research process. I attempt to do so through adherence to the criteria for adequacy for feminist researchers (Hall & Stevens, 1991) cited in Chapter 4, as well as demonstrating and documenting as fully as I can how I conducted myself during the research process, related to participants, used multiple methods of data collection and analysis, sought multiple voices to tell women's stories, and reflected on my role in the creation of meaning and interpretation of stories. These procedures make the most sense in terms of who I am as a postmodern feminist nurse researcher. I will demonstrate my attempts at achieving adequacy throughout the remainder of this chapter.

Multi-Methods and Multiple Data Sources

As Guba and Lincoln (1989) noted, studying anything in one way will preclude understanding it in another. The advantage to studying a given process from as many

angles as possible is to achieve the greatest possible number of understandings of the data. Morgan (1983) recommends conscious pluralism in research in order to generate complementary and contradictory insights. Multi-method interviewing and participant observation give complexity and depth to the reading. Interviewing permits the researcher to focus on the identity shared by a particular group of people, while participant observation allows the researcher to observe interaction and to build an interactionist analysis of social life (Kleinman, Stenross, & McMahon, 1994). Participant observation enables the researcher to discover the meaning in social action and interaction, and the open-ended interview provides a reflective stance that can give depth to a person's activities. Sometimes criticized for being "performances," self-reports nevertheless can be occasions for observing how people position and arrange themselves in relation to their experiences and provide moments when persons reflexively find meaning in relation to their lived experiences (Neuman, 1990). Focus group interviewing presents the opportunity to gather information that develops from interactions among the group participants (Krueger, 1988; Morgan, 1988). Discourse analysis, or analysis of the cultural texts and institutions that shape people's interpretations and definitions of the situation (what Agger, [1992] calls "radical or critical cultural studies," [p. 8]), was another method I used to understand the social worlds of the women participating in the study. In this dissertation, therefore, I utilized multiple methods, including in-depth, one-to-one interviewing, participant observation, focused group interviewing, informal interviews, and discourse analysis (Gavey, 1989; Hollway, 1989; Potter & Wetherell, 1987).

Processes and Methods of Data Collection

I write this section heading with trepidation, fearing that by discussing data collection and analysis in separate sections I will undercut the actual procedures that took place, the

movement back and forth from interviewing/participant observation/immersion in the social worlds of the participants to the analyzing, stewing, mulling, leaps of joy, "ahas," triumphant discoveries, and sinking into a morass of overwhelming piles of data and feelings of never being able to figure out anything that characterized this research act. The paths of the craft and art of qualitative, naturalistic, reflexive research resemble overlapping spiral staircases. Maneuvering my way on these staircases I pursued the ups and downs, and tos and fros of the mutually informative activities of data collection and data analysis simultaneously and intensely.

An attitude and practice of constant comparison marked the data collection/data analysis activities. During an interview I constantly checked analyses and hunches from prior interviews. Sitting in the car after an interview, I might tape record a note to myself, "Compare this with 06," or "This is completely a reversal of what she said during the postpartum interview--how did it happen and what does it mean to her?" or "Is this another way of conceptualizing identity, a broadening of the concept, or is this a whole new concept for which I need to look back over the transcripts? Is this something I missed, or something that was never there?"

Because of the variations among women's reentry timing, I continued to interview and follow-up analytical hunches well into the writing phase of the dissertation project, during which I was still constantly going back and forth from solitary musings and analysis to intersubjective data collection and comparison, to making meaning with the research participants. Only the scribbles and journal fragments from my memos and reflexive journal really capture the immediacy of this project, so I include some of them in the following discussion.

I will describe the data collection processes and procedures and then the analysis processes. I will also describe the methods of data collection as if they were discreet, although in fact, they were also intermixed, mutually informative, and overlapping. Observations of time, setting, media influences, and interactions occurred during interviews; interviewing and discourse analysis occurred during participant observation; and observation of interactions occurred during media presentations.

Individual Interviews

> Interviewing is rather like a marriage: everybody knows what it is, an awful lot of people do it, and yet behind each closed front door there is a world of secrets.
>
> Ann Oakley, 1981

Interview Structures and Processes

Unstructured, one-to-one, ethnographic interviewing was one mode of data collection for this research. Called by some "conversations with a purpose," the unstructured interview is recognized as a source for rich and complex material, an opportunity for a discussion or an exchange between the researcher and the participant, and a reciprocal and reflexive process of discovery (Burgess, 1984; Hammersley & Atkinson, 1989). Interviews are data sources for studying identities and the ways in which people use their experiences, relationships, and identities to construct their subjectivities. They are a particularly useful method for finding out how participants reconstruct their identities during times of transition (Charmaz, 1991), how central an identity is to a person's life (Stenross & Kleinman, 1990), and how nonpresent others maintain or challenge participants' identity claims (Kleinman, Stenross & McMahon, 1994). For someone like myself who is asking such questions as, "What are your experiences as you become a new mother and return to your career?" interviews are an ideal method for finding out how

women interpret and handle the multiple transitions from career woman to new mother to reentry career woman/mother.

Developing Interviewing Styles

Starting with the pilot study of 1991, I gradually developed styles of interviewing with which I could feel comfortable eliciting data and probing for meaning while allowing women to tell their stories in their own ways. Learning the art of interviewing took a long and painful time. There was definitely a balancing act between my early drive to find out what I wanted to know, to let the women's stories just flow, or to try to participate in a back and forth conversation of questioning, clarifying, listening, analyzing, and comparing. My memos and reflexive journal during the pilot study recount agonizing periods of self-doubt. I remember crying out as I listened back to tapes, "How could you be so stupid?" "Why didn't you follow up her lead?" "Why didn't you ask her what she meant?"

The intensity of focus required to listen, pay attention to what was being said, follow up leads, and elaborate on glossed over meanings took a great deal of energy. It finally dawned on me as the interviewing progressed that I needed to bring to the interviews some of the skills I had developed as a midwife, which include letting things happen naturally while closely attending to what was going on; being in the moment, but looking ahead to what might come next; and maintaining a deep faith and belief in the power of women to do the work that needed to be done. I found in discussing and analyzing with the participants a way of being with them, as they verbally birthed their ideas about the internal processes of becoming mothers and reentering their careers.

Interview guides. I developed three interview guides for the three different phases of the interviews (see Appendix E), which I needed to follow quite closely at first. As analysis progressed and I developed my interview skills, I relied on these guides less and

less, sometimes only glancing at them at the end of the interview to see if I was covering at least some of the issues for comparison with other interviews. Wanting to conduct the interview more naturally as a conversation, I tried to put as much specific questioning as possible into the three different demographic questionnaires (see Appendix F) I developed for the three phases of the interviews.

Cycles and phases. My interview styles went through cycles and phases. During the pilot interviews my questions were focused on how things were going, what the woman was doing and feeling, and making comparisons with her previous interviews ("When you were pregnant you told me your career was your life; how do you feel about your career now?"). For follow-up interviews with a particular woman I would review the transcript of her last interview so I could ask if things were going as she had planned or predicted and have a frame of reference for where she had been at a point in time. During the middle phases of data collection I alternately asked questions based on developing analytical lines with a very general, "Can you tell me about your life now that you are home with your baby?" During the last interviews I was asking very specific theoretical questions and checking out my emergent analyses.

Glossed over meanings. One problem I confronted in interviewing women like myself, with whom I shared some "insider" status, was that the women felt because we shared common experiences ("being a mother with a career") that I would completely understand the meanings they assigned to certain phrases. Strauss and Corbin (1990) warn interviewers of the dangers of glossing over meanings and urge validating possible meanings during interactions with participants. Since I did not want to put my interpretation on their words without trying to completely understand their words from their perspective, I attempted to get the women to explicate their meanings of commonly

understood phrases. Sometimes I felt like an idiot saying, "Well, what do you mean when you say you're a feminist?" "When you say 'nanny' what does that mean?" as I tried to understand their words in the context of their worlds.

While each interview was unique, there were some questions I asked nearly every time. They were: "How can health care providers, like myself, be more helpful to you during this time?" "How was the interview process for you; were there any questions I didn't ask or things we didn't talk about that you would like to talk about?" "How was it talking to me; is there anything I could do differently to make you more comfortable or to make the conversation flow more easily?"

Procedure

Generally a prospective participant would call me and tell me she had heard about my study from a friend or a professional. I would explain briefly my purpose in the study (to find out the experiences of career-committed mothers who had become/were becoming new mothers and were returning to their careers postpartum). We would talk on the phone about the study, and the woman would start telling me her story. I would listen and jot down a few notes, but I also would ask her to wait until after she had signed the Informed Consent and become a participant. We would then arrange a date for a meeting. Since the date of the planned interview was generally made 1 to 2 weeks after the phone call, I would mail her the demographic questionnaire, a description of the study and two copies of the Informed Consent form so she would have a chance to read and fill them out before the interview started.

Locations. All individual interviews took place in the participants' homes, except for some interviews which were done over the phone because of the participant's location (East Coast or Southern California); because of the baby's or participant's illness; because

of scheduling difficulties; or, in one case, because of my illness. All of the interviews were audiotaped. No one ever commented on being inhibited by the presence of the tape recorder. The interviews lasted between 45 minutes to 2 hours.

In the face-to-face interviews, the women invited me in, showed me their homes and their babies, and introduced me to any partners, relatives, or roommates who might be present. Everyone I spoke to offered drinks or refreshments (although in many cases, especially the very early postpartum interviews, I insisted on bringing something for them to eat). I would ask to go over the Informed Consent form and answer any questions, collect the demographic questionnaire, ask again if it would be all right to tape record the session, and then start with a general question, such as, "How are things since the last time we spoke?" This general opening was often enough to set the women off telling me their story of the events in their lives in the order they chose. Sometimes (especially if this was a first visit) I would prompt this by asking a woman to start with the decision to become pregnant, or what happened when she found out she was pregnant, or ask her how she got into her career and let her tell of events since that time.

Women telling their stories. The women's stories were not always chronological, but often skipped around, moving back and forth between past, future, and present, in a manner similar to my data collection/analyses. It was my responsibility to follow threads and not lose the meaning of the story to the woman, while keeping my sights on following up information or moods that I wanted to capture. Many of the participants expressed concern that they might be rambling too much, or that I might not be "getting what you need." These women's concern for me in their participation was touching and really helped keep me going. Other women were intent on telling their stories and evaded any attempt on my part to direct the conversation back to the research subject. In these

instances, I learned just to go with the flow. Many times, when I'd be saying to myself, "Oh, Goddess, what am I doing here?" a participant would suddenly say the most poignant or soul searching remark cogently linking what I had thought was a lengthy digression with how she got to where she was today. This also let me in on her meaning making process.

Comparing and contrasting. Many women wanted to know how their feelings matched those of other women and they asked me questions about how other women were responding as well as telling me their feelings and experiences. Because of my personal and professional experiences as mother and midwife, I was asked a lot of questions about babies, child-care resources, postpartum recovery, sex, and breastfeeding/pumping. Women wanted some reassurance that their actions, reactions, interactions, and feelings were OK or "normal." Many women compared themselves with stories about their friends; images of mothers on the talk shows, sit-coms, and books; other new mothers they had observed; their own mothers; and an imaginary, idealized "good mother." Thus in some of the interviews I learned not only about how things were for the woman I was speaking to, but also her interpretations of how things were for her friends or other women, and how she compared her meanings, experiences, and interactions to those of other women.

Interactions During the Interviews

The interview sessions were also opportunities to observe the women's interactions with their babies, their paid child-care providers, their relatives, and their partners. Thus I could observe what I came to call relationship negotiations, recording the conversations and viewing the situation firsthand. If possible, following each interaction, I would ask the woman to reflect for me what she felt and thought had just transpired.

Babies. Very often babies were present at the interviews. Sometimes the mother and I would take turns holding the baby, soothing a crying baby, walking or entertaining a bored baby. This gave me the opportunity to admire the babies, to talk with the mother about baby's development, and observe the joy, delight, concern, impatience, and alternation of these emotions and moods that the women went through while being interviewed and caring for their child simultaneously. Once again I was reminded how much of the artificiality of being interviewed and observed constructed the activities of the interviewee. Conversation directed at the baby was recorded and coded "MomBaby." After the interview I made notations on the loving stares, focusing comments, and interactions between the mothers and their children.

Child-care providers. Sometime child-care providers were present (paid employees or the woman's sister, mother, or mother-in-law) so that I was able to observe these relationship negotiations, too: how the woman related to the person who was caring for her child, if the woman was having difficulty with a dominating mother-in-law or feeling cowed by an authoritative child-care provider. Not only did the women tell me their feelings about these relationships, but I was able to see firsthand how these interactions went.

Partners. In about 25% of the interviews the woman's partner was present in the home. During the interviews partners many times were asked to keep the baby entertained, but the baby kept winding up in the room with the woman and me. Other times partners would talk on the phone or try to watch television in the room where we were clearly interviewing and tape recording. It was a reminder for me once again of how invisible women's work can be!

During one interview held at one month postpartum, the woman had been describing to me how she and her partner had planned that this was the day he would come home from work early and give her some time for herself. When the husband did come home, although the baby was awake and fussy, the husband walked in and told us he needed to go for a run before he would watch the baby. I watched the woman's face crumble with disappointment. This happened early in data collection, and it formed the basis of a large accumulation of data about women's disappointment in their partner's participation as equal parents, and the dissonance between expectations and real life practices.

Ending the Interviews/Post-Interview Procedures

I concluded the interview with an invitation for participants to call or write me if they thought of something they hadn't said, and a request for permission for me to call them back to follow up any questions that I had after reading the transcript. If it was a prenatal or postpartum mothering interview, I made arrangements to come back. Finally, I invited them to phone me if they needed someone to talk to right before going back or at anytime in the reentry period. Before I left I asked participants if they wanted to look at their transcripts. I shouldn't have been surprised that many women did not; they felt they didn't have the time.

When I got back to my car, I recorded observational and interactional data on the same tape as the interview. I would also make comments in my reflexive journal, which I always had with me, especially about aspects of the interview or the woman's situation that particularly moved me. I also critiqued myself as interviewer, questioning myself about my interests in the research and in each woman as an individual, not just as a producer of comparative data. During December 1993 and January 1994, my reflexive journal was especially brimming with my own emotions, as I suffered through a two month depression.

I was doing a lot of interviewing at the time; in fact, the only time I felt "there" was during the interviews!

Focus Groups

Focused group interviewing was another method of data collection in this project. As with individual interviewing, participant observation, and discourse analysis, I preceded data collection in the focus group by keeping in mind my two basic research questions: "What are the experiences of career-committed mothers as they become new mothers and reenter their careers?" and "How do the women in this study make meaning of their experiences?" Then I explored the focus group method as a way of obtaining this information from a different perspective.

Structures and Processes

Focus group interviewing represents an opportunity for data collection that allows the researcher to see interactions between participants and to use that group interaction to arrive at richer and more complex data (Morgan, 1988). Group interviews offer another perspective on the research questions that would not be possible to obtain from individual interviews. In a focus group, the participants are individuals who share a certain situation or experience, and the interview focuses on their subjective interpretations of these experiences to ascertain their "definitions of the situation" (Blumer, 1969). Originally developed for communications research and propaganda analysis (Merton, Fiske, & Kendall, 1956), the focus group has been widely used in marketing research. It is now gaining stature as a research method in nursing, sociology, and health policy planning and program evaluation (DeJoseph, Norbeck, Smith & Miller, 1994; Kingry, Tiedje, & Friedman, 1990; Krueger, 1988; Morgan & Spanish, 1984; Nyamathi & Shuler, 1990; Rossi & Freeman, 1989).

Facilitator

As with the in-depth, one-to-one interview technique, the interviewer or focus group facilitator is the research instrument or tool (Lipson, 1989). The role of the facilitator varies depending on the purpose of the group. However, in any focus group the facilitator's role is to encourage free discussion by all group members with her attentive behavior, accepting facial gestures, and verbal encouragement. Focus group proponents hold that given a permissive environment, open-ended questions, and an accepting facilitator, group members will disclose personal feelings, emotions, and responses that might not come out in one-to-one interviews (Folch-Lyon & Trost, 1981).

Focus Group/January 1991

While still in the pilot stage of this project I facilitated a focus group in which the purpose was to gain a greater understanding of the collective understandings of a group of new mothers who regularly met once a week to discuss their concerns. With this group, I had no role in selecting who would participate, but only asked to be present at a meeting of this group of eight women, one of whom was also an individual interview participant. My informant went to her group, described me and my research, and asked permission from the group to have me attend the next session at which they would discuss finding child care and managing the return to the workplace.

It is normally the responsibility of the facilitator to promote a productive group environment, one in which the participants can feel free to express their views without fear of censure; as this was an ongoing group, the participants already were comfortable speaking to each other. I simply needed to be open and receptive to what was taking place. In that respect, this group experience resembled a combination of participant observation and interviews, and permitted me the unique opportunity to see how peer

pressure could be another method of "normative discourse" for the participants (Greenbaum, 1988).

So while I had developed an interview guide (see Appendix G) to loosely direct the group, the women in the first group spoke freely with little direction from me. However, I did need to probe occasionally to uncover meanings that could have been glossed over as something an insider (a nurse-midwife and mother) would understand. I used two tape-recorders, which I placed at either end of the large, sunny living room. I brought refreshments, which were served during the session. All the women sat on the floor holding their babies, whose ages ranged from 2 weeks to 3 months.

Before the session started, my informant, Gwen, drove up in a state of despair. She was weeping because she had just been called to pick up her baby at her child-care provider's home. The provider, whom Gwen was trying out that day, said that Gwen's baby demanded to be held all the time and that the provider just couldn't do that (she had two other infants). She told Gwen that she was spoiling her 3 month old baby and that Gwen and her husband had better stop picking her up every time she cried. Gwen was horribly upset, because this was the child-care provider she had hoped was going to work (three other arrangements had fallen through) and she was planning her return to a demanding profession in ten days. The other group participants spontaneously started to speak about their own concerns, for example, when they were returning to work, whether they had found child care, and the difficulties they were encountering. This informal beginning to the session was helpful to me in seeing the women in action before the formal session began.

I then took the opportunity to formally begin the session by introducing myself and going over the goals of my study, which I stated were to learn from the participants in

their own words their understandings of the experiences of having a baby, becoming a mother, and returning to their careers. The women all signed Informed Consent forms and gave me their permission to record the session. I asked them to introduce themselves and to tell me how old their babies were, what they did before the birth, how long they were taking off work, if they were returning to their careers, and how they were feeling. I also added that there were no right or wrong answers, and that I was seeking a range of variation.

Post-Focus Group Procedures

Following the focus group, I made detailed field notes, including observational notes, theoretical notes, and personal notes (Schatzman & Strauss, 1973). The field notes included information about the participants, demographic and personal qualities, as well as themes or subthemes that my questions or group interaction spontaneously brought up. I also immediately began making comparisons between the individual interviews I had conducted and the focus group interviews, comparisons among the focus group participants, and the similarities and differences between the group interactions and the individual interviews.

Focus Group Insights

This focus group was very helpful to me. I used the results of that group to identify concepts and to verify findings from the individual interviews, as well as to develop new lines of questioning for further data collection/analysis. In addition, it allowed me to see how women created meanings for themselves through group interaction with other women experiencing similar dilemmas, and how new mothers chose different positions counter to or in concert with the dominant discourses for being a "good mother" (Gavey, 1989; Henriques, Hollway, Urwin, Venn & Walkerdine, 1984; Weedon, 1987).

Participant Observation

Participant observation is a method of data collection identified with ethnography (Agar, 1980) and has a history in nursing research extending back at least as far as Byerly's (1969) study of nurse researchers in nursing settings. Bogdan and Taylor (1975) described participant observation as a field strategy that includes document analysis, direct participation in and observation of the ongoing life of the participants, and introspection. In this study I used participant observation in ongoing support groups for new mothers, classes for new mothers and expectant parents, and settings where new mothers and pregnant women gathered (lactation and education centers, bulletin boards advertising baby products and child-care services, parks, and in my office where pregnant and new mothers came for pre- and postnatal appointments).

For my purposes, I used participant observation as a method through which to see expectant women and new mothers in interaction with each other, their babies, their partners and parents, and professionals. It was another way of viewing how women shaped their lives and created meanings for themselves as new mothers and as reentry women through interaction.

Structures and Processes

In all of the different support and educational groups I attended, I first sought permission from the group leader or teacher and asked her to introduce my research to her group and request their permission for me to attend. After obtaining permission, I would present at the group and introduce myself as a mother, nurse-midwife, and researcher who was interested in how pregnant women and new mothers were handling the transition to new motherhood and transition back to the workplace. I asked permission to be present as an observer and to record the sessions. After that, I

participated only minimally, unless asked my professional opinion or personal experience with some facet under discussion. Mainly I observed how women interacted with one another and with their own and each others' babies.

Sites

Among the groups I attended were a meeting at a child-care resource center, Project Care for Children, in Marin County; a formal session on "Combining Parenthood and Career" at the University of California's Great Expectation Series; and at the California Pacific Medical Center (CPMC), where I attended groups at both the California and Pacific Campuses--a prenatal session on postpartum and breastfeeding, a class entitled "Combining Work and Breastfeeding;" and three new mothers' support groups (infants 0-6 months), one which was described as an "open discussion," one on "Emotional Adjustment to Becoming a Mother," and one on "Work Time Options."

I hung out at bulletin boards at CPMC's Perinatal Education and Lactation Center and at the Parent's Place, both resource centers in San Francisco. I also frequented the parenting library and breast pump rental room at CPMC, and public parks in San Francisco, the East Bay, and Marin. (Most of the women I met in the parks were nannies, au-pairs, and other child-care providers.) At these places, I both listened to what women were saying to each other and I engaged in informal interviews, or quick chats, such as, "Looking for child care?" "When are you going back to work?" I also informally interviewed many of the pregnant women and new mothers I saw in my midwifery practice with the same types of questions.

Post-Group Participant Observation Activities

After attending the group sessions I would go to my car or a near-by cafe to make field notes. I noted participant characteristics, such as ages, ethnicity, professions, ages of

babies, presence or absence of a leader, spontaneity of questions and discussion versus structured meeting imposed by a group facilitator, a description of the setting, temporal context, a description of the non-verbal behaviors observed, types of emotions expressed, and interactions observed between women or between mothers and babies.

I had the recordings of the meetings transcribed and I coded them as I would the individual interviews and focus group interviews. I also wrote up summary statements on the transcripts. Data from these groups then included any printed material handed out during the sessions, transcriptions, field notes, memos, and summary statements.

Discourse Analysis

One of the advantages of discourse analysis is that the data are everywhere--in conversations, on television, in the newspapers, in advertisements. One of the disadvantages of this method, however, is that there is no definition of what discourse analysis is. It is used in many disciplines and with a dizzying number of theoretical perspectives. It is a field in which it is possible to read two books on the subject and find no overlap in content (Potter & Wetherall, 1987).

In this study I will use the term discourse analysis to mean a method of studying the social discourses that provide subject positions and that reproduce or challenge existing gender relations (Gavey, 1989). In many ways this discourse analysis is similar to what Denzin (1989a) calls interpretive cultural studies, "the problematic lived experiences shaped by culture making institutions . . . of a society and their productions of meaning" (p. 140), and what Agger calls postmodern discourse theory or feminist postmodern critical theory (Agger, 1993; 1990).

A postmodern/poststructural approach to a text (book, media, document, conversation, or film) is to view it as an interpretive site of various discourses in the social,

cultural, and historical background of the authors or creators who are seen as reproducers of discourse (Barthes, 1987; Foucault, 1979). There are many different readings that are possible for any given text, and the researcher as well as the participants construct these readings anew every time they view the text.

I examined, co-created the meanings, and analyzed the data from movies, videos, magazines, newspaper articles, books, plays and performances, television shows, and critiques of the foregoing in both academic and popular publications. I compared and contrasted what I was seeing and hearing in these discourses with what I was gathering and analyzing from the other data sources. I looked to see how these discourses were shaping new mother's practices and identities (what Weedon [1987] called subjectivities or subject positions) and how mothers were resisting or acquiescing to these images, how they found themselves in concert with or in contrast to media representations of "mother," or "career woman," or "working mother."

My questions of these documents or texts included: "Is this an example of normalizing discourse?" and "How are discourses changing over time?" My questions of the women's discourses (including interviews) then became "How has this woman or this group of women been influenced by expert discourses and media images and representations?" "Is this woman's statement an example of resistance and challenge to the normative discourse?" In circular fashion, then, popular and expert discourses were analyzed and coded, and compared and contrasted with each other, and with the women's discourses.

I was directed by the participants to some of the popular and expert discourses I analyzed. I would ask the women what they were watching on television and what they were reading, or note the books on shelves or tables in their homes. Some of the

participants lent me books they felt influenced them, or that they felt validated their ways of mothering (in many areas, such as child care, sleeping arrangements, returning to work at a certain time), or, conversely, were causing them difficulty because the representations in the book contrasted with what they were doing.

> Karen: You know there was this book written that I really liked. . . . It wasn't scientific in any way, but it really made me feel like I was normal; and it was written by this woman whose only experience was that she was a writer and she was pregnant. . . . So she interviewed these five couples through pregnancy and the first postpartum year, all very different, all different backgrounds and economic levels, and it was very readable, I really enjoyed it. I felt like part of these peoples' lives. I really identified with Maria.

Documentation

Field Notes

All individual interviews, focused group interviews, and group discussions at educational meetings and support groups were audiotaped. After each interview or observation, I either taped myself speaking or made written field notes as quickly as possible. Sometimes, I would go straight from the interview to work or class, and there would be a delay of 2 to 6 hours before I could write up the field notes, but I always made some comments into the tape recorder of my impressions of the interview, setting, emotional mood, participants, and interactions. During group observations, I would frequently jot down notes, worried that the tape recorder might fail to pick up low voices, and knowing that I might not remember everything.

I also would jot down my "ahas," those sudden breakthroughs of insight into what was being said. For example, at one new mothers' support group, the discussion centered on what bothered the mothers most. The subject of getting the baby to sleep through the night occupied a large amount of time. I had also heard this issue mentioned repeatedly throughout the individual interviews. My note of that day reads:

> Although I've been hearing comments like this all throughout the interviews, I didn't get it, what the balancing act completely encompassed. It's not just balancing or juggling demands of career and demands of family (the managing of practicalities and shifting identities)--it's balancing self-interest and self-protection and protecting the not-really known, but perceived interests of the child (September, 1993).

Transcription

I personally transcribed the first 5 sets of three interviews, the focus group, and all the new mother support groups and meetings. The transcription process and time commitment were great, about 5 to 8 hours of transcription time to every 1 hour of interview time. Even though I am a rapid typist and I had a Dictaphone style playback device with foot pedal and head set, I felt I would be unable to finish my dissertation if I continued to transcribe the interviews myself. So for the remainder of the transcriptions I listened to the tapes as soon after the interviews as possible, made notes and summary statements of the interview, and then sent it out to be transcribed on a Macintosh Computer diskette using Microsoft Word.

Two transcriptionists worked on this data, both of whom were quite interested in the research questions and process. Kathy was a new mother herself, someone who had quit her high pressure job as an administrative assistant after the birth of her daughter and had started a transcription business in her home. Lucy, my step-daughter, was a graduate student in communications at a local university and had written her graduate thesis on the portrayal of women on television. Both of these women would send little notes to me about how moved they were by the interviews, or the insights that they had on their own lives in contrast to or in concert with what they were transcribing. My interactions with these women and their interactions and interpretation of the data also became data. They also gave me feedback on conceptual and theoretical saturation.

Phone Conversation 10/93

> SM: I will probably be doing seven interviews this week, but I know you've got a lot of school work, so how many do you think you want to do?
>
> T: I don't want to do anymore of those postpartum interviews. I'm kind of getting bored now. They're all saying the same things.

Note in envelope with diskette and tape from interview with participant 34, 12/93:

> [T]his is really a hot interview, she really hit on all of your topics. If you had interviewed her first, you could have just built everything off her interview.

After receiving the diskette from the transcriptionists, I would again listen to the tape while reading the transcript on the computer screen, and I would add to it any emphasis, pauses, inflections, tears, or technical terms that the transcriptionist could not know. I was able to get this material both from my memory and from my field notes and summary statements. One telephone interview (12) was barely audible due to a defective telephone recording device. Fortunately I had listened to the tape immediately afterwards, so I transcribed that one while it was still recollectable. Near the end of the study I transcribed the comparative interviews with the jazz musicians, actors, and writers who talked to me about improvisation in their respective fields.

Summary Statements

I kept two sets of summary statements. The first set was a summary of what took place during the interview and was filed with my field notes. The second set I recorded while listening to and augmenting the transcripts. These summary statements were analytical in that I recorded in them coding impressions, concepts, categories, and theoretical notes. Towards the end of the data collection/analysis process I just noted where examples of different processes and core categories could be found:

From Summary Statement #33, Postpartum at home 11/93

p. 4, lines - negotiating relationships--with mother and with work and with husband and with mother-in-law

p. 4, lines - comparing with how she grew up and how her husband grew up (compare also with 06 and 23 whose husbands wanted them to go back to work).

Memos

During the S214 A & B (fieldwork course with Dr. Adele Clarke) and four quarters of S214 C series (qualitative analysis course with Dr. Anselm Strauss) at the University of California, San Francisco, I was trained to memo on everything. In 214 A & B, Dr. Clarke would have the students write different types of memos for practice, and encouraged the habit of memoing. I used memos for many different purposes during the data collection/analysis/interpretation process: I wrote memos analytically from the theoretical notes (TN) in my field notes; I wrote reflective memos on the conceptualizations of the data as well as memos on ethical issues. There were also coding memos, process memos, temporal, spatial, and emotional memos. I developed more fully conceptualized analytic memos out of these lower level memos, documented the links between concepts and categories, and identified central processes. These memos were the building blocks of the analysis, an audit trail and a way of writing up the findings (Glaser & Strauss, 1978; Guba & Lincoln, 1985; Schatzman & Strauss, 1973).

Reflexive Journal

My reflexive journal was a medium-sized, loose-leafed, "day runner" from which I removed all the formal sections and filled with lined and unlined paper. I carried this with me everywhere I went to note what I saw around me that related to my research (nearly everything) and my thoughts, feelings, and emotions as a co-creator of meaning, interaction, and interpretation in the research process. I sketched diagrams of interactions

and of conceptions of the developing story. This journal was the repository of my emotional responses to what happened during interviews, as well as a self-critique of my emergent researcher identity. Since at least a part of each interview dealt with the painful process the women were experiencing of self-discovery and becoming, creating, improvising, and taking on new identities, I needed to express my own feelings of discomfort and pain in sharing this process with the participants while experiencing it myself.

Reflexivity--My Transformation As Researcher

As I studied and recorded the women's transitions and transformations, then, I also studied and recorded my own. My growth and development as a feminist qualitative nursing researcher after years of competence as a clinician in many ways mirrored the trajectories of the study participants--women who found themselves in transition from a long-term career, in which they had gained mastery and competence, to a difficult, bewildering, and emotionally charged new identity in which they were novices. We were all in the process of improvising new identities; they were becoming mothers and transformed career persons, and I was growing into my "researcher identity" (Kleinman, Stenross, & McMahon, 1994, p. 39).

In "On Becoming A Social Scientist," Reinharz (1984) discussed how learning occurs on three levels during a research project: that of the problem, that of the method, and that of the person. In other words, the researcher learns about herself as well as the subject matter and the research process. I hope that I have demonstrated what I have learned about the subject matter and how to conduct research. I would like now to describe briefly some reflections on my transformation as a researcher and then conclude with some reflections on the role of reciprocity in this study.

Because I was studying identity transformation in women much like myself, it was impossible for me not to see some parallels between their transformations and my own. Like the participants, I was plunging into a new and unfamiliar identity, and, like them, I had to commit a priori to institutional requirements (as determined by the Committee on Human Research) and course requirements that might not reflect how I would really feel or what I would really need to do once I got into the field. Like the participants, I had no idea what I was doing nor any idea who I was in negotiating this unfamiliar identity as qualitative researcher after years of competence and confidence in my role as midwife. Like the participants I had to commit to certain lines of action, for example, to decide how to organize and present my analysis, even if committing to one line of action foreclosed possibilities.

In addition, the guidelines for enacting the role of researcher, the malestream sociologists I read about in 214 A (Dean & Whyte, 1969; Goode & Hatt, 1952; Moser, 1958) ran counter to my feminist, nursing, and midwifery background and also to my goals in the research. For example, as a feminist and a midwife, I couldn't and didn't want to deny or parry requests for information (e.g., "We're not here to talk about me") when the participants asked me about my own experiences combining motherhood and career, or asked me questions about their episiotomy care or how to store milk pumped at work. As a feminist social constructionist, I needed to examine the social construction of the research process and saw that the interview process was a possible site for both oppression and resistance. In addition, this inequitable distribution of power in the relationship was a betrayal of my belief in the need to equalize power relations between the participants and myself as a recorder or collaborator in the research process. I couldn't function comfortably as a researcher by merely obtaining information. For me, there had to be

some reciprocity involved, some giving as well as getting (Acker, Barry, & Esseveld, 1983; Anderson, 1991; Wax, 1960).

Reciprocity

Thus this project became a reciprocal undertaking. The participants helped me both by providing data and permitting me to probe and elucidate feelings, emotions, and processes, but simultaneously they were helping birth me in my new researcher identity. In return, following the lead of feminist researchers (Campbell & Bunting, 1991; Oakley, 1980, 1986a; Shostak, 1989; Swanson-Kauffman, 1986), I offered myself to my participants. I dwelt at length on their birth stories (the hearing of which was not necessary to my study, but which they needed to tell), helping them to sort through what happened and assess how they did. I answered innumerable health related questions and provided postpartum lunches. But, most significantly, I was able, through the research process, to offer them a therapeutic listener (Thomas, 1987) and a supportive questioner.

> Diana: You know, it's been really helpful, even therapeutic, for you to be coming over and asking all these questions. It really makes me think.
>
> SM: Well, do you talk about these things with other people, other mothers or your husband?
>
> Diana: These questions aren't like the questions my friends ask, and when I'm talking to friends, mostly they're trying to reassure me that everything will work out, that everything is going to be ok. These are challenging questions, they help me to think, sort things out. There's some process going on. Where I feel it's ok to say anything and say how I'm really feeling, and sometimes I didn't know that's what I was feeling until we started talking.

Or as another woman put it:

> Bonnie: Because it's been very helpful for me just to <u>have</u> to talk to you. [The emphasis was on have, not "to have you to talk with," but "to <u>have to talk</u> to you!"]
>
> SM: How was it helpful?

Bonnie: Well, it forces . . . Not that I hadn't thought about them. But it forces you to kind of organize it and articulate it. And then, that's even better. And then when I talk to somebody else about it, I've already thought it through in a more clear way and I can express it better.

For many of the participants this was an emotional discussion, women cried as they spoke of their birth experiences, of their discoveries of the joys and despairs of being a mother, of difficult relationships with partners and parents, of unfulfilled needs and desires as they took on society, alone in their identity improvisations:

SM: Well, let me ask you just one last question and that was, what has it been like for you to answer these questions?

Caryn: Um . . . Oh, it's been fun. It's been memory . . . a little trip down memory lane. And it's helped me to be a little more clear about how I feel about all this. Just being . . . having to put it into words, you know, helps you kind of look at yourself and remember how you felt. [Talks to baby]. You know, I got tearful there . . . It does ah . . . It does stir up a lot of stuff that um . . . You know, emotions and all talking about it. But then, it's a very emotional subject, very emotional, yeah. It's just the most emotional thing I've ever been through definitely.

Ultimately, I found that this reciprocal process of give and take led to an incredible rapport with the participants, enhanced data collection, and my ability to relax and work with the women, without feeling as if I were only taking from them. We became women working together on a problem that we all shared and from the outcome of which we might all gain. Reflexively speaking, I cannot deny that my "gain" was the more immediate and acknowledge that in my role as researcher an ethical danger existed of manipulating the friendships I had created with the study participants.

Ethical Issues and Human Research Considerations

I received approval from the Committee on Human Research (CHR), University of California in November, 1990, and I renewed the approval annually through November of 1994 (see Appendix H). I followed all procedures for Informed Consent (see Appendix I) and can report that there were no complaints filed with the CHR.

Besides the formal issue of meeting CHR requirements, there were for me other ethical issues in this research project. Some of these, power issues, dangers of manipulating or coercing participants, fear of producing normative discourses, or of harming the women involved by having them look closely at their issues, have been described earlier in this and other chapters. As I noted in "Ethical Memos,"

> . . . Finally, an ethical issue exists about the ultimate use of the results of this kind of research. If the women express confusion, depression, or lack of allegiance to their careers after having a baby, could this be used as an argument against women's involvement in the workplace? Could the findings be used to launch a "Mommy Track" argument against hiring women for career positions that require ultra full-time involvement? Conversely, if the findings indicate some women who are more committed to spending time in the workplace than at home, might this material be used against them? It is frightening to think of the anti-woman interpretations that can come from a study in which women truly reveal the meanings of important issues in their lives. (Miller, 1990)

Personal Ethics

Of primary ethical and "human subject" concern to me was to be able to present the individual women's stories and our mutually constructed interpretations of those stories and their meanings in women's lives in as full and vivid detail as possible. I tried to recognize the individuality and self-determination of each of the participants as completely as possible, and not to damage the participants by flattening their accounts or their conceptions of themselves. Handling these ethical issues involved the choice of the research methodologies, my postmodern feminist and interpretive world views and assumptions, the use of "thick description" (Geertz, 1973, p. 20) in my write up of the findings, and my respect for the women who volunteered to participate.

Techniques for Maintaining and Respecting Confidentiality

Other issues of ethical and privacy concerns were dealt with by identifying all persons in transcripts, field notes, memos, and comments in my reflexive journal with code numbers only. For this dissertation I have chosen to present the women's voices through

pseudonyms rather than with the code numbers. The pseudonyms do not reflect anything about the different women's lives. While women felt comfortable with the use of pseudonyms, the majority were uncomfortable with having their careers attached to statements. Therefore, when the women mention a specific career I have chosen to use "[career]." Partners, babies, relatives, friends, professionals, child-care providers, pets, and places were referred to by initials. Participants in groups were already aware that they were speaking publicly and each group leader had already asked for confidentiality within the groups. Slides were taken of some interview participants, all of whom agreed that the slides could be shown at educational presentations. All transcripts, other documentation, and audiotapes were kept in locked file drawers.

Data Analysis

Data analysis in a constant comparative project begins with the first interview, the first slice of data. For me, data analysis began with the pilot study in 1991; it was still going on as I wrote this chapter, and continued throughout my research. The analysis has developed through the processes of open coding, theoretical coding, diagramming, memoing, and moving back and forth between and among the transcripts, memos, theoretical notes, observational notes, field notes, and reflexive diary. The analysis was not a solitary effort. Besides co-creating meaning and interpreting along with the participants, I engaged in group work with my classmates in S214 A & B and four quarters of S214 C. I also met twice monthly with Dr. Julie Corbin's analysis group and participated in weekly coding and analysis meetings with a small group of classmates. Codes, categories, processes, and provisional analyses grew upon each other in conceptual complexity until a coherent, relevant, fitting, and pleasing analysis emerged by late 1993 (Glaser, 1978).

I handed in a memo on the central processes to my advisors who urged me to "write it up now!" (personal communications, Dr. Adele Clarke and Dr. Jeanne DeJoseph, 1993).

I will attempt to capture the ongoing processes of the analysis which continued while I wrote this dissertation. Laurel Richardson described writing as a method of inquiry, a way of knowing, a method of discovery and analysis (Richardson, 1994), and I definitely found this to be true for me. By writing in my journal, writing memos, writing papers (Miller, 1992b,c,d) writing for presentations (Miller, 1991, 1992a, 1993), and writing for this dissertation, I was able to tell a story about the social world and meanings of career-committed new mothers' reentry experiences.

To remain loyal to my assumptions and the basic assumptions of social constructionism, symbolic interactionism, and postmodern feminist interpretive interactionism, I need to remind the reader of the very active role of the researcher in the construction of the analysis. I cannot naively assume that the analysis emerged by itself from the data (Charmaz, 1990). For example, by concentrating on identity and change in the data collection (not calling it identity at first, but asking "Who are you?" "Do you feel different?" even "How are things for you now?") I can't deny that I shaped the results. An early memo from the pilot study which was handed in to Dr. Clarke in 214 B came back with the comment, "You must be pushing these women to think a lot about who they were and who they are in relationship to their careers and their babies" (Clarke, personal communication, 1991). However, it is just as obvious, in reviewing the data, that certain concepts that "stuck" and became sensitizing concepts for data collection and analysis were present in the first interview (see "Natalie," below).

Open Coding

Open coding is a step in the research cycle that involves processes of "breaking

down, examining, comparing, conceptualizing, and categorizing data" (Strauss & Corbin, 1990, p. 61). The term refers to the analyst, who should remain as open as possible to the rich data in its raw form. While open coding may be performed in many ways, I began my coding in a line-by-line analysis of the first interview, questioning each line of the transcript. "What is she saying here?" "What is this line (or word or phrase) an example of?" I wrote down code names and brought in samples of transcripts and my codes to the 214 classes, learned to develop these codes (both in vivo and invented) into categories, and to dimensionalize these categories according to properties such as frequency, extent, intensity, and duration (Strauss & Corbin, 1990). Constant comparison of each incident of a category or code revealed more dimensions and properties.

Open coding of the very first interview uncovered certain concepts and conditions: time, identity, practicalities or logistics, uncertainty, anxiety, expectations versus reality, and relationships, all of which became early sensitizing concepts for the data collection and analysis. Here are some fragments from the first interview with Natalie that were coded as Time, Logistics, "I just don't know," Partners, Self-reliance, Dilemmas, and Dissonance:

> Natalie: I just really don't know what's going to happen. It's kind of a time in my life that's up in the air and really doubtful. Full of doubts and fears and things like that. There don't seem to be any real good solutions but I think everybody kind of puts the pieces of the puzzle together for themselves and I'll figure it out somehow.
>
> [. . .] Mothering? It means loving and nurturing and caring and caretaking, teaching. That sort of thing.
>
> SM: And how do you see that fitting into your life?
>
> Natalie: I see that I'm not going to have a lot of time for anything. But time seems to be a lot of priorities, you know. You have time for what you decide you have time for. And, I'll do the best I can. I really don't know. In some situations I just feel that all I can do is know that it's going to work out. Even when I don't know exactly how that's going to be. So I don't know how else to describe it because I just don't know. It's hard to say how it will work out.

[. . .] Because I feel . . . from day one I felt anxious about not having a partner. OK. And then somewhere in the second trimester, towards the end of the second trimester, that anxiety kind of subsided and with that subsiding came kind of a replacement of some anxiety about child care. What am I going to do about that? And how that's going to work out? And the logistics?

SM: You wouldn't be able to use it?

Natalie: Probably not. No, I'd say it's probably my biggest frustration right now is figuring out how to do this. There is no way that I have seen or have found or have heard of in our culture to easily integrate children into a working person's lifestyle. I just don't know. I mean there's lots of options but none of them are easy. None of them are convenient. None of them are very reasonable in price.

Once I coded these and other concepts and had found them repeatedly in the spontaneous utterances of the next few participants, I then looked carefully across all transcripts and began sorting the concepts and codes into categories. Then I went back to the field and began testing these categories by asking about them in subsequent interviews, looking for new properties and dimensions.

My experience with the open coding, in which the categories emerged early on, rapidly raised the level of coding and conceptualization to theoretical coding. This rapid change to more analytical thinking was suggested by Glaser (1978) as one of the benefits of constant comparative analysis.

Theoretical Coding

Different coding paradigms (ways of helping the researcher to think systematically about data and to link concepts together as categories) have been suggested by different qualitative methodologists (Glaser, 1978; Strauss & Corbin, 1990). Glaser listed 18 families of theoretical codes, and one of them "the 6 C's family--causes, contexts, contingencies, consequences, covariances and conditions"--which Glaser called the "bread and butter theoretical code" (1978, p. 74), became identified by nurse researchers as the principal theoretical coding scheme (Corbin, 1986a; Stern, 1985; Swanson, 1986). Strauss

and Corbin (1990) and Strauss (1987) suggested using a process-oriented paradigm of causal conditions, phenomenon, context, intervening conditions, action/interactional strategies, and consequences (Strauss & Corbin, 1990, p. 99).

My Coding Schemes

Glaser stated in both his 1978 and 1992 works that no single model should be selected for coding, as that might force the data into a "preconceived full conceptual description" (1992, p. 11). Instead coding paradigms should be seen as not mutually exclusive, nor should Glaser's list of 18 be considered exhaustive. Rather, the analyst should use overlapping coding schemes to get different takes on the data and make up her own coding schemes. This multiple approach to the data and coding process will render the analysis more complex. Among the coding schemes I used in this study to analytically elevate the codes above descriptive terms were Glaser's identity family, mainline family, cultural family, the 6 C's family, cutting point or turning point family, and a temporal process scheme (Glaser, 1978, pp. 74-81).

Diagramming

Diagramming was also an important method of coding and relating categories to each other to see linkages among them. For me, diagramming the major categories and looking for the ones that related to other categories (such as properties, conditions, strategies, or consequences) and placing all of these categories within a "conditional matrix--a diagram of interrelated conditions, action/interaction, and consequences" (Strauss & Corbin, 1990, p. 161) helped me to make order of the variety of categories I had developed and also to remain sensitive to the environmental influences on interaction.

Group Work

Another extremely useful analytical activity for me was participating in the qualitative

analysis training seminar with Dr. Strauss, and my work in two other groups (a weekly analysis group with 3-4 other students in which we each gave presentations and worked on each other's projects, and a bi-monthly meeting of 4-10 students under the leadership of Dr. Julie Corbin). Besides getting valuable input from the other students and the guidance of the group leaders, I had the opportunity to code and analyze other students' work. The only way to learn this method is to do it, and the groups "forced" me not only to be constantly on top of my own work, to be able to defend my leaps of conceptualization, to hone my presentation skills, but to be able to practice with other people's material, a far less threatening activity than to have to look at my own material.

I usually came away from these groups in a different frame of mind than when I was working alone, as I noted at the time.

> I can learn to do this work, and the way to learn is to do it with the support of others who are struggling with the same issues, or who have learned strategies for managing these issues. This work is not just going out and interviewing, analyzing, and observing on one's own, but sitting with other students and analyzing their work, learning the steps of generating theory, and internalizing the process. (Miller, Memo of 1993)

Data Management

I managed and ordered my analysis through a method of text sorting suggested by Morse (1991). In this system, using a Macintosh Computer and Microsoft Word program, I opened multiple "windows" or files on the screen simultaneously (I could usually work comfortably with about nine open screens) and was able to identify and categorize data identified through open coding as theoretical codes. I could search and retrieve text from a variety of transcripts and then place selected text pieces with code number, page number, and line number in a file heading of a specific code or codes. Then I would order the relationships between the categories and the conditional matrix via diagrams. I wrote up the findings by having the document I was working on opened on my desktop

computer, while referring to the memos, category, concept, and process folders I would open on my laptop.

The Analytical Pictures

Double Dutch Jump Rope

> The earliest analytical pictures, to my surprise, involved playground games!
>
> It seems to me that these women, holding their babies, are playing a very risky game of double Dutch jump rope. I see the women jumping, relying on the pace, cooperation, and speed of the turners (partners, family, friends, employers, society). Sometimes the turners are helpful, supportive, and pace the turns to the woman's needs. Other times they are spinning too fast and the woman feels out of control. For some women the pace is too slow. The jumper can't fall behind or she will "fall out"-- she needs to balance her pace and herself. There is some foregrounding and backgrounding, too, as one rope spins faster, another may spin more slowly. (Miller, memo, 1991)

Double See-Saws

The next diagram and leap of the analysis followed the completion of the pilot study. It grew from the prior analysis and from the work in the class with Dr. Clarke. In the class analysis activities we collectively had moved away from the double Dutch jump rope to a model of double seesaws (see Figure 1)--the see-saws representing two interrelated, interdependent processes, one being the "managing of practicalities" (finding child care, timing return to work, arranging schedule, finding clothes, pumping milk at the workplace, or while on the road) with the "shifting of identities" from career woman to new mother at home to new mother/career person. It was a remarkable bit of validation then to come home one day and find this message on my answering machine:

> You asked me to call you and tell you if things had changed, and I can report that it's the same. It's workable, and doable, but just. Any moment it can change, and I have no control over it. I don't know, it feels, it feels like . . . Do you remember when you were a little girl and you'd walk up and down the big wooden seesaws in the park, you'd get as far as you could to one side or the other and try to straddle the middle and make it work? Well, that's what it feels like, it's exhilarating and scary, fabulous when it works and scary when one

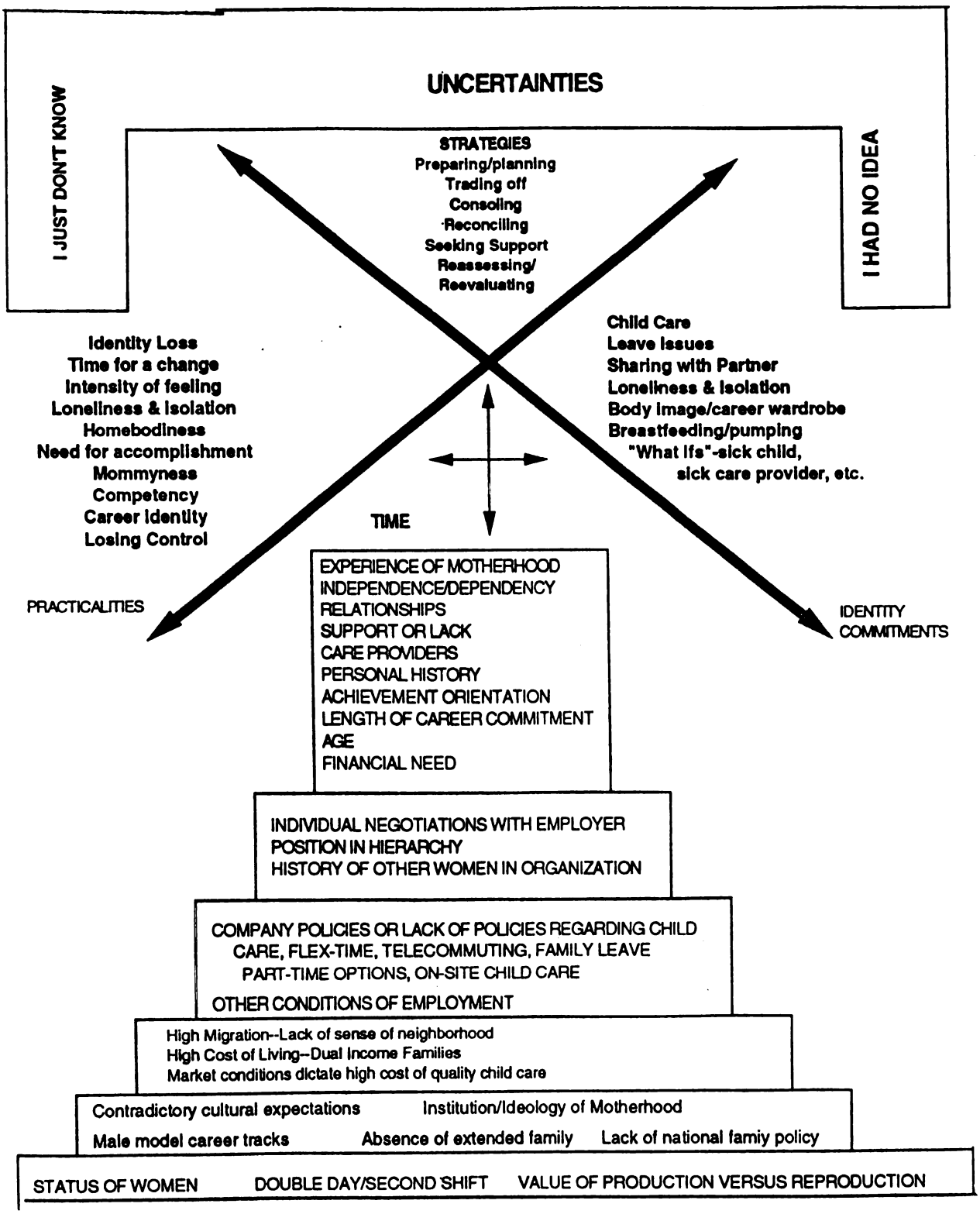

Figure 1. Double See Saws/Early Conceptualization

side goes flying up. You just never know when things are going to change. (Gwen, after reentry)

Analytical Progression

As each analytical leap was made, I needed to support it by going back to the data and seeing that the leaps did not violate the data, checking the analysis by going back to the participants, or trying it out with new participants. I also sought support and challenges to my analysis by presenting them to the research collaborators mentioned earlier in this chapter, to my classmates and small group members, and to women I knew with children and careers.

A further analytical leap came about one year later. I had put aside doing much analyzing or interviewing during the fall quarter of 1992 and the winter quarter of 1993 as I was taking course work and involved in other projects. However, I had stayed active in the Strauss analysis groups and returned at full gear in the spring of 1993 with my own work.

The Crystal Dreidel

The next conceptualization brought identity to the forefront of the process. I diagrammed a central process of integrating identities. As shown in Figure 2, the multifaceted, ever changing identities and self-conceptions of the women were represented by the image of a spinning multifaceted crystal dreidel (a top-like toy with which children play during Chanukah). The processes (spinning) took place along a trajectory or time-line to represent phases of pregnancy/postpartum/reentry.

> There was no doubt or argument from anyone in the class that the major process was about identity. Lots of suggestions for naming the process were tossed out--identity struggle, melding, transformation (sounds like it happens to the person without their active participation, these women are creating these identities within specific macro and micro conditions)--identity splitting, merging, conflict, transition, shifting, juggling/balancing, fusing, blending, construction/ reconstruction, identity integration/reintegration. I wanted to label this process something which would reflect the women's' active role in creation of their identities. Related to this process is surprise of intensity of

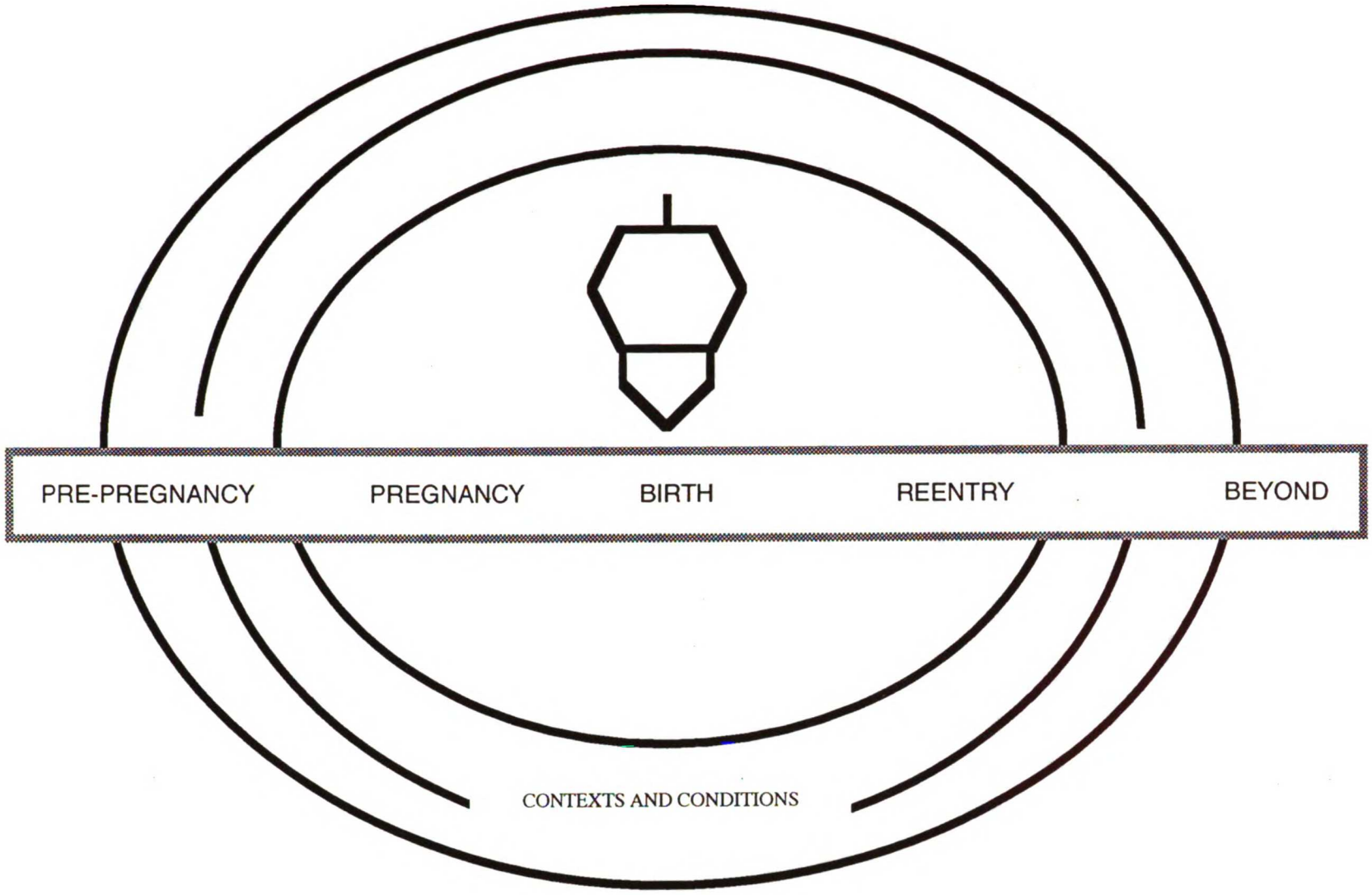

Figure 2. The Crystal Dreidel: Multiple Facets of Identity Moving Along a Trajectory

> emotions and lack of special supports so that woman has to be an active participant/creator of what happens. Reintegration implies a person goes back to old identity, this particular rupture changes things irreversibly and forever. So it's integration for now. (Analytical Memo 3/92.)

While I had elevated identity to a more central process in the analysis, I also had added the process of negotiating relationships. I had discovered the link between negotiating relationships and managing practicalities by opening myself up to how much the women wanted to talk about the lack or presence (both physical and emotional) of their partners, parents, friends, work colleagues, clients, and employers. It was the work in these relationships that enabled the managing of practicalities.

Influence of Identity Literature

After my presentation of the "crystal dreidel analysis" which foregrounded identity as the major process, Dr. Strauss gave me his copy of Masks and Mirrors (Strauss, 1969). While it was an important work for me to read to get a better understanding of one influential symbolic interactionist's perception of identity, I was also glad that I waited to read it until I had some clear understanding of the way the participants were conceptualizing their identities and their identity integrations. I continued with my interviewing and analysis until early 1994 when I read other literature on identity--Erikson's (1956) conceptualization of identity process, which is the basis for many sociological studies on identity; Stryker and Statham's (1980) examination of identity in relation to role; tests of Stryker's identity theory in the processes of parenting and mothering (Simon, 1992; Nuttbrock & Freudiger, 1991); as well as more current and postmodern conversations about multiple identities and fragmented identities (Gergen, 1991; Gottshalk, 1993; Kellner, 1992; Lash & Friedman, 1992; Marcus, 1992).

In early 1994 I finally read two classics of grounded theory studies of identity transformations, Charmaz (1973) and Orona (1990). Not surprisingly, I discovered in their

research processes, interactions, and concepts that I had discovered in my own research. Thus I had a context, a body of literature, and more comparisons with which to contrast/ compare and elaborate my growing conceptualizations and place my work. Reading the literature in this way, situating my study in relationship to similar studies, also was part of the analysis.

Improvising Identities/Negotiating Relationships/Managing Practicalities

The most recent incarnation of the processes of this study, as shown in Figure 3, is improvising identities supported by the major processes of negotiating relationships and managing practicalities, which are linked by different strategies. It is the work in relationships (creating, maintaining, altering) that women/mothers do that both provide the contexts and conditions for practicalities management; similarly, the consequences of successful/ unsuccessful relationship negotiations enable or preclude managing practicalities. Both of these processes are necessary for improvising identities. Naturally the enactment of the processes, the models for improvisation, the expectations, the available resources, the creativity of the participants all vary and create the environment and possibilities for the improvisation.

Improvisation

The naming of these interrelated processes does appear to have gradually developed step-by-step, but the flash came to me when I was away from all active work on the research. In November of 1993, I had completely accepted the highest level of my conceptual analysis--managing practicalities and integrating identities--when I took a week away from the work and went to assist a friend stage managing a jazz competition. I have always enjoyed music and had taken up playing the congas and other percussion instruments (West African, Salsa, reggae) as a relief from the cerebral and emotionally

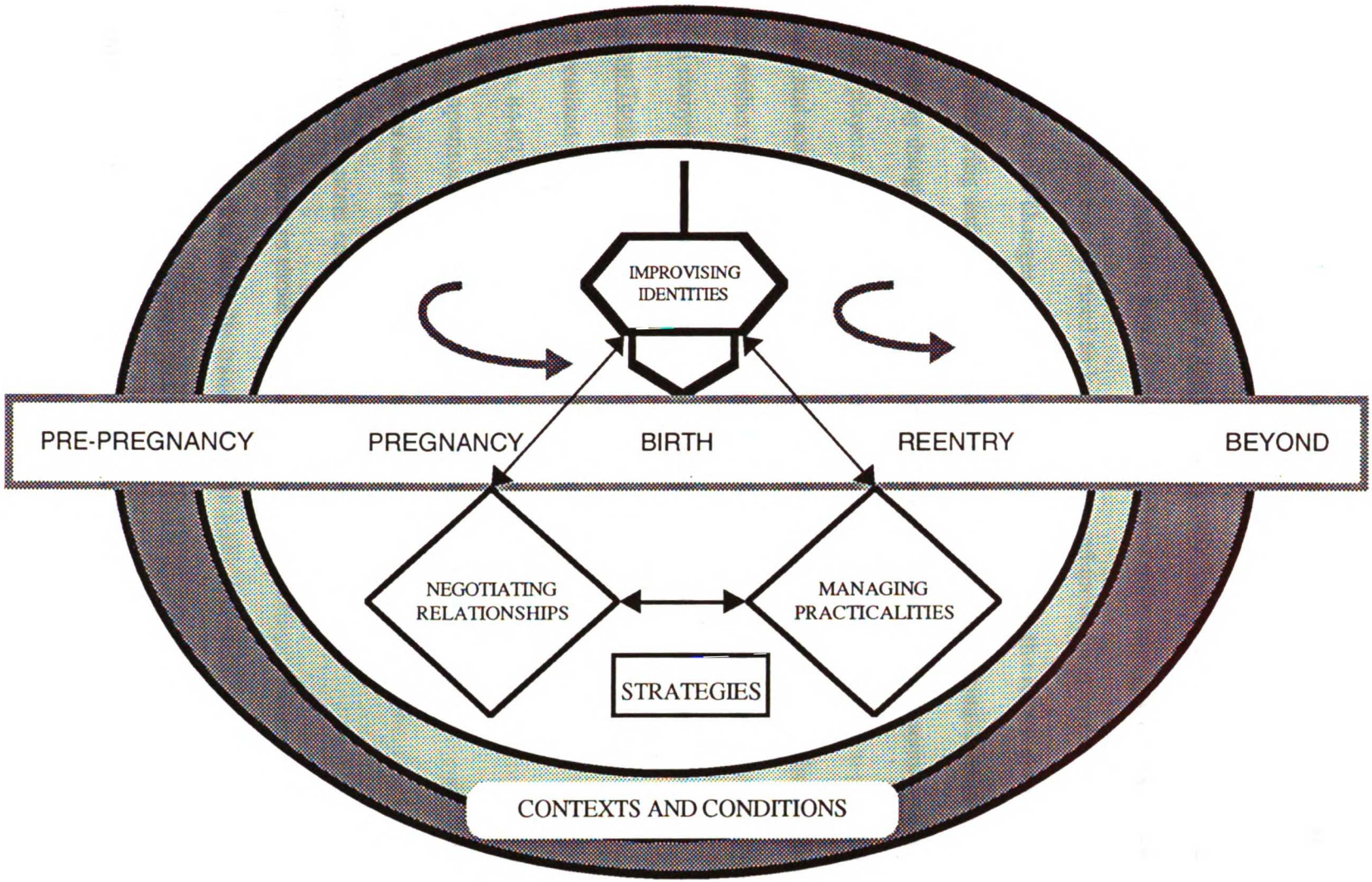

Figure 3. Improvising Identities by Negotiating Relationships and Managing Practicalites

taxing work of interviewing and analyzing. It was while I was listening to the musicians making music that the similarities between the activities of the women in the study and the activities of the musicians hit me.

Of all the music forms, jazz is the most improvisational--with very formal rules of improvisation. The musician must know chords, chord skills, arpeggios, licks, elements, scales, cliches. There is the need to know how to read music, progressions, chord charts, and play over chord changes. I spoke to the musicians about the meaning of improvisation to them, comparing and contrasting what they were describing (certain formulae and style, swing, putting things together in a novel and unique way, establishing relationships with the other players on the beat, negotiating who goes when and how long to play, expressing emotion and communicating with each other and with the audience, and the constraints of playing within a structure of x/x time according to conventions and people's expectations) were in many ways complementary to the process of the women in the study.

Flip Flop Technique

I realized the benefit of this "flip-flop technique" described by Strauss and Corbin (1990, pp. 84-87) as a way to shake the brain loose and to think comparatively. I was making comparisons with some other activity with the same process. I thought about other activities and people who improvised: jazz musicians, improvisational actors and comedians, and writers creating characters. So when I got home I went out and interviewed individuals in those fields about process, meanings, feelings, restrictions, and what was it like the first time, the transition from their old self to being an improvisationalist. I tried to get a picture of the essential elements of improvising as well as contexts, communication processes, relationships, and effect of environment.

Fit and Grab

I obtained a more complete picture of improvising and identity from speaking to these other improvisers. Two of the women I spoke to were mothers (an actress and a novelist) who related to me how the improvisational category had meaning and grab for them, and how they saw the similarities in processes. Improvising identities had grab for just about every person I presented it to. My small analysis group, my advisors, the expert informants with whom I was working, a qualitative nurse-researcher and mother on the East Coast who was familiar with my work and to whom I sent a memo and diagram, and some of the participants on whom I called to try it out. My next step was to take it to new participants and see how it sounded to them. The only presentation of the improvising identities conceptualization that didn't "work" was to the Corbin group. In that group about half the members (people familiar with my work) felt that I had really gotten a handle on the concept, while the other half became caught up in a debate over identity versus role, which served as a reminder to me to keep those differences explicit and to discuss my interpretation of identity early in a presentation (see Chapter 1).

Summary

In this chapter I have tried to present the reader with adequate information with which to assess my processes, methods, philosophical and social stances and world views, and my own experiences and growth in becoming a qualitative researcher. This information should also provide information by which to judge the adequacy of my findings while trying to answer the research questions: "What are the experiences of career-committed mothers as they become new mothers and reenter their careers?" and "How do the women in this study make meaning of their experiences?" I will present the findings of this research in the next chapters.

CHAPTER SIX

FINDINGS: PART I

EPIPHANIES AND RUPTURES IN THE TRAJECTORY OF CAREER WOMEN BECOMING NEW MOTHERS

There are as many ways to organize one's research findings as to interpret the data. I have elected to present this study's findings along a trajectory parallel to the natural phases which occur in the process of a career woman becoming pregnant, being pregnant, giving birth, becoming a mother during a time-out, and returning to her career. Looking at each of these phases as turning points or "epiphanies" (Denzin, 1989a, p. 15) in the lives of the participants is a useful perspective in organizing the study of identity transformation and improvisation. Epiphanies, or ruptures, refer to those life experiences that radically alter and shape the subject positions or identities that people claim and construct. They represent meaningful events that significantly transform a person's life in both personal and social ways (Denzin, 1989a; Smith, 1987; Strauss, 1969).

These ruptures are valuable to a woman because they allow her to examine prior ways of being and present ways of becoming, as well as to question the social conditions and societal expectations that influence and affect these processes of being and becoming. Similarly, there is a link between the personal troubles of the individual women in this study and the existence--or nonexistence--of public policies designed to help families and individuals manage these problems.

I have organized this analysis in such a way as to avoid telling each woman's experience as a separate story, or forcing several women's accounts into artificial typologies of how a certain "type" of woman handles career reentry. I have also sought to avoid essentializing all women with babies and careers into one limiting and normalizing

process. Instead, I present this trajectory as a series of processes, which can be played out in various ways depending on the contextual and cultural factors that construct individuals differently. I will demonstrate how different individuals, who share membership in a social category (Kleinman, Stenross, & McMahon, 1994; Stone, 1970), that of career-committed mother, improvise their identities by negotiating relationships and managing practicalities along this trajectory. I will also present the ways in which individuals both accommodate and resist these contextual and cultural factors in their ongoing improvisations of their multiple identities.

I will contextualize these processes by using a conditional matrix (see Figure 4) of the international, national, community, organizational, sub-organizational, and individual levels in which the interactions/actions (negotiations, managements, and improvisations) occur. I wish to remind the reader that my perspective of the social climate is postmodern and that I view the current time (late 1980s-1990s) as one of social and cultural fragmentation and anxiety, where subject positions and identities are influenced by the knowledge/power inherent in the normalizing discourses of scientific experts and media representations.

Conditional Matrix

These are the contexts in which the study participants negotiated relationships and managed practicalities in the process of improvising identities for themselves first as career women, then as pregnant career women, then as first-time new mothers, and then as new mothers reentering their careers. As a postmodern feminist interactionist wishing to understand the situatedness of diverse women's identity improvisations, I need to locate the study participants in their networks of mutual negotiations, relationships, and management strategies in myriad cultural and historical sites, remaining sensitive to the variety of oppressions, opportunities, and avenues of resistance that many women face.

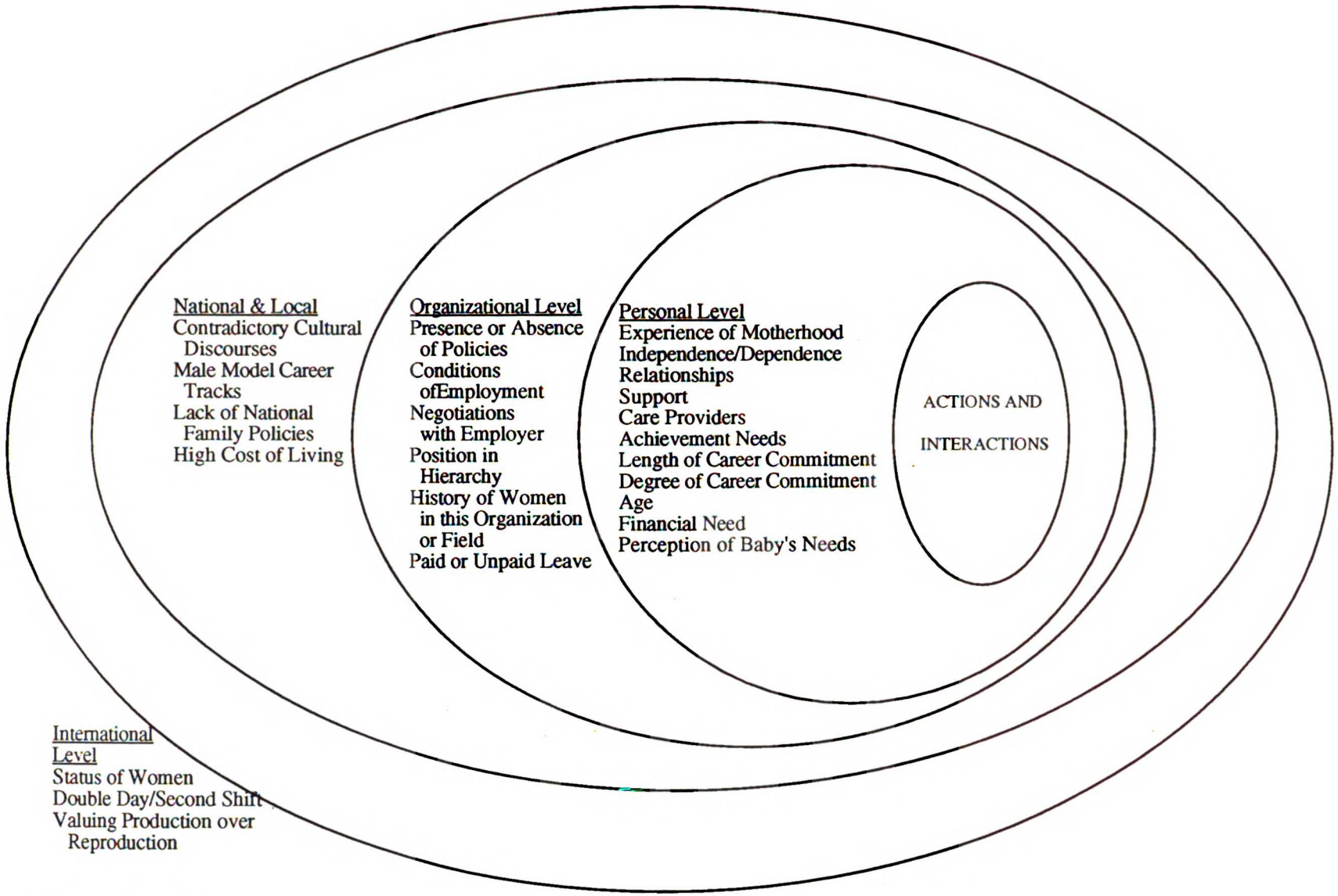

Figure 4. Conditional Matrix

International Contexts

On the international level, contexts affecting women are: the second class citizenship of women in industrialized countries; the expectation that women, whether employed outside the home or not, will be responsible for child care and home maintenance activities (double day or second shift); and beliefs that what takes place in the world of production (public sphere) is more valuable than what takes place in the natural world of reproduction (private sphere) (Cott, 1977; Hochschild, 1989; Hubbard, 1983; Welter, 1966).

National Contexts

Nationally, the contexts include highly contradictory cultural expectations that North American women in the 1990s will be passionate lovers, immaculate housekeepers, great cooks, warm and nurturing mothers, and fulfilled career women; hold down male-model career tracks that demand that workers devote all of their time to their careers and let others take care of the home and children; a deteriorating economic climate in which two incomes are necessary to sustain a household; the presence of a "glass ceiling" that keeps women from attaining high levels of authority, prestige, and wages; the continuing inequality in pay for men and women ("wage-gap"); the lack of any meaningful national family leave policy; the shortage of affordable quality child care; and the clinging vestiges of the Victorian Ideology of Motherhood that both idealizes and denigrates women's work in home and child-care activities (Coontz, 1992; Lunneborg, 1990; Schwartz, 1992). For most European-American women in the United States, this national context also includes an absence of extended family to serve as models or provide assistance. (This was only partially true for the Asian born women and African-American women in this study.)

Normalizing Discourses

Expert discourses. This national context comprises a medicalized approach to

childbearing and childrearing derived from the conflicting authority of experts (psychologists, sociologists, pediatricians, obstetricians, nurses). Women depend on these discourses for information about how to feel and behave (normative discourses) and use them as standards against which to judge themselves (Allen, Allman & Powers, 1991; Ehrenreich & English, 1979; Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984).

Pregnant women and mothers have long relied on these discourses in books, magazines, and other printed media to guide them in their childrearing practices.[5] Since the 1980s, these experts now enter the home via television. The best ways to mother can be learned from watching television programs featuring such authorities as pediatrician T. Berry Brazelton (What Every Baby Knows: To See a Child); psychologist Penelope Leach (Your Baby and Child), real-life mother and actress Heidi Bohay (American Baby); model and mother Kim Alexis (Healthy Kids); and actress and mother Cindy Williams (Parenting in the 90s).

Media representations. Other normalizing discourses exist in media representations of the "good mother"--the selfless, all knowing stay-at-home Mom of the Leave it to Beaver, Father Knows Best, and the Ozzie and Harriet television shows broadcast in the 1950s and 1960s, a period when many of the study participants were little girls. A

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[5] Ladies magazines of the nineteenth century (with such titles as Godey's Lady's Book, The Lady at Home, The Mother's Assistant and Young Lady's Friend, and The Sphere and Duties of Women) bear the imprint of the Cult of True Womanhood, while the fiction of the time placed the true woman at home as a wife and mother. The authors of domestic prescriptive literature, Catherine Beecher, Catherine Sedgewick, Harriet Beecher Stowe, and Sarah Josepha Hale, created a powerful vision of morality as the sole purview of women, and of their very submissiveness, purity, and domesticity as the basis for their moral authority.

The question remains whether the popularity of this literature reflected the way in which this idealization of their role in the home was not only prescribing behavior but also reflecting what women wanted and needed to hear. Since few women had any option other than to stay at home, having their role in the home glorified served to reassure them and to make their restricted lives more palatable.

lingering image for many was the lovely Donna Reed, vacuuming in her matching cashmere sweater sets, impeccable pearls, and high heels. While single or childless women worked or had careers, as seen on My Little Margie, That Girl, Our Miss Brooks, mothers stayed home and graciously watched over husband and family.

By the 1970s, television and film representations of mothers began to reflect the growing presence of mothers in the workplace and the influence of the women's movement for equal opportunity in the workplace, but these media representation were hardly realistic. The Partridge Family, for example, presented the unlikely scenario of the kindly, caring, understanding, and nurturing mother (the talented Shirley Jones) able to keep her family together, literally and figuratively, by performing with her children in a rock group.

Other mothers were presented as career women. In Julia, a program that broke many television stereotypes, the mother was African American and a nurse. She was also a widow--an acceptable reason for a mother to be working. Another acceptable widow-as-working-mother character was the waitress, Alice, of Alice Doesn't Live Here Anymore and Alice. The other famous mother of 1970s television was the mother on The Brady Bunch, yet another widow, who found happiness by marrying a widower and raising their combined family of six children with the help of a wise-cracking housekeeper.

Media during the 1980s, when study participants were building their careers, presented several contradictory discourses. On television and in the movies, family values seemed the norm for women. Images included the woman who forgoes a serious career promotion to continue staying at home with her first child and to start on her second on the television show "thirtysomething;" the abandoning mother who leaves her child with his (soon-to-be) heroic dad in Kramer vs. Kramer; or the woman who must give up sexual

gratification, true love, and a meaningful career for the welfare of her child in The Good Mother (the perfectly titled novel and film). In other film and television shows of the period, mothers are simply absent, as in the case of Three Men and a Baby, Full House, and My Two Dads.

The message conveyed is that good mothers choose to stay at home with their children and bad mothers not only abandon their maternal responsibilities to "find themselves" or pursue careers, they physically leave--the absent mothers in Full House and My Two Dads were dead. Baby Boom, another 1980s film, sent an unambiguous message that traditional family values--home, babies, and the love of a good man--are more important than a high powered career.

By 1989 the possibilities for women became clearly dichotomized in Fatal Attraction. Career and success in the outside world are personified by the crazy single woman (played by demonically frizzy-haired Glenn Close) driven to conceive her own child and break up the happy marriage of Michael Douglas and the maternal, pacifist-until-her-family-is-threatened Ann Archer. Family values win over career and individual success when Archer and Douglas exterminate Close.

Contradictory discourses. In contrast to these images, the popular press in the 1980s also presented multiple images of smiling, successful career mothers, especially in print and television commercials. According to them, the 1980s are the era of the "SuperWoman," who enjoys the perfect family, career, sexual fulfillment, ad nauseam. The women in these ads are uniformly heterosexual, and the majority of them are European-American. The SuperWoman is able to do it all, not only surviving, but thriving, in a complex, changing world. She can combine family and career (unlike women on television series and in films). She is shown leaving the home in the morning impeccably armed with her power

suit and brief case, and returning at night, unwrinkled, unfrazzled, and gorgeous. She kisses her children and her handsome husband, prepares the kids a meal and gets them into bed, and then settles down for a candle-lit dinner prepared by her spouse. Later they wander off to the bedroom.

At the same time, however, these ads are running next to editorials and articles bemoaning the loss of family values (never mind whose families and whose values) and demanding that women return to their rightful place in the home (Coontz, 1992; Goodman, 1986; Pollitt, 1992).

In the 1990s the messages in various media still present mixed representations of the mother. The film Hand that Rocks the Cradle portrayed a family's utter downfall occurring because the mother goes back to her career and leaves her child's care to a deranged babysitter. This message is echoed in the print media, television tabloids, and talk shows happy to report a crisis in child care: horrific and abusive conditions in day-care centers and negligent or satanic baby sitters in the home ("Day Care, Satanism," Coxburn, 1992; "Woman Gets 7 Years," 1994). A study published by Families and Work Institute stated that only 9% of caregivers in family day care settings were high quality, while 56% were adequate, and 35% inadequate (Quindlen, 1994). The same week, a Carnegie Report was issued on the dangers facing North American infants and toddlers: lack of medical care, poverty, violence, and disintegrating families ("Study Paints Grim Picture," 1994). To blame for this crisis in children's lives are, of course, their career-driven, negligent mothers.

Meanwhile, WorkingMother magazine is still proclaiming that you can do it all--you just need to find the right "family friendly" employer or become an entrepreneur and work out of your home (Bennett, 1994; Culbreth, 1994; Monsour, 1994). The covers of

WorkingMother feature extremely well-groomed, exceptionally attractive "real" mothers (usually actresses, models, or news anchors) holding their attractive, well-dressed offspring. A BusinessWeek cover story on "Work & Family" described companies that have become stronger by helping employees balance careers and kids (Galen, Palmer, Cuneo, & Maremont, 1993).

The difficulty of finding quality, affordable child care was publicly illustrated in 1993 in the cases of Zoe Baird and Kimba Wood, two high-profile career women who had it all. These two Clinton appointees for Attorney General were dismissed from consideration due to Baird's failure to withhold Social Security taxes on her nanny's wages and Wood's hiring of an undocumented alien. Although these incidents were viewed in the press as "America's better self got lost in alien's law"--that is, that these women were irresponsible law breakers (Moffett, Shackelford, Ruthizer, & Bingman, 1993, p. A22), participants in this study were outraged that no one had ever questioned a male nominee on his household's domestic hiring practices.

Family values?/subversion and resistance. Family values that include a "traditional" stay-at-home mother, a wage earning father, and well-behaved, nurtured, and valued children are presented as obtainable only by white, married, and middle-class families. In a widely discussed article in the Atlantic, Whitehead (1993) claimed that single mothers and divorce were at the root of many of society's problems. In 1992 the portrayal of a pregnant, single career woman, Murphy Brown, in the television series of the same name, caused a furor led by then Vice President Dan Quayle (Kenney, 1993). Statistics released by the U.S. Department of Health and Human Services at the beginning of the 1990s showing that 25% of all new births were to unmarried women and that more than half of North American children lived in single-parent households at some time in their lives

(Coontz, 1992) were used by both proponents of alternative family styles ("this is the reality of families today") and their opponents ("the prevalence of single parent households is unravelling the fabric of society").

While exalted notions of traditional family values were the rallying cry of conservative politicians and other experts in the newspapers and editorial television shows, the families being represented in the 1990s television series and sitcoms are at odds with those values. Now that the Cosby Show (an African-American Father Knows Best with a high-powered career-driven mother who is also wise, understanding, and nurturing) is off the air, the reigning television families are working-class "losers," cultural and behavioral opposites of the sitcom families of the recent past. Now there are the cartoon Simpsons, with a working father, a stay-at-home mother, and a delinquent son; the Bundys of Married . . . With Children, an obnoxious shoe salesman father, a lazy, uncaring stay-at-home but doesn't do housework mother, and two hormone propelled teenagers; and Roseanne, with a working-class white, feminist, pot-smoking mother, construction worker father, and three kids (Rosenthal, 1994). All of these images represent deviance and resistance to the Harriet Nelsons, Donna Reeds, and Mrs. Bradys of bygone eras. For example, one is unable to imagine the following typical Roseanne dialogue delivered by Harriet Nelson:

Child: What do you want me to do, jump off a bridge?

Roseanne: Yeah, and take your brother and sister with you.

While decried by the arbiters of family values, these anti-role models may also be viewed as devices for the subversion of old representations that no longer work in today's postmodern times. As images of subversive resistance or moral-decaying change agents, the 1990s sitcoms are at odds with the editorials extolling family virtues. Career women in

the 1990s who are improvising new identities as mothers and as career women within this national context of conflicting discourses are molded and confused by these discourses, but also challenged with new possibilities and opportunities.

Summary of Conflicting National Discourses

The discourses and texts presented to the new mother of the 1980s and 1990s are a pastiche of new and old ideas, morals, values, and identities out of which women must co-create and make meaning. Major discourses include: maternalist discourses with the mother as all-giving nurturing guardian of the hearth (traditional family values); mother as worker, but only out of economic necessity; the ideal 1990s mother (has it all--children, spouse, and career); the absent mother; the negligent, career-driven mother; and the post-modern resistant, subversive mother. Meanwhile, media representations of lesbian mothers during this period are glaringly absent, except in custody cases where a woman's sexual orientation is the determining factor in the decision about whether she is a good enough mother.

Other Women's Children, a made-for-television movie that aired in October 1993, affected many of the participants in the study. The movie was based on a book of the same title by the writer/pediatrician Perri Klass (1990, 1992). In the paragraphs below I deconstruct the plot to reveal the cultural discourses it represents. The movie's trailer, which ran often during the week preceding the show's airing on the Lifetime channel, portrayed a bedraggled, overworked physician arguing with her husband about her working too much. The ominous voice-over went: "Mother, wife, doctor--when one woman defines herself by what she does, someone has to pay the price. . . ." (negligent, career-driven mother).

When the movie begins, it appears that this mother definitely has it all: spectacular home, a loving, gorgeous, and patiently understanding husband, a great kid, and a demanding, successful career. As an ironic note, this mother is a pediatrician, who throughout the film dispenses expert knowledge to other mothers. The movie starts off promisingly. She makes love with her husband and takes her kid to the beach (ideal 1990s mother/wife).

This happy situation rapidly deteriorates. Her workload at the hospital doubles and she shows up late for a meeting with her son's teacher. Her husband complains about her lack of family time and threatens her by telling her that "half the wives at the PTA meetings think I'm single. You never come." She tells her friend, "I've become the man I wanted to marry" (negligent, career-driven mother). The pediatrician mother expresses her conflicting feelings that women who try to have it all have to pay the piper (traditional family values), while she also tries to resist stereotypes by explaining to her husband that she is overburdened by societal expectations: "You try to do too much," shouts her husband. "No," she replies, "I have too much to do. There's a difference" (resistant, subversive mother).

When her own child falls sick, the ultimate conflict appears. She is at the hospital caring for "other women's children" while her own baby has complications of chicken-pox. Her husband screams at her, "What does he have to do, die to get your attention?" (negligent mother). The grandmother of a baby dying of AIDS (whose own mother--the ultimate absent mother--has already died of AIDS) appears and argues with the heroine about having to spend time filling out forms (representing meaningless bureaucracy and the world of work), instead of holding the child during his final hours (nurturant maternalist).

Her eyes opened to the true meaning of life, the pediatrician cuts back her work to part-time and becomes more involved with her family. The moral: family is what's most important (ideal mother). In this example, the maternalist, family values discourse wins--almost. The pediatrician does not give up her career completely, just goes about it in a different way, opening up the possibility for change and multiple subject-positions.

Local Contexts

The San Francisco Bay Area, where the participants resided, is a multicultural, multiethnic, multiracial locale. Within the local communities, major coastal urban centers and their bedroom communities, several salient factors existed: high migration levels, which erodes a sense of neighborhood; a high cost of living, which demands dual income families or the immediate postpartum return to career of those women without a partner; and market conditions dictating a high cost of quality child care.

There is a great emphasis in these local communities on doing pregnancy "right." Prenatal care, childbirth education, pre-natal and postpartum exercise, postpartum support groups, and seeing a therapist for problems in relationships are all activities expected of a woman becoming a mother. Significant others (family, friends, employers, neighbors) accept that women have careers and expect new mothers to return to their careers, as evidenced by the classes and books on such subjects as negotiating your maternity leave, how to have a career and a baby, and learning your rights under the family-leave act. These local communities are, for the most part, more liberal than other North American communities, and there are support groups for single women and gays and lesbians contemplating parenthood, as well as many resources for treating infertility and options for adoption.

The national themes discussed above are found in media within the local communities. "Feral kids," screams a headline in a Marin County weekly newspaper; the article blames the recent rash of juvenile crime on parents who aren't there and don't care (Heimoff, 1994). The San Francisco Chronicle routinely runs articles on parenting and family in the "People" section, including a regular column on "Being a Dad" by D. L. Stewart, a parenting advice column by T. Berry Brazelton, and frequent discussions on working and pregnancy and working and parenting.

During the fall and winter of 1993, the time I was interviewing participants most intensively, 12-year-old Polly Klaas was kidnapped from her home in Petaluma (a suburban bedroom community of San Francisco). The girl was missing for two months, during which time there was much local activity to find her and to keep her name in the minds of the populace. Her abductor and murderer was found in early December.

This tragedy had a great impact on the women I interviewed and was a source of great concern and questioning. Becoming mothers for the first time, they were also becoming aware of how vulnerable to harm one's infant is, even in an area previously considered safe. As the participants were deciding how to manage their return to work and how to find child care, the issues of safety and danger became very prominent. The talk shows were full of hidden cameras in day care centers revealing abuse and neglect, and stories of evil babysitters filled the newspapers (Abcarian, 1993).

Organizational/Sub-Organizational Contexts

On an organizational level, these contexts include the presence or absence of on-site child care, family leave policies, child-care support, flex-time, telecommuting, part-time options, flexibility in leave time, job share opportunities, and other conditions of employment. These policies or their absence facilitate or thwart mothers' ability to return

to their careers. Sub-organizationally these contexts include departmental or divisional experiences with other women with children in the organization, relationships with immediate supervisors, a woman's position in a hierarchy, and her individual negotiations with her employer.

Individual Contexts

Finally, there are the history and personality of the woman herself and her relationships with herself, her baby, her partner, and with others close to her. This contextual level includes her experience of becoming a mother, the temperament of her baby, her sense of independence/dependence, presence of support networks, feelings of isolation, relationships with child-care providers, her achievement orientation, ambivalence about being a stay-at-home mother or returning to her career, how her mother and other significant female relatives and friends handled becoming mothers and employment outside of the home, the expectations and emotions of her partner, her self expectations (based on all of the above), length of career commitment, age, perceived financial needs, and personal images of mothering identities and career identities. Especially salient are a woman's feelings about her own mother and her deeply held images of what being a good mother and a self-fulfilled individual entail.

Since each woman is both socially constructed and an active participant in her social construction, there is a give and take between her socially constructed subjectivity and the overall social construction of gendered individuals in their societies (DiQuinzio, 1993). Thus, while each woman has been under the influence of the contexts discussed above, each woman has responded to them in her own unique way. Knowledge of these contexts, then, is useful in understanding the various responses of women to the epiphanies in the processes of becoming a mother and returning to her career discussed below.

Trajectory of Improvising Identities for Career Women Becoming New Mothers

As mentioned in Chapter 5, certain concepts, primary processes, conditions, and interactions were reinforced repeatedly in the data, beginning with the first pilot interview. These are time, identities, relationships, and managing practicalities. All are set within the aforementioned conditional matrix and exist under the overriding conditions of uncertainty and anxiety (anxiety as a cultural condition of postmodernity, not as pathology in individual mothers). Each of the phases in the trajectory (becoming pregnant in the context of a meaningful career, being pregnant, having a baby, becoming a mother during a time-out, and returning to career) are sites for transformations of identities, for questionings and reexaminations of self and society, and for balancing both resistance and acquiescence to the normative discourses that abound on how to be a woman, a mother, and a person.

In the remaining sections of this chapter, I will discuss the range of variation in women's feelings, actions, responses, and interactions during three turning points along the trajectory, highlighting the identity improvisations, negotiations of relationships, and managing of practicalities that occur up to and including the birth day. In Chapter 7, I will develop the central processes and epiphanies of improvising identities as a new mother and during career reentry. Throughout, I will demonstrate how these diverse women utilized various strategies in their negotiations, managing, and improvisations. The strategies that I will highlight include planning/preparing, seeking support, assessing/reassessing, prioritizing/reprioritizing, taking a stand, questioning, accepting, modifying, creating, maintaining, and comparing/contrasting in a network of identity commitments, relationships, and practicalities.

Becoming Pregnant in the Context of a Meaningful Career

As I have indicated elsewhere, the process of becoming pregnant or thinking about becoming pregnant precedes and influences the actions and interactions observed in this study. I therefore start the discussion by analyzing the various responses of women to becoming pregnant in the context of an established, meaningful career.

Planning/Preparing

Although many of the women in this study "always knew I wanted to be a mother," others put career first in their life priorities. They had come to expect that they would want and have a career, while having a baby was less of a given. For these women, their career identities were more salient to their self-images:

> Well, um, you know, it's really important to me and who I am, I mean, I don't have to work. I do this because it is me. And if I wasn't doing this work, that I love, I think I'd go crazy. (Bianca, prenatal)

> My career stuff took priority. I've always been academically driven and career driven, and everything else seemed frivolous. (Lucia, prenatal)

> Because I have always identified who I was through my work. You know, I <u>am</u> a [career]. (Jacquelyn, prenatal)

> I always was much more kind of like goal and career oriented initially. . . . It was kind of like, "How could I have a relationship and get married and have a family now?" You know? (May, prenatal)

Other women had known that they wanted to have both a career and a family, and so had factored the need to deal with the practicalities of being a mother into their choice of a career.

> What I was thinking back to was that there was a time I was dating and there was nobody who I was seriously involved with, nobody I wanted to make a baby with, and um, so I was thinking in terms of if I don't meet the man I want to marry, you know. I knew that I wanted to have kids, but I had ambivalent feelings about a child being raised by just me, but that was what I was thinking, but that may be the way I'm going to have to do it, so I need to be able to support us, and I need to have enough time, if I'm a single parent, I definitely want enough free time to spend with my child. So I really, yeah, I knew that

> that's what I wanted. To pick a career in which I could get a lot of positive feedback, have flexibility to not have to work full-time, and to get that career established enough so that I could take time off without losing my place. (Gwen, at home with baby)

Some women saw a continuity between their identity as a career woman and as a woman raising children. They stated that the qualities that made them good at their careers were the qualities that also made them want to become mothers:

> It's really important to me to raise a child who'll be a contributor, to help, to be a real part of the world. That's important, just like what I do at work. It's the same thing. So I'm sort of . . . it's the mirrored image of what I contribute at work I want to contribute to the world. And having a child, I think is part of that. . . . Whether I nurture a business or nurture my employees or I nurture a child to grow up to be a good human being, um, it is . . . it's the same type of feeling. (Kim, prenatal)

Not Planning

There were those among the study participants who became pregnant accidentally. Some said they had not wanted to have a baby:

> But we slipped up and I couldn't do the abortion thing. I wasn't even aware I was pregnant for like months. No sickness, nothing, zero. (Lucia, prenatal)

> So I tried not to have the baby. So I tried to push it away, push it away not to have that baby. It just happened [laughs]. And I don't even know that I will have a child. I felt that I have a tumor because of my age, right. (Marcia at home with baby)

Others said it would happen when it happened:

> Well [laughs], he was conceived on our honeymoon. . . . So it wasn't something, "Oh, let's try and try" . . . It was more the attitude, "Well, whatever happens, happens." (Sandra, home with baby)

Therefore there was a range among the women in the study in the degree of planning and preparing to become pregnant and the reassessment and reprioritization of goals and aspirations.

Time

Time also played a large role for the women when considering their options, whether

this was their chronological age or simply the appropriate time in their lives to do something that they considered natural and in the course of things.

> I was 30 years old. We were pretty much set in our relationship. . . . Other friends were starting to have children. I guess I just thought it was time to have a baby. (Naomi, at home with baby)

Some women who had reached a certain degree of success in their chosen careers found themselves facing the biological clock and decided to take a hard look at how their lives could change and what that would mean for them:

> Well, I've always wanted to have a baby, as long as I can remember. . . . You know, it used to be that every year, I'd get this like "baby lust." I just felt it in my entire body. . . . But it started feeling more urgent, I guess, when I was 33, 34. I was in this very kind of high powered career mode and I really decided that I needed to change my life to make it possible. (Ruth, reentry)

Time for questioning. For some women the pre-pregnancy stage was the time that they began questioning society's inadequate policies regarding women with both children and a career. Some women questioned society's emphasis on career and lifestyle and denigration of mothering and family.

> And you've been putting years and years into your education and your training. And now I'm going to be doing something that any 14 year old girl could do, which is having a baby. It's humbling. (Daphne, prenatal)

> I think that a lot of women have seen that. A lot of my friends are seeing that being in the professional arena . . . didn't get us a lot. So the professional arena has had its disappointments. Um, motherhood is still a tough job and nobody gives you credit for it, only credit for making money and looking beautiful. (Lucia, prenatal)

> But I think this society has got some real hang-ups, you know, and I think more people are appreciating how much work it is to raise kids because we're seeing such a dichotomy in our society between kids who aren't being raised right and kids who are . . . and how that affects society. I know kids who think it's no big deal to carry a gun to school. . . . That doesn't come from good parenting. It comes from parents who don't give a shit, who just ignore their kids, and I think that women who stay home with their kids and sacrifice their lifestyles, I think that's admirable. (Jacquelyn, prenatal)

Comparing/Contrasting--Difficulties Conceiving

All of the lesbians in this study had experienced difficulties in conceiving by donor insemination. One lesbian woman pointed out the differences she perceived between herself, her partner, and their very conscious decision to become parents and the decision-making process for heterosexual couples:

> That's another thing about lesbians, though . . . Now we think, you know, it's not like you get pregnant by accident. So you really think it out, you know . . . it's still different. There's something. It's kind of like when you're straight, it's kind of like what you'd always thought you were going to do, but when you're a lesbian it's like you thought you were going to do it and then you found out you were a lesbian and you weren't really going to do it then. It's somewhat different. . . . Everything is conscious. You don't "fall" into anything. (Pamela, at home with baby)

Because nearly one-quarter of the heterosexual participants had dealt with infertility prior to becoming pregnant, I heard a lot from them about the struggle to conceive, and the importance becoming pregnant assumed in their lives. Researchers have noted that some infertile women take on an infertile identity facet before they can act (Sandelowski, Holditchdavis, & Harris, 1990). Again, there was a range of attitudes among the women. For some of the study participants who had difficulty conceiving, becoming pregnant was all that mattered (taking a stand), while others after undergoing heroic measures (IVF, tubal surgery) decided to re-invest themselves in their careers and then "just became pregnant" (accepting). Still others never got "caught up in it" but kept up the same career commitment and hoped they would get pregnant (maintaining). Here a heterosexual, married woman discussed her 2 years of infertility:

> I decided that trying to conceive was my priority and I kind of just worked things around that rather than pursue my career as strongly as I normally would have. I just decided it wasn't my first priority any more. I mean conceiving and also pursuing that, everything's based on your monthly cycle. And so that kind of set the schedule for me rather than letting my career set the schedule. (Linda at home with baby)

As one woman who adopted after years of infertility stated:

> I think because my profession--I studied child development in college; I was a nursery school teacher and I probably would have gone and gotten my Ph.D., but I kept saying, "No, I want to have a child first, and this is taking so long." My whole life was on hold, I feel, for fifteen years. (Judith, reentry)

Another woman who tried to conceive for three years:

> I should explain I have tried for a while to have my daughter, and perhaps the process has been longer for me than it has for other people. . . . Becoming pregnant became very important, and so my profession became less important--less important than having a child. (Ellen, at home with baby)

One woman was told she couldn't conceive and so was determined to be a success in her career:

> I was told I couldn't get pregnant. I had polycystic ovarian syndrome, and I would have to take Clomid and then I only had a 50% chance, and I felt like such a failure. . . . But we decided it's not going to be a big deal, we're going to love each other no matter what, and I have this great job, which I love. (Karen, reentry)

> We just let go of the infertility work and let nature take its course. We decided if we were gonna have a child, great, if we weren't that's fine, too. We'd just continue in what we were doing. (Heidi, at home)

Another woman was not sure she ever wanted children until she accidentally conceived and miscarried:

> I was either late 42 or early 43 that I became pregnant spontaneously and then had a miscarriage at about three months. And I was so upset at the pregnancy loss that that taught me in this life situation that I really did want to have a baby. So I started the Clomid process, graduated to Pergonal, and after about seven or eight months of these various things it was clear it wasn't working. Uh, so I stopped. And I thought, "well, this is something I don't get to do in life." And while I was sort of pulling myself together I got pregnant again, spontaneously. (Sarah, reentry)

Summary of Pre-Pregnancy Phase

Some of the women in the study saw the pre-pregnancy phase as a time of painful decision making and a time for taking a hard look at how they saw themselves and the alterations they would have to make in their lives to accommodate an emergent mother

facet to their multifaceted identities. For these women, the decision to have a child represented the major turning point in the trajectory of improvising identities. For others, the epiphanies were yet to come.

Pregnancy

During their pregnancies, the participants found themselves to be improvising many identities simultaneously. Foremost among these were improvising career identities while pregnant and improvising pregnant identities while maintaining or altering their career identities. These improvisations were based on women's negotiating relationships with partners, family members, community members, employers, employees, and clients, and with themselves and their images of being a career woman and a pregnant woman, and the meanings of these facets of identities in the postmodern world. Similarly, these improvisations were impossible without the study participants managing the practicalities that structured their lives. The strategies these women used to achieve this included: planning, preparing, reassessing and reevaluating, creating, maintaining, modifying, and questioning.

Again, time plays a major part in this process, with the limited time of the pregnancy hanging over the participants' heads like an impossible deadline. Time imposed major restrictions for managing the practicalities--negotiating time for maternity leave, negotiating time off from work for appointments, classes, finding a pediatrician, finding child care, and preparing and planning for their work to be done in their absence.

Pregnant Identities

No act of identity formation takes place in a vacuum but within a network of relationships that are continually being negotiated and renegotiated. Improvising pregnant identities for these women, therefore, depended to a great extent on how important others

viewed them. Many women didn't feel that they were different than before their pregnancy, but felt they were treated differently or viewed differently by their partners, friends, clients, employees, and employers.

One woman, who spent a lot of time giving presentations to scientists outside her office, was pregnant with twins and became very large:

> At the office most people got used to it. You know, they saw me getting bigger and bigger every day. . . . But people outside the organization who didn't see me on a daily basis, they seemed to have a hard time talking to me and taking me seriously. . . . Men in particular were distracted. And it's hard to . . . I'd have to spend a lot of time just getting them used to the fact that I was pregnant. I think men of a certain age were more distracted . . . and to me I just felt like the same person so, you know, I had to look down every once in a while and figure out why are these people acting so differently . . . and I just sort of pulled in and did more of the internal work. Have other women told you that? (Sarah, reentry)

Another woman stated that she had no difficulties with her business contacts, but that her husband saw her differently:

> It's been so strange, in our relationship, I mean. When I started really showing, got really big, my husband didn't want to make love with me. That was really hard, I really wanted to, but he said he was afraid of hurting the baby. It made me feel so different, like I was just there to be holding the baby safely, and that my needs didn't mean anything. (Lilly, reentry)

Reassessing and Reprioritizing

Some found that pregnancy did not affect their careers significantly. Others felt that pregnancy affected their career only insofar as they lacked the energy they used to have or that they were unable to be involved in projects with deadlines that conflicted with due dates and maternity leave:

> My pregnancy's been easy. . . . I have functioned basically the same. I was just working until yesterday. . . . You know how it is in medicine. . . . And so I did it. And I didn't miss a shift and I wasn't late and I was moving slower, but I had no change with being pregnant. I was able to do what I'm supposed to pretty well. (Lucia, prenatal)

Many women were shocked to discover a waning interest in their careers and experienced a shift regarding the centrality of career in their lives.

> My career used to be pretty important, the focal point in my life. And since I've gotten married and decided to have a family, it's funny how your focus shifts. Or for some people. Mine definitely shifted. And what I realized is that it was most important to take care of my family, you know, now my husband and myself and then my baby. And my career was secondary. (Jacquelyn, prenatal)

> No one ever expected this from me. Hey I'm a real workaholic. And you know, I thought I was going to work right up until the time and then I said forget it, I want my four weeks. (Patricia, at home with baby)

Maintaining

Other women did not experience a change toward their career, but maintained the same intensity in their commitments as before. They managed to keep up the same pace, even though it left them feeling exhausted and wasted, going into labor clutching their filofaxes and making deals on the phone between contractions.

While I was interviewing women during their pregnancies, many needed to schedule the interviews after they had started maternity leave, which is how I came to interview two women in labor. There had been no time in their hectic working lives to fit in one more thing.

> Like yesterday was my last day. I always planned on taking the time off, after the baby. I wanted to get together with you, but just never had the time. I hope you'll keep my mind off the contractions! (Gwen, in labor)

Epiphanies and Turning Points--Pregnancy/Adoption as a Turning Point

Thus for some women the turning point in shifting focus from career to motherhood or questioning social values around having a career and a family occurred long before they became pregnant or adopted. Other women, however, experienced this shift during their pregnancy.

This was the time some participants began to question the lack of policies that would make it possible for them to have adequate time off with their babies or to find affordable child care. Some commented that they felt isolated in their search for alternatives, while others began to question why these were problems with which they, and not their partners, were faced.

> No, I'd say it's probably my biggest frustration right now is figuring out how to do this. There is no way that I have seen or have found or have heard of in our culture to easily integrate children into a working person's lifestyle. I just don't know. I mean, there's lots of options but none of them are easy. None of them are convenient. None of them are very reasonable in price. . . . So, yeah, I just don't see, I mean I don't know a lot about what happens in other cultures. I just don't see with women's changing role, I don't see things keeping up with what's happening. And it's a dilemma. (Natalie, prenatal)

> It's totally ludicrous. Six weeks and 30% of your income is ridiculous. I mean you can't live on it so you have to suffer. Realistic would be at least six weeks of paid leave, or 75% of your pay. And then come back part time. Isn't that the way it is in France? (Gerri, prenatal)

> My husband says he's involved, he says "we're pregnant," but when it comes to finding child care or taking time off to be with the baby, well, he just says to do what I want. What about him? (Diana, prenatal)

Uncertainties

Uncertainty was the overriding state of mind for women in the prenatal interviews. In our conversations, the women responded, "I don't know how, I don't know if a baby will fit into my life. I don't know how I'm going to manage it." The concerns expressed by women centered around length of maternity leave and finding child care that was affordable and high-quality, with sufficient flexibility to meet the demands of their schedules. Many women saw these concerns as organizational or management problems:

> Well, I thought it would be hard . . . but uh, I just figured it would be like anything else at work, just another challenge that we would get through and I would go out and find somebody. In three months time, my life would be all organized. I would have had my fill of the baby, and I would be, she'd be happily involved in some kind of care situation and I would return to work. I

> thought that three months would be more than enough time to get my life back together again and return to work. (Janet, at home with baby)

Another woman described her anxiety:

> Anxious. . . . I feel anxious. Apprehensive. . . . Somewhere in the second trimester, towards the end of the second trimester, I started to feel anxious about child care. What am I going to do about that? And how that's going to work out? And the logistics? (Natalie, prenatal)

In an era of overnight mail, faxes, teleconferences, and telecommuting, pregnancy for some women was the first time they realized that they could not be in two places at the same time with the same degree of emotional commitment. This realization often created a conflict.

Missing out. This concept explains women's simultaneous fears of missing out at work if they take time out of their careers, and of missing out at home if they are not physically present as a mother. For many, their careers still held centrality. They feared that taking any time off to be with their babies would compromise their progress in their career trajectories:

> I've worked my whole adult life and [pause], I don't know what it would be like not to work, not to accomplish things. Not that you don't accomplish things when you're a mother, but it's just a different mind set, I guess. . . . I'm just so much a part of what I do, that you know . . . but if I was something that you could walk away from, retain the same information and 6 months or a year later, go back in and you wouldn't have missed a beat. In my type of work it isn't really situated that way, so it's hard. (Kim, prenatal)

Others feared missing out on their experiences as mothers:

> I've put off getting pregnant until we got everything going, my career, this house, his career. I want to have this baby, and I just can't imagine not being here, with the baby, missing out on her first step or first smile. (Diana, prenatal)

Managing Practicalities

Child care. Some women dealt with their uncertainties and anxieties by attending to the practical issues ahead of time. Some women were determined to take care of every

detail before the baby came. I met one woman at a child-care referral service. Here is part of my dialogue with Bianca at 32 weeks:

> B: I started out, um, about six months ago looking in the paper, just to see what was available, and calling, just to see if on the phone I'd get a feeling.
>
> SM: What kind of feeling?
>
> B: Whether you want to pursue it or not. And then I just um, go and talk to people. And I found a few people I feel good about. So I'll call up [referral center] on Monday to see if they have their licenses in order. . . . One woman who I like gave me seven references and every single one of them was excellent.
>
> SM: What did the references tell you, do you remember?
>
> B: Oh, yes, I took notes. Do you want me to get my file out?
>
> [B goes and gets a large, legal sized accordion file with dividers labeled with different headings.]
>
> B: Here's my pregnancy file [laughs].

Other women took a wait and see attitude toward these issues:

> Yeah. And I called a couple of places a long time ago and I realized that it was just too early. I didn't know what I was asking. I didn't know anything. I haven't looked into it yet. I thought that I'd wait until after the baby. I don't know if that's a good idea or not. (Diana, prenatal)
>
> I don't have a clue, not a clue at all, I don't know what I want or how to find it. I'll just have to wait and see who this little person is and how we get along. (Bonnie, prenatal)

Negotiating maternity leave/creating policy. While some women worked in large firms with clearly written personnel policies, other women found they had some room to negotiate their maternity leaves; still others found they had to create their own policies where none existed. Only a few women found that their employer fell under the guidelines for the 1992 Family Leave Act. As the demographic questionnaire revealed, 43% had no paid leave, and 46% had six weeks paid California State Disability leave.

> SM: And they don't have a standardized maternity leave package?

J: No. Now we've set up the standard which is really wonderful. See we hadn't had anyone out on maternity leave in five years, and the company had restructured since then. . . . I'm the first woman who is going out on a maternity leave based on a commission type situation. . . . In addition to the disability leave, I thought that I should get every cent of commissions that would come in while I was out, which I had a hand in creating. So that took some convincing . . . but, with the help of my boss we were able to convince them not only am I valuable but to encourage me to come back and that whole thing, that they would pay 100% of the commissions. So I negotiated four months of leave with three months disability leave and 100% commissions. (Jacquelyn, prenatal)

Some women questioned the power placed in the hands of health care providers and employers regarding their leaves and resented having to play the system to get what they felt they deserved:

Diana: Well, I filed for state disability and apparently between state disability and my company I will get my full salary for three months. But that hinges on a doctor stating that I need three months. [Company name] is funny. It's not written in any of the benefits procedures books, which is something you find out when you become pregnant, that they will allow you up to three months if your doctor says you can. If I had a jerk for a doctor who said after six weeks you're ready to go back, then I wouldn't get it.

SM: And then you talked about another month that you might be able to put together of leave time.

Diana: That would be personal leave without pay. I have to pay for my own insurance but my boss is hedging on that. Same one who gave the other employee four months off with no problem and for some reason she is not. . . . She likes to keep us hanging. She likes to wield her power, I think. (Diana, prenatal)

Summary of Pregnancy Phase

While pregnancy for some women was a time of anxiety, uncertainty, and questioning, others were more accepting of the status quo and did not question the social settings, governmental or business family policies, or gendered expectations that created problems for others. If they were anxious or uncertain, they dealt with those issues by managing the practicalities as best they could. In some cases, the questions didn't arise

until after the women had established a relationship with their babies and started to improvise their mothering identities.

Birth Day

Definitely more than "just another day in a woman's life" (Simkin, 1991, p. 203), all the participants in this study felt the event of giving birth was significant. While the focus of these interviews was not on the birth itself, every women needed to relay her birth story to me. During the pilot study, when I was interviewing each participants three times, everyone told me about their births during the postpartum at home interviews and then again during the reentry interviews. Once I began interviewing only after reentry, I found that the participants still needed to relate their birth stories, even at 10 to 12 months postpartum. This need to review and reflect on the events of the birthing process has been noted by clinicians, support group facilitators, and researchers looking at maternal identity (DiMatteo, Kahn, & Berry, 1993; Rubin, 1967a,b; Simkin, 1991, 1992).

> I want to go over the birth. We're probably going to do a one year marker with my support team. And I need people to tell me the story. I feel like I really lost time. (Suzette, reentry)

The women regarded giving birth as a signal event, marking the beginning of new ways of being in the world. Despite its significance, however, the reality of what is to come is still distant. Many women find themselves so wrapped up in the process of physically giving birth that it is not until they are home with their babies that they reflect that the birth day was, in fact, the beginning of claiming a new facet of their identities, becoming a mother.

Similarly, during the postpartum period many of the participants were too exhausted and had too much to do in too little time to be able to reflect on the repercussions of this event on the rest of their lives. When questioned, most stated that it was the pregnancy,

or the decision to become/stay pregnant or to adopt that marked the turning point after which they could never return to the same self-conceptions they had before. The interview process, therefore, allowed them some time to reflect on the birth, how it went, and how it affected their feelings about themselves, and their interactions and relationships with those around them during delivery, and to compare and contrast their expectations of the birthing process with what happened in labor.

Affirmations/Contradictions of Identities

The birth experience affected different women in different ways. As other researchers have noted, a woman's perception of how she performed in childbirth can affect her self esteem (Hall & Carty, 1993; Simkin, 1991). For study participants who, on the whole, were assertive, successful, and knowledgeable about how things worked in their careers, to become instead the dependent patient in labor was aberrant. In this and other ways, their birth experiences represented an assault on their self-esteem and self-view as a competent, capable person, and a contradiction of their identities.

> You know, I'm used to always being in control, to getting what I want, and I recognized that, well, I wasn't being treated right by the doctors and nurses, but I was so out of it, so tired, I couldn't fight back. I just gave in and let them do what they wanted. It was just so unlike me. (Bonnie, at home with baby)

For others, the birth process and how they handled themselves were yet another experience in a series of self-affirming activities for these career competent women:

> I think that the pregnancy and going through the delivery has been a validation for me, that I could be a good [profession] and handle it up to the end, and then go and have this great labor and delivery. It's just perfect for me. (May at home with baby)

Still other women expressed surprise that their experience was "perfect," "easy," or "beautiful," compared with their fears and apprehensions. This was especially so for women who tended to feel more cerebral and out of touch with their bodies. Their

unexpected success in giving birth gave them new perspectives on who they were: beings situated in well-functioning bodies.

> It was great, everything worked, my body, I mean. My physician was just great. Just the whole experience was outrageous. I'd hear that a lot of babies don't nurse right away, but she just started nursing right away. Yeah, nothing seemed as difficult as I thought. It's been really a flowing kind of experience for me, I would say. (Lilly, at home with baby)

Questioning: Birth as a Site for Resistance and Acquiescence

For some participants giving birth caused them to begin to examine new aspects of self and society. The forms of this examination varied from woman to woman, and either involved questions concerning themselves, their emotions, and their relationships with the people around them during the labor, and/or the social discourses on birthing and mothering, and U.S. rituals of birth.

Many women went back and forth between personal and social considerations, questioning themselves on some aspects and calling social expectations into question on other aspects, including the normalizing discourses that did not conform with their individual experiences of being a woman giving birth. Other women questioned and judged themselves as failures in comparison to the idealized birthing woman of these normalizing discourses. Others compared themselves to their friends' descriptions of the experience.

Several women, including both those who questioned and those who felt positively about the birth process, judged themselves failures because they did not respond immediately to their babies with a "gush of maternal feelings".

Resistances

Questioning the medicalization of the birth process. The U.S. emphasis on a medicalized delivery over a natural birth process has been well-documented (Davis-Floyd,

1992; Jordan & Davis-Floyd, 1993; Mitford, 1992; Oakley, 1975, 1986b; Wertz & Wertz, 1977). Many women expressed anger at their health care providers for taking the experience away from them. They wondered if things would have been different with a different provider. Some women asked me, as a practicing clinician, if I would have done what their provider did, or if there was some other way of handling the situation. These women were disappointed with their experiences, but felt their disappointment were due to clinicians' insensitivity and hospital procedures, rather than their own behaviors.

> You know, I was very um . . . unhappy with the care at [hospital], actually, to tell you the truth. Oh, it makes me mad even to remember it. . . . This nurse, I couldn't believe it. It was like those horror stories that you hear. She was like, "You can't have anything to eat except Jello, and if you throw up I'm not going to clean it up." And S's trying to keep me from like killing her, right. And we had this whole team and it was just great. . . . But she was just like, "More people coming? Now don't leave your things around." And she just gave us like this really bad attitude. And all these rules about when you could be with the baby and when you couldn't. And this other nurse picked up our baby when she was crying and said, "You know, it's a good thing you're cute, because otherwise you'd get thrown out of the window." So that was like a bad experience. If the personnel don't like babies and don't like women they shouldn't be in this line of work. (Pamela, at home with baby)

> I went for it for 39 hours. I lament that, I wish I could have continued. My doctor said like nothing was gonna change . . . and when they took me off the Pitocin, the contractions stopped completely. It's unlikely . . . who know what would have happened in hindsight, but all I could think was, I--if I had been left alone and wasn't at the hospital maybe I could . . . I don't know. You're a midwife, would you have made me have a c-section? (Suzette, reentry)

Some women felt that hospital personnel showed insensitivity to any variation from European-American heterosexuals and that these insensitive behaviors thwarted their claims to maternal identities and made them feel marginalized and different. Lesbian partners laughed when telling stories about nurses coming into the room, finding them both in bed with the baby, and asking: "Which of you is the mother?" but still felt an assault on their mothering status.

> They told me to call if the baby wakes up. So I called the nursery. And they were like, "Why are you bothering us," kind of. So the nurse came to the room and took the baby. S. [her partner who had physically given birth] was asleep. And I said, "Well, I'm going to come with you if it's okay with you." And she gave me a really long look like it really wasn't okay. And she finally said okay. I thought, well I get the hint. So, I just like . . . I said, "Go ahead, I'll meet you there." I grabbed my housecoat and I walked into the nursery and she looked at me and she said, "You can't come in here unless you're a parent." I said, "I am a parent." (Pamela, at home with baby)

An African-American mother reported shock and surprise at how light her new baby was in comparison to her and her husband. She felt let down by childbirth educators who had not prepared her for this and angry at the responses of the physicians and nurses, which she felt hampered her feelings of attachment to the baby:

> And another thing that was strange for me was that the baby did not look like I expected it to. My husband and I are both fairly brown people. And, um, I didn't . . . Well, I knew but I didn't know to what extent--because I haven't been around a lot of newborns--that African American babies, even of very dark skinned people, often come out very light. I thought, "Okay well, maybe a few shades lighter." But for him to be white with straight hair and, um, just white, and it was like, "Boy, this kid just does not match my picture at all, this little brown baby I was going to have. He doesn't look like anybody I know." And then the doctor asked: "How come your baby is so light?" and we were like "Ahhh." It was really inappropriate, but I was kind of confused myself. So that was real weird." (Betsy, reentry)

Being Set Up for Failure

Some women questioned the discourses of natural childbirth and natural maternal response to the baby. Some of the women who had attended natural childbirth classes reported feelings of shock at their lack of preparation for the reality of labor. Twenty-two percent of the participants, for example, had cesarean deliveries. Of these, some felt they had been "set up" for a cesarean delivery, either because of an over-emphasis on it, making this option appear more commonplace and expected, or a lack of information about it, so that women were unprepared for the possibility of their having one. They also reported a lack of correspondence between their actual experiences, physical and

emotional, and what they had been told to expect both in labor and toward their babies. They questioned the expert discourses dictating to women how they should feel:

> These classes and these books, they make it sound like it's so easy. Like all you've got to do is exercise, eat well, and think good thoughts, and it'll go great. Well, I did all those things, and I had a 24 hour labor with a c/section. I felt demoralized and guilty. (Letticia, at home with her baby)

> They put so much emphasis on the satisfaction of pushing, and I was really looking forward to that. I kept thinking that I haven't given birth to her because I didn't get to do the pushing part. You know how disappointed I was that night--in fact, for the first four or five weeks. I came home and I told my mother, I said, "Mom, do you know that I have a feeling that I haven't given birth to her?" Well, it's because I didn't do the pushing part. By the time that I, you know, I was hurting for so long and they said I had to do a cesarean, I just broke down. . . . I felt that I'm, you know, that I had the baby, but I don't have the feeling that I'm a mother. (Ruth, at home with baby)

Acquiescence/Questioning Themselves

Other women questioned themselves and their responses rather than the situations, hospital practices and clinicians, or the incongruity of the image of the birthing mother with their own experiences. Many expressed disappointment in themselves, and asked, "Why wasn't I stronger?" or thought, "If only I hadn't asked for drugs." Others questioned themselves about the lack of emotion they felt toward their babies. While there was a range of variation in women's emotional responses to their babies, many did not feel like a mother on the birth day, but only after a relationship with their babies began to develop. They were not prepared for the lack of positive feelings or for the negative feelings they experienced:

> When he was first born, I had not an iota of feeling for him at all. I wasn't regretful or anything, but there was just not any emotion. I didn't feel happy. I didn't feel sad. But my husband was filming it and I knew the camera was on so I went, "Oh, my baby, ahh." There was no emotion there, it was like a shell. And I felt guilty. (Heidi, at home with baby)

> The labor was really long, I don't remember a lot of it. But I didn't want him at that time. I was so angry and frustrated. I was also feeling guilty because I had those thoughts, "I don't want this kid," you know blah blah blah and anger

and all that stuff and then I felt guilty through all of that. (Letticia, at home with baby)

Summary of the Birth Day

The birthing experience, then, for many women was a time to question expert advice and cultural images of the maternal woman or of questioning themselves in contrast to those images. The birth is a turning point moment, after which women's lives are changed forever, but the realization of the significance of these changes did not occur to many of the participants until they were home with their babies, in the process of improvising new facets of their identities by negotiating relationships with themselves, with their new babies, and with others in their worlds, and by managing the practicalities of being a new mother planning to reenter her career within a set and shrinking time-frame.

In the following chapter, I examine the interrelated processes of improvising identities as mothers in the context of a strong career commitment and improvising career identities as a new mother returning to her profession. For many women these processes occur simultaneously, and represented a departure from their ways of being prior to giving birth.

CHAPTER SEVEN

FINDINGS II:

BECOMING A MOTHER/REENTERING CAREER

NEGOTIATING RELATIONSHIPS AND MANAGING PRACTICALITIES

I have described the trajectory of career women becoming pregnant, maintaining and/or improvising a career identity while pregnant and a pregnant identity while in the context of a self-defining career, and the affirmations/contradictions or maintaining of identities while giving birth. These three turning point moments brought up new questions for many of these career-committed women. In the contexts specified in the conditional matrix (see Figure 4 and, in Chapter 6, pp. 157-171), in the midst of conflicting discourses and an excess of essentializing cultural scripts, the participants were faced with multiple problems in their efforts to fashion situations and selves that worked for them and that were congruent with their beliefs and relationships. The processes for handling these problems, I discovered, were improvising identities--creating new facets of themselves that had meaning in the contexts of their worlds and their relationships.

In this chapter I will describe the process of improvising identities through the two subprocesses of negotiating relationships and managing practicalities, and explain and describe more completely these analytical abstractions. I will then demonstrate, using the participants' words, the range of variation in these processes by which women met the challenges presented them during the trajectory's major epiphanies, becoming a mother and career reentry. As I discovered, these two experiences are interrelated, physically, emotionally, socially, and temporally. Similarly, the processes, interactions, and strategies women use to manage them are also interrelated.

Major Processes/Subprocesses/Strategies

Major Process - Improvising Identities

The American Heritage Dictionary (1991) gives two definitions of the verb "improvise." One is "to invent, create, compose or recite without preparation," the other "to make or provide from available materials" (p. 648). Both of these definitions apply to the improvisational activities of the women in this study. The women are becoming mothers for the first time and returning to their careers without preparation; at the same time they are creating new facets of their identities from the available materials of our society (self, policies, cultural discourses, expectations, necessities, perceptions). The term improvise therefore captures both the immediacy and ingenuity of these activities.

Improvisation has four major components: innovation, tradition, interpretation, and interaction. According to Marcus Printup, a jazz musician I interviewed:

> There are elements that are given, the clichés, chords, notes, 12 bar forms--you know, the foundations, and you learn that and study that. I mean every field has its history, so you study the old cats to know where they were coming from and then trust your own intuitions and talents to create some shit yourself. I really listen to all those cats who went before me, and then I interpret what they're doing, and then I put my own personal inflections on it, and that's how you improvise. I add my own life experiences. Life has a direct influence on whatever one plays, and then you communicate all that to the cats you're playing with, you know, your group. To improvise together you got to listen to each other as well as speak. And then you communicate all those feelings, emotions, life, to the people you're playing to.

The key process I identified in this study was an ongoing, ever-changing process of improvising identities. The participants were developing and devising new ways of being in a changing world; they improvised both from traditional ways of being and their own creativity. Ultimately, they had to trust their own intuitions and talents in setting a course of action that reflected who they were and what they wanted to be as mothers and career women.

Naming the Process

Despite my desire for the participants to name this process (Hall & Stevens, 1991), I ultimately chose the name, improvising identities. While the term is an analytical abstraction, the participants I queried about its applicability to their experiences responded that this name had fit and grab for them. Improvising implies agency on the part of the participants; it is not something happening to them, but, rather, these are identities that they are creating. It also indicates an absence of clear-cut rules and role models for this process. Improvising implies that women, faced with conflicting discourses and possibilities, have the capacity (within structural limits) to try out and choose how they are going to be. In our conversations, the women repeatedly told me that they were "making this up as I go along":

> I guess I'm just going . . . kind of adlibbing it and um . . . doing what I think is best. Um . . . I guess that . . . 'Cause I'm certainly not trying to follow any rules or anything. I'm just doing, you know, doing what I think is best for him personally. We're sort of making it up as we go along. (Caryn, reentry)

> Yeah, I don't see motherhood or parenting as a role. It's just a way of being that kind of evolves . . . and it's changing all the time. Um, I think just being with R. and the time I've spent with him, I guess I kind of started molding myself into a mother. (Linda, at home with baby)

> We're pretty much just winging it. I don't have any models for how to do this. My own relationship with my mother wasn't that great. I don't have any idea how to do this. (Letticia, reentry)

There are no fixed, acceptable models in our society for generating and maintaining these newly improvised facets of identity. There are no steps to follow, no community sanctioned way to be or do. As described in Chapter 6, the discourses in the 1990s about motherhood, being a woman, career, self-fulfillment, autonomy, and connectedness are so contradictory that the participants felt caught between conflicting images. While the lack of meaningful models or conflict in the available models can be anxiety-provoking, they

can also open up for women possibilities for innovation and further improvisation as this research indicates.

Postmodernity and Identities

In contrast to modern times, in which individuals were viewed as having a stable, unified identity, in postmodern times, individuals are thought to continually shed and acquire new facets of identity while fragmenting and altering prior facets. In a complex society where identities are situated and constantly in flux, identities may be viewed as multiple and multi-faceted, like a crystal. Thus, in becoming a new mother, a woman adds a central facet to her identity and must transform and modify other facets (including the career facet) in order to accommodate it. There are phases to this process, as different identity facets assume centrality or fade to the periphery, according to different contexts and conditions. Naturally the consequences of what is foregrounded and what backgrounded create new conditions and new pathways to improvisation.

Unique Properties

Improvising identities may be viewed as a general activity for all people living in complex social arrangements in postindustrial, postmodern societies. Yet what is significant about becoming a mother, that makes it different from other important life transitions that affect one's view of oneself, is a blending of the following properties: irreversibility; unanticipated, overpoweringly, emotionally loaded, immense response; sense of loss of prior self; brief time for making rapid adjustments; ideologically loaded; long-lasting repercussions of making wrong choices; and alterations in multiple relationships with others. Especially notable about the process during this time is the unfolding relationship between an individual woman and her particular baby; it is this developing relationship between two distinct, yet connected individuals that makes this process so poignant and so unique.

Subprocesses: Managing Practicalities and Negotiating Relationships

As represented in Figure 5, the key process of improvising identities is supported by the major subprocesses of managing practicalities and negotiating relationships in one facet of identity, the career facet of women's multifaceted identities. These subprocesses, which represent what a woman does and who she interacts with, are linked together by strategies that represent how she does it.

Managing Practicalities

The subprocess of managing practicalities involves how women deal with the practical dilemmas, the logistics of combining career and motherhood. The spectrum of activities that the participants enumerated were finding, recruiting, interviewing, selecting, and maintaining child care; deciding on and negotiating leave from career; finding time for self or leisure activities; finding time for partner and friends; sharing or managing household work; feeding baby (preparing bottles, nursing, pumping breasts, storing breast milk); establishing/accepting or altering a changed body; and finding or altering a wardrobe for the changed body. The participants also were determining if they would return to their careers and what form reentry would take. Options included full-time, part-time, job share, flex-time, bringing work home/working at home, bringing the baby to work, finding a new career, or leaving a career and finding a job (something which pays the bills, but doesn't require the same level of engagement or involvement).

Linking Strategies

Managing practicalities is linked by certain strategies to the process of negotiating relationships. These strategies are multiple and numerous, but generally fall into four main categories: balancing, resisting, acquiescing, questioning, as represented in Figure 6. Some of the strategies appear in more than one category. Under the category of

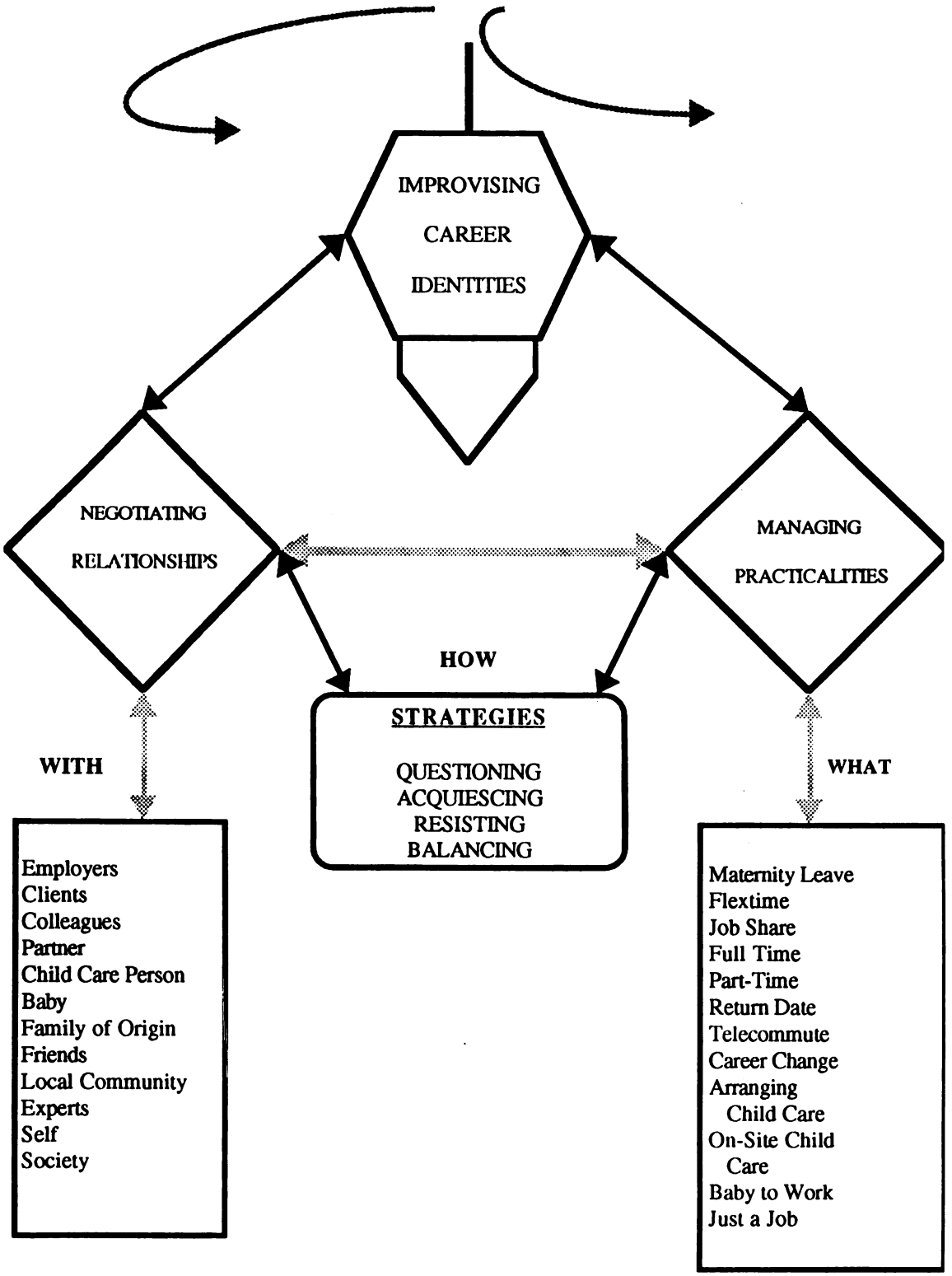

Figure 5. Improvising Identities: Improvising Career Facet

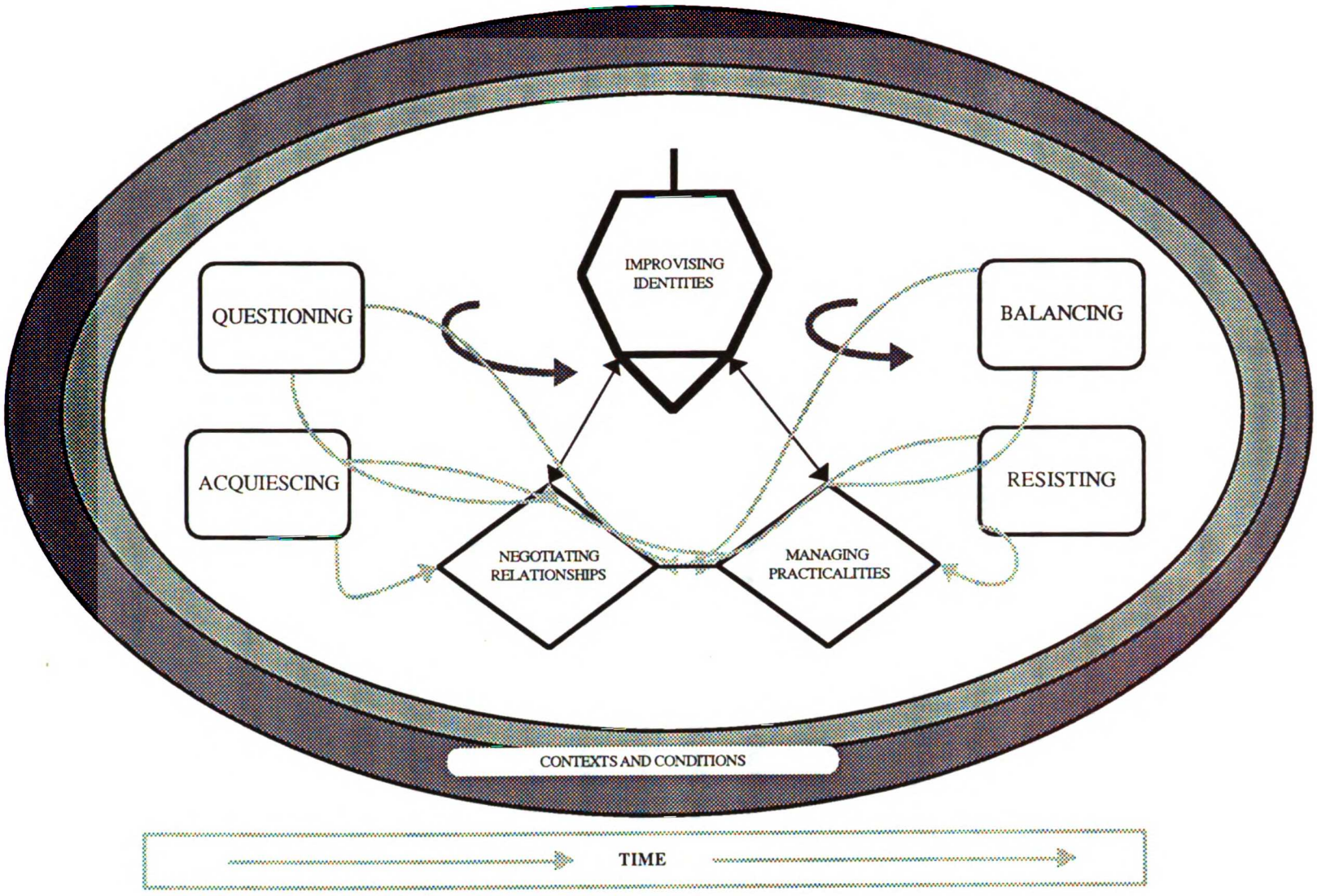

Figure 6. Major Strategies

balancing are the strategies of reconciling, defining, redefining, settling, arranging, consoling, coordinating, organizing, assessing, evaluating, taking control/relinquishing control, understanding, trading off, mediating, working out, and modifying; under resisting are the strategies of rejecting, taking a stand, creating, altering, seeking support, taking control, confronting, and ignoring; strategies under the acquiescing category include taking a stand, accepting, maintaining, settling, altering, consoling, and seeking support; and under questioning come discovering, defining/redefining, prioritizing/reprioritizing, comparing/contrasting, being versus doing, seeking support, assessing/reassessing, and evaluating/reevaluating. These multiple strategies represent how participants managed practicalities and negotiated relationships.

Negotiating Relationships

It is through the work in relationships (creating, maintaining, altering, modifying, questioning) that career women/mothers undertake with themselves, with society (generalized others) and with specific others (their partners, babies, families, child-care providers, friends, mothers of other children, neighbors, co-workers, clients, employers, and employees) that provide both the contexts and conditions for practicalities management. Similarly, the consequences of relationship negotiations either enable or preclude managing practicalities. These negotiations are temporally limited, for while they allow for review, reevaluation, revision, and renewal, all that is worked out in such negotiations is fleeting, transitory, and open to change as conditions and contexts change. Any change in conditions or context may require renegotiations. Further, renegotiations in one area may necessitate renegotiations in some or all of the individual's other relationships. Thus the consequences of these negotiations become conditions for further negotiations.

Some examples of the relationships to be negotiated and the links with practicalities include:

Self. An ongoing interior dialogue occurs between the woman and the facets of her identities. These negotiations involve a lot of questioning, "Who am I now?" "Where do I get my rewards?" "What is most important to me now?" and the trade off between what is important for the baby and what is important for herself. This dialogue is seen through a symbolic interactionist lens, which enables the self to reflect upon itself. Thus a woman in this study can take perspectives on herself and act toward herself as an object (Schatzman & Strauss, 1973). The relationship negotiations with the self are linked by the strategies to all the practicalities.

Partner/Spouse. Negotiations in these relationships link with practicalities, such as child care, leave planning, household chores, feeding, body image, wardrobe, work schedule, and time (work, self, and partner time).

Child-care providers. These relationship negotiations link with child care, maternity leave, work time, house chores, feeding, and time for self.

Colleagues/employers/clients. Relationships with these specific others link with child care, leave, nursing, breast milk pumping and storing, body image, wardrobe, work schedule, and time.

Housemates/roommates. While most of the women in the study lived alone or with their partners, some women lived with other people whose presence affected how they related to their babies, their need for child care in or out of the home, work schedule, house chores, and time for self.

Family of origin. A woman's relationships negotiations with her family link with all of the practicalities, either directly or indirectly, and with all of the other relationship negotiations, either directly or inversely.

Professionals. These include negotiations with health care providers, support group leaders, childbirth educators, and other dispensers of expert knowledge that affect the practicalities of leave planning, work schedule, child-care arrangements, finding time for self, and finding time for partner.

Thus by negotiating the relationships and managing the practicalities that structure their lives, the participants found resources and space for improvising their identities, as well as stumbling up against obstacles, barriers and impediments to improvisation. I will now demonstrate how these processes are enacted via the linking strategies during the brief period of the maternity leave, an emotionally charged time in which women may experience becoming a mother and reentering her career simultaneously. Women often used this time-out[6] to reassess who they were and what they were going to do, posing such questions as: "Who am I? " "Who do I want to be?" "Who or what do I listen to?" "What informs my choices?" "Do I have choices?" "How will my decisions and actions affect my baby?"

Becoming a Mother

In this section of the chapter I will examine how the participants viewed becoming a mother as a turning point in their life trajectories. This turning point involves the processes of improvising identities, negotiating relationships, and managing practicalities under the conditions of uncertainty and anxiety, using the strategies of comparing,

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[6] The range of leave in this study was 2 weeks to 12 months, with the mean time 3 months.

contrasting, and questioning, seeking support and connection, weighing values of being and doing, balancing, and trading off in acquiescence and resistance to cultural discourses and internalized images. These processes occur within a limited time frame established prenatally, before the women knew how they would be feeling or how their emotions would affect them. While women varied in their perceptions of whether earlier phases along the trajectory (when they decided to become pregnant [and/or have a child], during pregnancy, or during the birth process) also represented turning points or epiphanies, all of the women identified becoming a mother as an epiphany. Some aspects of their world, their relationships, and themselves would never be the same. Their ways of being in the world were now under question, and they began to examine previously held priorities, values, relationships, and identities.

Becoming a Mother--Questioning and Change

Others have written of how the experiences of motherhood can provide women with a basis for examining and questioning their values and beliefs, as well as those of their society (Kaplan, 1992; Rich, 1976). Psychoanalysts such as Benedek (1970) and Klein (1964) stated that becoming a mother was a time of personality reorganization. In this study I discovered that reorganization and questioning take place on many levels as the concept of "mother" is, in fact, made up of many identities and subject positions--the historically situated in the body mother, the institutionalized mother, the good mother, the idealized mother, and a woman's own mother, among many others (Kaplan, 1992).

Kristeva (1980) looked at the ways in which a woman may change when she becomes a mother. She noted that women upon examining who they are becoming as mothers, may escape the social devaluation of mothering and find in being a mother ways to resist those external and internalized images that fail to give voice to their individual experience

of becoming a mother. I also found in this study that the participants, while socially constructed, were also meaning makers and could subvert the image of mothering into something that came from their own experiences, and, by questioning and reflecting, could work toward transforming themselves and the world and people around them. In the process of improvising identities, they followed Marcus Printup's description (p. 192): they listened to tradition, "put their own personal inflections on it" and communicated "all those feelings, emotions, life" to the people with whom they interacted. They were not just accepting, but changing, not just molding themselves to traditional images, but altering their own images, and thereby altering images of mothers and career women for others.

Becoming a Mother During a Time Out

As noted in Chapter 6, many participants found the time preceding the baby's arrival and/or the demands of the birth day left little or no opportunity for reflection on the lifelong ramifications of the baby's coming. So while some women had begun a process of questioning and reevaluation much earlier in the process, for many it was not until their maternity leave that this process began.

Not every woman in this study was able to take a maternity leave. Yet the majority of the participants were, and so experienced the process of becoming a mother to a new infant during this special period. This was a time out from regular life activities, a time in which one behaves in ways that may be markedly different from the ways one has ever behaved before, experiencing feelings and emotions never felt before.

Many of the participants had spent all of their adult lives in a career (or work outside of home), so there was also the discovery of facets of selves they hadn't known about previously. Some began to question, "Who am I?"

> My professional identity--who am I, a [career position] and a mother, which comes first? Which is what I really feel, which is more important to who I am?

> . . . Is it who I am or what I do that makes me, me? (Gwen, at home with baby)
>
> I can't believe this is me. I mean, we got this house, and we fixed it up, but all of my social life was out, and I spent 60 to 80 hours a week at the office. I didn't know how much I enjoy being home, puttering around, hanging out. It's like was this me all along? (Kim, at home with baby)

Isolation and Loneliness

During this time away from business contacts and friends, many women experienced what they called isolation at home. They described feeling lonely, needing to get out, and wanting connection and support. Many found a sense of connection in support groups or with friends who had children:

> So, um, being part of this moms' group that I joined about five months ago is very helpful. Because you get, you know, different moms, we're all first moms together, and the leaders give us very consistent input, and it's always been great to get all the kids together. So, I have a good network of new moms and we spend a lot of time together. (Letticia, reentry)

Other women found themselves dependent on their partner for the connection with a world outside home and baby:

> We make it a point to get out every day, but I don't like hanging out at the mall, and the mothers' groups are boring. I need adult company. I can't wait till J. comes home at night. (Sandra, at home with baby)

Unexpected Demands and Feelings

While a time out from some career demands, the maternity leave is not empty time. Mothers find their hands full with what can be shocking and certainly unexpected demands of a new infant during a time of destabilized physical integrity (sleep deprivation, hormonal changes, the establishment of lactation, and healing perineal or abdominal incisions). If the demands can't be met, the woman experiences a diminished sense of herself as a mother:

> It was bad, it was really bad. You should have talked to me during the first month. He had colic, so bad, and no matter what I did, nothing would stop him

> from crying. . . . I get sick just thinking about it, you know, I felt sorry for him, but I felt sorry for me, too, I thought like "This kid needs a new mother, a different mother, one who has got some patience." And, you know I felt like such a failure, I couldn't do anything that worked, Oh, god, just remembering it makes me want to cry. . . . [cries] I was so dragged out, so exhausted by the labor, and the infection, and then him crying all night. . . . We even tried just letting him cry himself out, but we wound up screaming at each other, the neighbors came over to see if we were OK, well guess what? We weren't. It's amazing, I thought I'd never get over it. I suddenly knew what child abuse was all about. (Karen, reentry)

This is often a time of extremes: A time alternately lazily and dreamily spent--the blissful rocking in the chair, nursing, staring at the peaceful sleeping baby's face--and hurriedly, frantically, and despairingly spent--no sleep, piles of laundry, spit up, a screaming, red-faced colicky baby, and a healing, wounded body.

Being and Doing

New mothers frequently discussed their sense of urgency about "getting things done," the impossibility of getting things done, and questioning what there is to be done. Which is more important? Folding laundry or just being with the baby?

> I find I love being home, but a pull between valuing my relationship with her and ACCOMPLISHING SOMETHING, laundry, returning calls, writing letters, I'm goal-oriented. I think about it philosophically, what is the meaning of life? Is it more meaningful to be with her? I almost feel guilty thinking, "don't wake up from your nap yet, 'cause I want to get a little more done," and I think, well, in the bigger picture of things what's going to be more meaningful, we got the laundry folded and put away or I spent time with her? On the one hand, I feel guilty about it, but on the other I feel that I have different needs. Needs to get things accomplished. (Dorothy, mothers' support group)

> I know I have these things to do--like the laundry is piling up, he needs more clean clothes, but I just enjoy being with him. Like he started to smile. I can get him to smile now. You know, I can. . . . Just looking at him. I can spend the whole day just staring at him. I mean, it's just such, you know . . .and just looking at him and seeing him develop. And every day the morning would come, and I would think, I've got to, I mean, besides just being with him, I'm going to get some paperwork done that I have to get done, but think I'm going to get some of that done, or I think I'm going to walk over to the park, or I'm going to call one of these new moms, you know. I think I'm going to do something else. (Natalie, at home with baby)

Women who had been used to organizing complex activities within a limited time frame and who were used to managing long lists of "things to do," suddenly find themselves having to just be in the moment and go with the flowing, ever changing activities:

> I call it the Zen of baby time. I mean I have to pause, get really conscious of my breathing, and just be with him to see which way he's going to go. I try to let him lead the way for whatever kind of day we're going to have. I have to mellow myself out, and forget the list in my head that's running with all the things I need to be doing, or things I think I should be doing. Baby time is so different than career time. You know, I'm the kind of person who loves to have a list. Checking everything off my list, like the most satisfaction of anything. And, you know, having days with E. that are just timeless or just on his schedule, not what I want to do has been humbling and opened me up to a really different way of being. (Melanie, reentry)

People in the "outside" world have expectations of what the stay-at-home new mother does, which may be dramatically different from her daily reality. "What did you do all day?" is frequently asked by her partner who comes home and finds her still in her robe, house in disarray, wanting to hand off the baby. "What <u>did</u> I do all day?" is also a question the woman asks herself.

> And it gets to be 6:00 at night, and H. comes home, and H. says, "Well, what did you do today?" and I don't know where the day went, you know it's gone, and I'm like wondering, what did I do today? . . . I'm just like dealing with whatever the next thing is . . . whether it was a didy, or putting her clothes in to be washed, or we don't have enough diapers, oh my god, the diaper service doesn't come for two days, I need to wash some diapers. I mean whatever is next. But I don't feel like I'm accomplishing anything. (Naomi, at home with baby)

So there is a questioning and reordering of priorities in this special time, a weighing of being and doing.

<u>Time and the Time Out</u>

Time, the sense of shrinking time and fleeing time, was an important condition of the postpartum at home period and set a frenzied tone to the process of becoming a mother and negotiating a relationship with a baby who is changing almost every day.

> I can't believe it, 4 months yesterday, and it's all going by so quickly, and I can't believe how quickly she's changing. You know I just get used to her being one way, and then she's like somebody else. Oh, I'm not ready for this time to be over. (Bianca, at home with baby)

Time Out for Questioning and Reflecting

During this time, women were questioning many aspects of the social and work environments that structure the time out. Why is this time so brief? Why is it necessary to return so quickly? One participant described the time out as a necessary period for her to "put her life in order," a time for pulling back and thinking about her life and who she was:

> The hard part of being a mom is I need to know myself better. And now I feel I know myself much better than I ever knew myself before. And that didn't become so clear to me, the need for real self knowledge, self visualization--self realization I'm gonna call it. You know, I, I never got that before. I never thought I needed to be so clear, but you have to be really clear on who you are. I think I'm beginning to get a new sense of who I am. And this is the time, that's what maternity leave is supposed to be all about. It's called "maternity leave" not "baby leave," you know? If you just want to stay home and read a paper in the morning and play with the baby and just kind of think, that's okay, it's just your time and just to do it, you're not wasting away the time. It's just sort of "to be" time. And that's what this time has been. It's a lot of--it's not this frantic--it's really gentle. It's a gentle sort of time. Interesting. (Lucia, at home with baby)

Throughout my conversations with the women, my questions often spurred women to reflect on what they were experiencing. While I don't want to minimize my role in participants' contemplating, reflecting, and questioning, it was apparent some of the participants were doing this without my probing:

> I keep this internal dialogue going, what's going on here, why is it so difficult, why do I feel this way? (Ellen, at home with baby)

Nonetheless, I was present, asking women questions such as "How is this going for you?" or, "You told me you don't see yourself as a 'typical mother,' what does that mean to you?" I would also tell participants of my evolving analysis and they would respond:

I really thought about what you said, and you're right. I didn't stop being a [career] when R. was born, and I won't stop being R's mommy when I go back. (Linda, at home with baby)

Asking Multiple Questions/Forming Multiple Answers

As noted above, four categories of questions seemed to arise for the women during the time out: How do I manage? Why are things the way they are? Who is there for me to manage this with? and the most overriding and existential question, Who am I?

Naturally, there is a great range of variation in these questions and the answers women find and in the identities they improvise for themselves. Not all women form relationships along the same course. Not all women manage practicalities in the same way, or question the same structural and ideological conditions. Some women who question work/family policies may not question the lack of participation of her partner; other women questioning their partners' and or families' insistence that they return to their careers, may not question why this society rewards work out of the home, but not work in the home.

Overlapping strategies of questioning, resisting, acquiescing, and balancing during this time link negotiating relationships and managing practicalities in the process of improvising identities. I will now describe how these strategies and processes were implemented by the participants in the time out period and then describe the strategies and processes in the reentry period using the following examples: finding/maintaining child care, managing baby care and household tasks, imagining/managing reentry in relationship negotiations with her baby, her partner, her family of origin, specific others in her career, herself and society (expert discourses, family and work policies, and internalized and external cultural scripts). For purposes of analysis, I will break down and segregate these

interactions and processes into two phases (becoming a mother and career reentry) before putting them back together in Chapter 8.

Negotiating a Relationship with Baby and Improvising Identities

The participants described for me how their feelings arose in relationship with their babies and in their improvising identities as mothers. In these participants' voices I heard that what made them feel like a mother was the highly individual relationship established with this particular baby, their baby. This was a difficult concept for even the most articulate of the participants to verbalize. In the following excerpts I have tried to capture the halting reach for words that I heard in the interviews.

> I was thinking the other day, I fell in love with him that first night, when we left the hospital, and I kissed him and felt his soft cheek. Right then it was like this electric feeling. And that's like . . . I keep remembering this feeling. But I felt like I sort of fell in love quickly, but it's nothing like the relationship we've got now, we know each other, we take our cues from each other. My mothering is in response to who he is. He just keeps on giving all these positive signs. It just deepens and deepens and deepens, and [pause] you know, every little thing. (Judith, reentry)

> It's neat watching him interact with me. And, I mean, I'm the one who's providing nurturance, obviously, I'm feeding him. But I can see that he's getting to know me and like me, uh, I feel that he likes me. But I feel in his case he likes me, I can feel good energy. Um, when he looks at me I can say, you know, "This kid likes me." And it's evolving, [pause] and eventually he'll love me too. So I think with a baby, it's a cultivated relationship or at least for us, and I think for us it's gonna be more cultivated. And, um, I'm thinking this out as I'm saying it. (Lucia, at home with baby)

> I mean I know how--whatever child would have been, would have been born to me I would have been attached to. But now that I have K. here I can't imagine it being some other baby . . . but it's like my identity as K's mother--there's my identity as a mother but then there's my identity as K's mother, that is very unique. Um, there is my identity as a [career] to me, you know, not to the world, but to me that somehow it seems easier to take on another identity as a something or another in the career world than it would be to take on the, um,--to replace being K's mother to being somebody else's mother. Not being the mother of K. Do you understand? (Gwen, at home with baby)

> Well, like before it was just like, you know, the baby. But now, wow, this is my son, this is A. You know he's a real little person, who loves me, and who I

> love. I love all these different things about him, the way he looks at me, the way he lies on my chest. He's like part of me and he's like his own self. I can't believe how I feel about him. (Heidi, at home with baby)

This part of becoming a mother, of improvising an identity as the mother of a particular child was not something they expected.

Unexpectedness of Emotions/Ambivalence of Emotions

The time it took to establish this relationship varied. Some women feared the fragility and newness of the relationship would be undone if they returned to their career too early. The uncertainties that abounded during the time of negotiating this relationship, for example, about how to manage practicalities (baby care, finding child care, pumping breasts, feeding, etc.) were staggering. Yet the biggest shock and the biggest unknown element for mothers was how they would feel about this particular baby.

> I didn't . . . I hadn't . . . I guess I hadn't thought about how I would feel about this other person. I mean I thought about, how am I going to deal with this in the sense of changing her diapers, so I'm not afraid of this, I wasn't intimidated. . . . But I guess I hadn't really thought about how it felt on an emotional level, except in maybe some vague way. It's really amazing what I feel when I look at her, it's amazing . . . Like why is this? I never realized how strong it could feel. No clue. Just no clue. I thought, oh you know, "It's one more thing I have to do." (Bonnie, at home with baby)

> Before it was like, Oh, god, I can't imagine just staying home with a baby, but now it's like "Wow!" Because I mean, I love my daughter so much and I am so much in awe of her miracle self and I know I always will be no matter how old she is because it's just me, I just feel like she's such a gift and it's like in order for her to be nurtured and grow it's like that's my job to do that. But I couldn't imagine saying, "Oh, I'd rather work than stay home with my kid." I just-- wow. And see, that's funny because maybe before I may have said something different. Well, I really think that she was born into this family specifically, it's like a karmic, you know, um, reincarnation. Because she's just so familiar to me, it's like I really know her, like not just-- you know, and it was like that instantaneously. The minute I looked at her it was like I knew her. But I just think-- I mean she's the greatest thing that ever happened to me, you know, I just, I can't even tell you how-- the joy she brings me. And you can-- I mean, she doesn't even have to do anything and it's just like, "wow," because she's just, she's so communicative and just, you know, our bond is just so tight already I just can't imagine it ever changing. You know, I know it will evolve. But I think that that will always be our basic thing, we'll always be friends, you

know. But yeah, she's great. I mean, she's just such a joy. I mean, S. and I both, just like will look at her and tear up and we'll just say, "Is she a miracle or what?" It's great. (Jacquelyn, reentry)

Overwhelmed--Multiple Meanings

The participants were overwhelmed by conflicting emotions of love for career and love for baby.

I never thought motherhood would be like this. I didn't know how to be around kids. I questioned a lot of that. I hung on to my career. And when she came . . . I have no doubt in my mind, I want to be at home, I want to be a mother. But there is another part, too. The pats on the back, oh, it's a different kind of satisfaction in a career, and I do like a lot of what I do in [career], so it's partly a torn situation. I never knew it was going to feel this way. It's absolutely incredible. I keep using the word AWESOME." (Kendra, mothers' group)

It was the emotional, um, the reality of knowing that this is forever, you know, not just for the next week or so that I was taking care of my baby, but that I was gonna have her forever, for the rest of my life was, um, just kind of overwhelming. (Cecilia, reentry)

They also found mothering difficult and overwhelming. As one mother put it:

I feel like I'm saying two different things here, is the operative word love or overwhelmed? . . . I feel overwhelmed, like overwhelmed with love when I look at her, or when she's nursing, but I'm also overwhelmed by how hard this is, how hard it is to be home and take care of her, and be alone. . . . So I'm basically completely overwhelmed [laughs]. (Diana, at home with baby)

Finding Child Care while Negotiating a Relationship with the New Baby

New mothers discover that the practical matter of finding a child-care provider is enmeshed with the new relationship she is forming with her baby as well as with the mothering identities she is improvising. According to Strauss (1969), lines of action develop out of identity commitments. Therefore, when women view having a career and being a mother as dichotomous and competing identities, it becomes difficult for them to act. Some women in commenting on the intensity of their emotions towards their babies compared finding a child-care provider to leaving their mate with another woman:

> It's like trying to find another lover for your partner, I mean this is crazy. Why leave someone you love so much in the hands of someone else? (Karen, reentry)

Some participants, who had described how difficult it was for them to leave their careers and to find replacements for themselves, now described those feelings as analogous to the feelings they experienced trying to decide to leave their babies:

> Well, it's the same thing. I mean, both of them are children to me and I've worked for ten years developing this career stuff. And it's really the same feeling--it was the feeling I had when I left work. That's a great analogy. About leaving my baby. When I'm doing it right now I'm worried that I'm gonna leave my baby with this woman . . . So what's stronger? (Patricia, at home with baby)

Balancing/Trading Off

While many women had told me in the prenatal interviews of the characteristics and qualities they were looking for in a care provider and in a care setting, once the baby was actually a reality, these priorities changed. Many women reassessed their needs to have a caregiver who would act as a surrogate for them, realizing that "no one can love my baby like I can." Yet they were torn, divided. What if the child-care person is so warm and loving that he or she takes over for the mother, so that her relationship with the baby, which seems so special and unique, is jeopardized? "I mean what if my baby loves her more than he loves me?" The participants were reassessing and balancing their own needs with their understandings of their baby's needs, making trade-offs between what they felt they needed in a provider and what their child would need.

Looking at the World Differently

Conversely, many of the women were fearful that the child-care provider would be neglectful, or would ignore, abandon, or abuse their baby. The participants were reflecting their personal needs in the context of a violent and dangerous society around them.

> I've never thought about this stuff before. I mean you know, Polly Klaas is on the news all the time, and I'm not too trusting because of too much of what I hear and see in the papers. . . . And things that you hear on the news that . . . you know sitters and nannies slapping the baby, and you know, shaking them out of frustration, which, um [pause] or not feeding them, you know, not changing them, just ignoring them. (Sandra, at home with baby)

Emotions of overwhelming love, despair, loneliness, and fear are part of the maternal identity and inform the relationship negotiations and practicalities the new mothers are managing. Participants found it difficult to develop lines of action when they were uncertain where their identity commitments were. It was especially difficult when they felt that they must make choices, as if becoming a mother and being a career woman are either/or commitments.

Negotiations with Employers, Employees, Colleagues, and Clients

While the woman is taking her time-out, she sometimes begins to question certain policies in the workplace and the male model career mold that conflict with her attempts to improvise her mothering identities. After asking some of these questions (e.g., Why are things like this?) the women in this study sometimes renegotiated prior arrangements in the career or renegotiated relationships with individuals at their workplace and their relationship with the world outside the home.

> I had told my bosses that I would come back at 6 weeks, and I actually did work from home until 6 weeks, you know conference calls and things like that. But when 6 weeks came I called them up and said we have to talk about this, I just can't come back yet. They were actually quite accommodating. (Janet, at home with baby)

> I guess, after she came I just realized that going back full-time wouldn't work for me. So I called up my boss and asked for a part-time position. He said there was no such thing as part-time in our department. And you know, he and his wife just had a baby and she was back at 2 weeks! So, what can I expect? (Naomi, at home with baby)

Women who had agreed to work from home during their time-out found they had to renegotiate limits about what they could and could not do:

> Even though I said I would work at home, I needed to rework the parameters. Like, some of those people don't have families, they have no idea. So I just said, "Don't even think of calling me until eleven o'clock in the morning. I will not answer the phone and if I do you're going to get a very grumpy person at the other end." So those were like my rules. (Gerri, reentry)

> So, I had told them to call me with questions. So they did. A couple days after I delivered it was starting. And I was like, you know, "God, you guys don't give me a break, don't even let me have one day, not one." If I let them they would just eat me alive. (Patricia, at home with baby)

Women also begin to question some of the existing leave policies: Where do they come from? What is policy based on? Why are things in the workplace structured the way they are?

> I just don't think that's long enough. I know [another firm] gives their people 4 months, and I think you need 4 months. I really thought 2 weeks before and 6 weeks after. But it's just not enough. I don't know who made this up, but it's just not enough. (Bianca, at home with baby)

Having begun to improvise an identity as a mother, women begin to question themselves and their commitment to their career identities. This can lead them to question the environment and context, and previously established lines of action, which may render them unable to act, or spur them to try to develop new lines of action that fit their altered conceptions of how to be as a mother and career person.

Negotiating Relationships with Self/Imagining Reentry

For many participants reentry became one of the most difficult and central of the relationship negotiations and practicalities management. It was difficult for them to plan and prepare for because of the instability of the new facets of identity they were improvising. As another interactionist noted, "the establishment of one's own identity to oneself is as important in interaction as to establish it for the other" (Foote, 1951, p. 17). The self negotiating with herself is uncertain about who she is during an unsettled time of conflicting emotions. The maternal aspect proved to be so unexpectedly emotional, so

dependent on the relationship with an ever-changing baby, and so loaded with responsibility for both the physical care of the newborn, but also with the fear of emotionally harming the baby forever by not closely supervising her upbringing:

> I want to put a lot of time and energy into building a strong base for my family, to build a strong family unit, and I think that's really important for society. Babies need their own mothers, and if they don't have them, they feel insecure. I would like my kids to grow up to be very confident productive members of society, and I think that the best way for me to do this is for me, to um, to raise my kids myself. (Janet, at home with baby)

Balancing/Trading Off

It is important to note that what the women in the study were doing was balancing their needs and perceptions of how things should be or could be with what they perceived their baby's needs to be. The perceptions of the baby's needs are based on expert opinions as well as their own observations and feelings:

> I think I'd like to stay home for 18 months. Because I think so much happens in those 18 months. But then again people don't really know either. That's the other thing that I've really learned. Nobody knows anything. So I read somewhere that the first 18 months is really important, you know. So that's like, okay for 18 months we're going to keep one of us home with her. But I don't know that's true. I don't know that anybody really knows. (Pamela, at home with baby)

Trading Off/Missing Out

Many women are also making impossible trade-offs between their fear of missing out on career and the damage that might result to their career identities on the one hand, and missing out on their baby's development and the damage that might to do their maternal identities on the other:

> This is my conflict. Because the reality is that you do miss out on some things. This baby will grow up without my being present for a majority of his day. I won't see his firsts. I almost feel like I won't feel like a mother if I won't be there when he needs me. But what about my career? I've been warned, if I miss out on that now, when I'm in this position, I'll never be accepted as someone who is really devoted to her career. (Marie, mothers' group)

Balancing Needs and Expectations

The participants were conflicted about their feelings; many women during the time-out interviews described themselves as mothers first and foremost. Many were grieving over the loss of the maternal identity ("mommyness" was an in vivo code) that they anticipated upon reentry, even though they were torn between the recognized social values of career and accomplishment and the contradictory social and ideological values around "being just a mother."

> I have a need to have a special time with her, especially anticipating going back, a feeling that this time is really precious, that my mommyness, is precious, you know, having that time with her. (Gwen, at mothers' group)

> There's all these stereotypes out there. You go back full-time and people say, "You're leaving you're child all day long?" You know, but then you get the story, "You staying home all day? What are you going to do?" Either way you look at it, um, there is first of all the external pressure and there's lots of stereotypes out there about what's acceptable and what's not, and a lot of judgments from other people and then there's my own internal stereotype of how I see myself. (Norma, mothers' group)

Many were not ready to give up the mothering experience and felt that the career reentry date (set prenatally) was, in fact, too soon.

> I still can't imagine voluntarily not doing my career. I just can't imagine doing it in two weeks. It's really weird, because it's like when [date of reentry] comes and I'm going back, I'm thinking it's coming too fast. I'm feeling like I don't want to go back, and, on the other hand, I feel like, who am I, or, or I can't really put my finger on it, it's . . . There's something about the whole transition being so abrupt. (Daphne, at home with baby)

> There's no way to pre-plan for it because your emotions change so much. There's no way to plan while you're pregnant what you're gonna do . . . plan should be for as much time off as you possibly can afford and stick to that . . . because you can always change and go back earlier . . . and that it's hard to predict how strongly you'll feel. I thought that I wouldn't have any problems seeing her with somebody else, but that's not true. (Patricia, at home with baby)

Range Of Variation

While the troubling issues participants identified were similar, the women responded to

them in different ways. For example, most women dreaded the return day:

> I tell you, I am dreading going back to work. I don't want to do it. This is what I want right now. Yeah, and I've always loved working, but I really don't want to go back. (Natalie, at home with baby)

> And really what I'd like to do now is I'd like to stay home full time. That would be the, you know, the longer I could stay off full time the better it would be for me. I was talking with my sisters and it was a common theme, it's much more fun to stay home. It's much less stress and it's much more fun to watch your kids than to be out there battling away in the workaday world. (Patricia, at home with baby)

Some, however, were eager to see how their reentry would work out. They commented on how isolated and alone they felt with the baby and a loss of a sense of self; they described their feelings about returning to career as a balancing:

> After the first couple of weeks, the novelty wore off and I was anxious to get out of the house and work and be around women and my friends again. I missed it. I missed that. I missed the camaraderie, you know, and the exposure to my friends at work. So I thought I was wanting to go back, but then when it was time, I was not as anxious to go back as I thought I would be. I was wanting to get a break from the crying and fussing, but I was enjoying the baby more, and I knew I was going to miss that, so I wasn't dreading it. It was kind of a balance between desire and dread. (Caryn, reentry)

Still others, longing to escape the isolation of being at home and wanting to make connections with other adults and other facets of their identity, relished the idea of going back to work:

> February, I don't know what exact date . . . But, I'm ready. I sure miss being out in the world. Because even though I've tried to make an effort to get out every day . . . it still doesn't cut it for a person who has worked as many years as I have. I think I really need the outside world. So I'm ready to go back. I'm really looking forward to it. I need to be that woman who knew what she was doing. (Bonnie, at home with baby)

For this woman, the comfort and ease of competence and knowing what she was doing outweighed the anxiety of separation and fear of missing her baby's development that some of the other women mentioned.

As I have demonstrated, there is a wide range of variation in the ways career-committed women improvised identities as new mothers and in the ways they negotiated relationships and managed practicalities. Many of the participants were confused and struggling with how to manage, how to balance not missing out on their relationships with their babies and not missing out on their careers. This confusion and uncertainty persisted for some women, while for others it vanished when they returned to their career. Reentry was a time for improvising what were not separate identities, but different facets of their ever changing and evolving selves.

Career Reentry: Becoming a Woman with a Baby and a Career

My original research objective was: "to discover and describe the processes and strategies by which career-committed first-time mothers experience and manage their return to employment during the first year postpartum" (Miller, 1992e, p. 1). My intention was to look at strategies and policies that helped or hindered women during some brief period of time while they were in transition from the home back to their careers. As many who do qualitative work discover, I found the participants revealed to me far more complex situations to explore. As I followed their lead, they took me on a journey that began long before the birth and involved the many transitional changes and epiphanies different women experience throughout the processes of being and becoming a woman with a new baby and a career.

When I first entered the field, I thought only about the strategies women used to manage practicalities. It was through listening to the participants that I came to realize the interrelatedness of managing the practicalities within the network of relationships, policies, and society (the generalized other) that enabled the improvisation of identities,

and that it was the commitment to these identities that enabled the lines of action to manage the practicalities.

To improvise identities, the participants used such strategies as trading off, questioning, taking a stand, and altering, modifying, accepting, rejecting, ignoring, as well as creating cultural scripts, patterns of being, ways of working, ways of relating, and ways of structuring their worlds. These innovations in improvisation reflected their complex, changing environments, and demanded women's ability to accept and live with contradictions and conflicts, to accept multiple meanings, and to situate or position their fragmented identities.

Attitude changes within and without were necessary, and women often found themselves so conflicted that they would decide on a line of action, only to find that they were unable to follow through due to internalized images and attitudes. For example, many women wanted to share more of the baby care with their partner, but found it difficult to do so when their own internalized image of a mother in the home required that they be responsible for everything in the home and that somehow they intuitively knew best.

Whether strictly following cultural discourses (tradition) or innovating newer ways of being as mothers/career women, reentry is another epiphany in the trajectory. Again, women begin questioning themselves and others in their worlds: How do I manage? Why are things the way they are? Who is there for me? and Who am I? As women ask and answer these questions, they begin to improvise identities based on these relationships and practicalities.

Whether improvising along more traditional lines or establishing more innovative ways of being, all participants were involved in enmeshed relationship negotiations and

practicalities managements to improvise these multiplicity of identities. I will now outline the strategies and processes in the reentry period using the following examples: a woman's relationship negotiations with her baby, her partner, her family of origin, and specific others in her career arena while managing the practicalities of maintaining child care, managing household chores and baby care, and managing reentry.[7] For the purpose of analysis, I divide these relationship negotiations and practicalities managements as if they were separate processes, despite the fact that they are integrated parts of a whole; that the situated identities are in flux and change; and that the relationships worked out in careers reflect identity commitments and lines of action developed in relationship negotiations with baby, partner, and self, and vice-versa. To describe and interpret these interactions, I have arbitrarily categorized negotiating relationships with different individuals/groups/categories of people around various practicalities to inform the improvisational process. Because these are analytical abstractions, I could have arranged it the other way--listing specific practicalities to be managed and then the different individuals, groups, and categories with which each practicality needed to be negotiated. These are interrelated, interpenetrating processes and both occur simultaneously. They affect each other and they form and inform identity improvisations, while the improvisations affect negotiations and managements.

Negotiating Relationships with Baby/Managing Reentry

As noted earlier, uncertainty is the overriding condition in all of the negotiations, improvisations, and practicalities managements along the trajectory. This is no less true in

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[7] Society, in the form of expert discourses, family and work policies, and cultural scripts internalized and external, is also part of these negotiations and improvisations and will be discussed in the next chapter.

the reentry period. Just as the participants had been unprepared for the intensity of feelings they had for their babies, they were also unprepared for their reentry responses, which ranged from ease to agony. Some recognized that their responses were contingent on the hard work in practicalities management that they had done ahead of time (preparing and planning, altering conditions at work, finding satisfactory child care) and on the relationships that they had negotiated with their babies.

Range of Variation in Responses to Reentry

While many women steeled themselves for what they imagined to be a painful reentry process, some of the participants were surprised at how physically painful the separation actually was:

> On my first day back at work following my maternity leave, I felt physically ill. Missing my son felt like an ache in my chest. It wasn't until he was in my arms again that night that the ache went away. (Nancy, mothers' group)

Another woman regarded her relationship with her baby as having preceded her birth, so she expected the separation to be a painful one:

> But this baby came from my body. I made this baby, this baby has lived in my bones, has lived in my blood. And that's real, that connection is real, and it's strong and it's . . . when you go to work, and you separate, it's beyond pain. (Letticia, reentry)

For some, this pain was a fleeting experience that passed after the first day or first week, but for others, the wrench of the first day, the first real separation, became a condition and consequence of being away from their babies. For example, the physical discomfort continued for Maggie, with whom I spoke six months after her reentry date:

> Um, well, I was just completely torn. I cried every day going to work for six weeks probably. I mean literally to leave the door I'd get all teary. It was horrible . . . uh, it was, um, oh god, I felt awful leaving her, I felt like I was abandoning her. I, you know, I wanted to be home. I was very jealous of my baby sitter to be home. I got very resentful of work . . . you know, things like that. I was thinking, "What am I doing here, doing this, when I should be home?" You know, this kind of thing. I don't know--it was a real visceral,

> gut-wrenching thing. I'd never felt that feeling. Like I'd left my guts at home and the rest of me was kind of stretched 20 miles into the City and an hour and a half commute. For the first weeks it was like I wasn't really there. And I still feel like that now. (Maggie, reentry)

Maggie was hopeful that she would "get over it some time," but, as important as her career was to her, her relationship with her baby and her identity as that baby's mother were more important. Structural elements in society, policy, and career organization precluded her from being where she felt she needed to be.

Other participants also recognized that the relationship they had negotiated with their babies had a precedent over the relationship with their career. They determined prior to reentry that what was most important for the baby and for themselves was to stay together at home. These mothers either didn't return as planned or tried returning for a short time, and found being away from their babies incompatible with their relationships and identities. They strategized by weighing and balancing the importance of being in their careers with the importance of being with their babies:

> Yes, I miss, I miss the friendship part of being with other adults and working on a team, and accomplishing something and then patting each other on the back, the recognition that comes with promotions and raises, salary increases and things like that. I miss that, and for that short little bit of time that I was going to return to work, it was basically for those reasons [pause]and the money, of course. But, it's not as rewarding. The reward from the baby is more complex, it's just to see this person develop a love for you, just my own feelings of love for her, I don't think, that's so hard for me to explain compared to the kinds of rewards you get in the workplace. (Janet, at home with baby)

By contrast, many women were surprised at how "doable" (in vivo code) reentry was and expressed very positive feelings: "I didn't think it would be so easy!" "It was easier than I thought it would be." "I missed him, but it wasn't unbearable." and "I felt guilty; I got right back into it without even calling."

> SM: The last time we spoke, you were going back to [career] and you said you thought it was going to be the worst day of your life. Tell me what it was like.

> Daphne: Oh, god, I was just dreading it, really dreading it, and when I dropped him off at the sitter's, I couldn't even talk, I was so choked up. I just ran from the house crying. . . . I didn't feel bad about him I was leaving him, I felt fine about that, but I just felt so guilty. . . . It was hard, but by the end of the week, I felt better. He was happy, he was doing OK, and I was enjoying what I was doing and . . . I think it was knowing how happy he was, and how happy I was.

Some women were shocked to discover that neither the relationship that they had developed with their baby nor their identities as mother were dependent on their always being physically present with their baby. This discovery, they said, enabled reentry:

> No, it [reentry] wasn't anywhere near as bad as I had imagined. I've found that right now her needs are such that she doesn't have to have only me meet them, or have only me there, and I don't need to be with her 24 hours a day to be her mother. (Diana, reentry)

For these participants, the relationships they established and negotiated with their babies included and allowed for time apart, especially once they saw that their identity as mother and the health and well-being of their baby were not harmed by the separation.

Many of the participants commented on how their strategies in finding what they felt was the best possible child-care situation eased the separation and made reentry possible:

> I had a promotion, and after four months at home I was really excited. I had spent a lot of time interviewing nannies and even trying them out with V. By the time I returned I had seen them together for about a week. I felt really great about their relationship and the kind of attention V. was getting. I was able to focus my attention on my career and not worry about how my daughter was doing. (Georgette, mothers' group)

Negotiating Relationships with Babies/Managing Child Care

Making child-care arrangements was contingent upon negotiating relationships with the baby (and the child-care provider, the partner, the self, the family, etc.). Some women felt being separated from their baby was a way of strengthening the bond between them. They held positions that not being present with the baby was a positive situation and actually improved the relationship. While most women had decided on a child-care

situation prior to their return, after the return they reassessed the child care in correlation to their baby and to their relationship with that baby.

Some women who had stated prenatally that they were looking for someone "who could love the baby and nurture her like I will" now looked for someone who could provide what they didn't or for someone who could provide better care than they:

> I feel like sometimes my baby is better off with J. [child-care provider] than she is with me. I just, J loves my baby and my baby adores J. and I think when, when she's with her, J. pays total attention to her. When I'm with her I'm trying to like make dinner and go to the store, and I really want to read just this one article in the newspaper, you know, and I do give her good attention, too, but, I mean, J.'s job is to pay attention to my baby, so, I think, I feel really good about her. (Arlene, reentry)

Different women used different strategies, such as consoling themselves with the thought that the baby was actually better off with the care-provider, or that they themselves brought something new to the relationship if they had some time away from the baby.

> And I don't know, if I was there every day I don't know that I would be so getting such a kick out of it. I mean, it's like, because I'm not there every day I'm very aware of when I'm there what's she doing, and what's different, what's new, what's she discovering. (Stacy, reentry)

> When I'm alone with him all day I really feel overwhelmed. If I spend a whole day at home with him and I don't do anything, by the end of the day I feel like I can't take in anymore. For me that's sort of my downfall, is being isolated with him. That's where I start to feel the drudgery of being a mother instead of the joy of it. But I think again, because I get to get away those hours every week, when I'm with him I really appreciate him more. (Melanie, reentry)

<u>Negotiating a Relationship and Improvising Identities that Preclude Finding Child Care</u>

Other women were sure that "Only I can take care of him." They had negotiated a relationship that precluded allowing another person to be involved so intimately with their child. Defining <u>being with</u> as being both physically and emotionally with the baby sets up a situation in which one can do only one or the other: If you are physically away from

your baby, your mothering is incomplete, and you have lost out on the wonderful, enjoyable relationship. Thus no child-care provider or child-care situation will really do, because the mother is the only one who can truly care for her child.

> Then, um, well, then I started to wonder about going back to work and how that was all going to . . . how I was going to be able to do that and to still spend time with her and to find someone I would really trust to care for her. And uh, I started to procrastinate on finding someone to take care of her, and I looked around a little bit, but I could always find some reason why this situation or that situation wasn't going to work. And before I knew it, I had pretty much convinced myself I wanted to stay home and take care of her, because I was really enjoying it. It was fun, she's playing with me and smiling, and it was challenging, just as challenging as work. To keep her entertained and to try and figure out her needs, and, and, I WAS SURPRISED AT HOW MUCH I WAS ENJOYING IT. (Janet, at home with baby)

Physical Proximity

Physical proximity to one's infant was important in relationship negotiations and identity improvisations for some women; for them, the location of child care was significant in terms of maintaining the type of close, involved relationship they wanted with their babies. This was especially true when the structure of their job did not allow for alterations in their work schedule.

On-site child care was an enabling structure for the women who found it helpful in maintaining their close relationships with their babies while assuming/resuming a career identity:

> You know when I'm away from him I feel this physical ache, I can't stay away too long, I have to rush home and hold him. So when this thing came up, this on-site opening, I had to get involved. It makes such a difference. I drive into work with him, talk to him while I'm driving, and then he's right downstairs, I can nurse him or have lunch with him. I feel like we're together. And when I'm upstairs I can really concentrate on giving 100% to my career. (Karen, reentry)

On-site child care was only an option for two of the individual interview participants and a few of the group participants. For many women who commuted long distances,

finding child care near where they worked enabled them to find comfort in the additional time they could spend with their babies:

> You know I work in [city] and it's 40 minutes away, so I looked for day care near my office. We get to drive in and sing and just be together. I know if anything happens during the day I could be there in five minutes, that makes all the difference to me. (Ellen, reentry)

Women who felt they found the ideal person or locale for child care consoled themselves with this realization: "It's really not bad," "I do have the ideal situation." Or they compared themselves to other, less fortunate mothers: "I could never put my child in that situation [referring to group care]." "I'm so lucky to have found this place, I hear so many horror stories."

In these examples of negotiating relationships between the mother and her baby, there is the interpenetration of negotiating relationships and managing practicalities, both as means to affect, and as the results of, improvising identities. The different views different women held of their situations enabled or precluded following different lines of action, which in turn enabled or precluded different identity improvisations. Not all women felt the same way or used the same strategies; not all women responded to discourses in same way. However, similarities in these processes did exist.

Relationship Negotiations with Family of Origin/Managing Child Care

Few of the participants had nearby relatives or family members on whom they could rely for help with child care. Participants who had moved away from their family to find independence and freedom, or to follow their or their partner's careers began to feel a lack of a sense of family and the loss of a sense of neighborhood:

> I think that what I've seen and studied in other cultures is that there is extended family. You live in a house with your mother or your mother-in-law. So there is someone who is ready and available. Or that they have on-site. My family is 3000 miles away. So . . . and my mom is 81 now so she couldn't really

> help, if she wanted to. Which she does, but she's not capable. (Natalie, reentry)

For those women who did negotiate a relationship with a family member that allowed for shared caring of the baby, the transition back to career seemed notably easier:

> I mean what could be easier? I know who my baby is with, I know that, next to me or her father, that nobody can come close to giving her that kind of family love as her grandma. (May, reentry)

However, this relationship with one's own mother must be very carefully negotiated, to allow the younger woman to improvise an identity as a mother and to reimprovise a new identity as a daughter who is also a mother. Participants found they had to set limits and work out issues of control:

> I love my mother, if I couldn't think of anyone else I'd want to take care of my daughter, but I want to raise her. I want to spend those times with her. And, ah, my disposition and my temperament are different than my mother's. You know, I want her to know mine and to vibrate off of mine. Not that my mother's is bad or wrong or anything, it's just different. It's not me. And when she's with the baby, well, she thinks she's in charge, Yeah, but she also defers to me. She'll say, "Well, how do you want to do this?" or no--'cause she knows that I'm real specific. On those major things she wants to know what I think or how I want to do it. And then she just executes it. So yeah, she's really--and then there are things that she just--I know she knows more than I do about, and I just defer to her and say, "do what you thinks best," um, so it's kind of a combo. (Jacquelyn, reentry)

> Well, there is a struggle for control in my household right now. Like she wants to take care of the baby the way that she thinks is correct, but I want to do it the way that I think is correct, and I just have to be real stubborn about not giving in to her . . . but like I told you, I don't want to have anybody, um, you know, change my mind about how I want to have things done . . . so most of the time I think she wants to do the mothering. And she wants it her way, but I say, "no, I want it my way." (Ruth, reentry)

Those participants who negotiated a working relationship with family members found their reentries were eased, and their ability to improvise identities, which included balancing being a "good mother" ("who else will be better for my baby?") and a functioning career

person, enabled. However, these were delicate negotiations, highly emotionally charged, and required constant trading off and balancing.

Cultural Differences/Cultural Expectations/Problems and Solutions

Some of the participants in this study were born in Asia (Vietnam, Malaysia, Philippines). Some had networks of extended family in this country and came from local communities that held the cultural expectations that the new mother would return to her career leaving her mother or mother-in-law care for the baby, just as they might in their countries of origin. As noted, the presence of a care-providing grandmother can ease the reentry in terms of finding affordable and trustworthy child care. However, this particular cultural pattern has variations, which, while acceptable in their local communities and countries of origin (Liu, 1993; Yoon, 1993), may be in conflict with the prevailing cultural discourses in the United States.

Among the differences some participants found was that their concepts of family, which included the extended family, and the mother's role in child rearing differed from the dominant model of being a mother in the United States, where the concept of family is limited to the nuclear family, and where the norms are that children live with their parents. One woman who owned her own business never gave a thought to having her baby cared for in her mother's home. Her clients, however, were aghast to discover, when she returned to her business two weeks after the baby was born, that her baby stayed with the grandmother in another city during the week and stayed with her on the weekends:

> My clients do not understand, they say "What are you doing back so soon?" I say, "I need to be here, and you need me, right?." "Yes, but where is your little baby, your daughter?" I say, she is with my mother and they say, "Oh, fine, your mother came to live with you." When I say, "No, my daughter is with her in [city] when I am here, and then when I am at home on the weekends she is with me," they look at me funny. "Don't you miss her?" I think, "Of course I miss her. I love her and she is my daughter, what is wrong with this?" I think this, I don't say this. How can I change how people think? (Adrienne, reentry)

Another relationship negotiation around child care was much more painful and emotionally difficult for the participant to handle. This situation, which was congruent with cultural beliefs in her native country, was disturbing to her colleagues at work. While it is normal in Marcia's country to have female family members (sister, mother, grandmother, aunt, cousin) share in the caring and raising of one's children, it was impossible to bring anyone from home to the United States for this purpose. So after much painful debate, Marcia took her baby back to her country of origin to be cared for by her two older sisters. She felt that her sisters were forcing her in some ways, but what could she do? She had obligations as a "good daughter" to obey and as a "good mother" to do what was best for her child. She questioned the structural conditions in the United States as being at odds with the cultural situation. If there was no family to help in child raising, why was there no paid leave or subsidized child care?

> So, my mother is sick and so my sisters come to be with me, for the birth and after. And they get together and tell me, "You need to let us take the baby home, the baby will stay with us, and you can work, and then come get the baby. There is no good child care here, nothing like at home." You know, in my country we are surrounded, right, the grandparents and everybody stay in one house, try to protect each other and loving each other, taking care of each other. When we are still young, our parents and big sisters take care of us, and then when we grow old we take care of them. So my sisters say, "Give us your baby." My mother calls and says, "Give your sisters your baby to take care of." What can I do? (Marcia, reentry)

These painful negotiations also put her actions in conflict with expectations of this culture, and she found herself judged by her colleagues:

> As you know, this was a difficult decision for me, when I left her with my sister, I felt so bad, I asked my sister to hold the character of my child, but still I cry . . . I cry a lot [sobs] . . . We love our daughter and we're just thinking for her, you know, the best thing for her, to be well taken care of . . . so, the very first day that I went back to work, I felt that I seemed like an alien there, I am so depressed already because my baby is not with me, and the people they cannot understand why I brought home my baby. . . . They think that I am more concentrate on my earnings and not on my child. . . . They say, "You will regret because when the time comes when the baby cannot recognize you, you will

> regret," and one person told me, "You seems not to be cut to be a mother." I feel so bad because I know I am a good mother, I am trying to provide the best for my child. (Marcia, reentry)

The relationships she negotiated with her family of origin and the managing of the practicalities of finding child care helped her to improvise an identity which met her own culture's expectations, but in doing so she was violating cultural discourses in this country. This cultural conflict transformed a difficult emotional and physical separation into a source of guilt and shame.

These examples, while extreme, are models of how different women hold different definitions of a situation based on their own experiences and expectations that enable or preclude their following different lines of action that in turn enable or preclude different identity improvisations.

Negotiating Relationships with Partner around Household Management and Baby Care in the Home[8]

During maternity leave and their reentry, participants were negotiating in many different ways, using strategies of confrontation, questioning, reassessing, sharing, trading off, and taking and relinquishing control. In the following examples I will demonstrate the range of variation these participants used in negotiating relationships with their partners so that they could manage the practicalities around baby care in the home and household chores. These negotiations and managements were necessary to enable the participants to improvise their reentry identities.

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[8] This section does not involve the negotiations with partner around improvising identities as partners and lovers after the baby is born. While much has been written about new mothers' decreased interest in sexual activities and putting the partner relationship last (Cowan & Cowan, 1992) and many participants discussed this with me, I am limiting the discussion in this paper to improvising identities as mothers and career women. This is a reminder that the participants are facing a multiplicity of identity improvisations.

Negotiating Sharing

Many of the participants had what they considered to be egalitarian relationships with their partners. They had worked out sharing earlier in the relationship and had become mothers and planned their reentries based on managing practicalities by sharing. These participants tended to continue an overt style of negotiation after the baby was born:

> Yeah, he does a lot of the night time feeding which is the great thing about bottles. I'm lucky, he's very involved. And he took off the first two weeks we were home; all of which was sort of a blur to me. I so vaguely remember he was there. But I think the difference is that this was something that we're doing together from the beginning. It's not that he's helping me, I hate this men who are helping "I'm being a good liberated man because I'm helping you." But we really do share, we sort of trade off chores, we've got a list on the refrigerator who's responsible for being here until the baby sitter arrives and whose responsible for being home to relieve him. And he's taken the attitude that this is something we're doing together, not something that he's helping me with. And if he doesn't, I don't sit around and resent it, I call him on it, right then and there. (Sarah, reentry)

Sarah credited this relationship negotiation as crucial to the ease she experienced in her full-time reentry.

Some participants, who had negotiated a sharing relationship with their partner prenatally (or before), assumed a more traditional mother in the home identity during their time out. Many of these found they needed to renegotiate when they returned to their careers.

> You know. I said, "If my husband leaves the house and doesn't watch her for five minutes so that I can take a shower, I'm going to be pissed." You know. "That's not going to happen to me." So I kind of anticipated a few things, but I just put down my foot, "That's not going to happen to me." But, at that time, I was pretty much primarily responsible for the baby in the sense that, you know, I was pretty much doing everything and putting everything together and he was concentrating on work. But eventually we kind of . . . eventually we have developed a schedule to kind of make it more fair and that involved. . . . Actually, the first day that we had that schedule he broke it. And he just kissed me good-by and he had breakfast, kissed me good-by and walked out the door. And as he walked out the door, I thought, "Wait a minute," you know. And I

called him up five minutes, ten minutes later at work and I said, "What are you doing? You're supposed to take the baby to the sitter this morning." "Oh, is this the schedule that was starting today?" And I'm like, "Well, when is it supposed to start?" [laughter]. He said, "Well, I didn't realize it was starting today." And I said, "Well, we just talked about it last night." When did he think it was going to start, you know. So, he broke it the first day, but since then he's gotten better. That's what we've worked out. . . . It's kind of involved now. We've kind of um. . . set schedules so that one of us is responsible for blocks of time so this way it gives the other person blocks of time to kind of do what they need to do whether it's work or recreation or whatever, or feed her or cook or whatever, until a certain time and then we switch off. (Arlene, reentry)

Taking Control/Relinquishing Control

Working out and following through on these negotiations not only require women to have the impetus to negotiate them, but a willingness to relinquish control over some aspects of the baby/mother relationship, to improvise a maternal identity that does not include being the only one who can understand and respond to her baby's needs. Some of the participants recognized egalitarian partner and parent relationships as a double edged sword: If women want their partner to participate equally, they must trust their partner to negotiate his or her own relationship with the baby; to take control over relationship negotiations with their partner, women need to relinquish some control over their relationships with their babies.

Ellen: Well, I would say we're not negotiating anything, um, I do feel like most of, you know, the lion's share of responsibility for her is on me and when I want a break I have to say, "Honey will you take her for a while," and the kind of assumption is that unless I say, that she's my problem, you know.

SM: And how is that for you?

Ellen: Hmmm. That's also complicated. On some level I really wouldn't want to have it any other way because I want her to be dependent on her mother and I have to admit that, um, to be true. On the other hand I think, ah, I think it would be better for, you know, to break down a little closer to 60/40 or 80/20 rather than, you know, 99 or 95 to 5 which it seems like to me. Now it's probably not as much as that but it seems that way at times.

It is difficult for a woman to negotiate an egalitarian or symmetrical relationship with her partner when such negotiations pose a threat to aspects integral to her maternal identity. This might include, for example, her ability to mother intuitively, to have such a bonded relationship with her baby that she alone knows his needs, or to her own internalized image of being a woman.

Resentment/Passive Negotiations

Many of the participants inwardly questioned themselves and their partners about the inequality in sharing house and baby work. While they would question these inequities and complain to me and to each other in the support groups, few seemed to actively confront or demand change in their partner's behavior. Many women stated that they felt they were "doing this alone," "he's just not there," "my partner just doesn't get it." Often there is a simmering, silent resentment that explodes in outbursts over apparently nothing and leaves both partners confused.

> Oh, you know, that one time when he tries, when I ask him to get the baby ready for day care while I prepare my notes for a presentation. And I come down to drive her in and she's got a summer outfit on, there are no wipes or diapers in her bag and I just start screaming at him. "Can't you do anything? Why don't you get it?" But most of the time I just do it, because I know how. I see what needs to be done, and it's more work to talk about it than to just do it myself. (mothers' group)

This attitude that "it's easier to do it myself" conflicts with the desire to share the child care and household issues. Women express disappointment in their partner's participation, or the need to negotiate a mothering identity alone when they thought they were going to be negotiating parenting identities with an equally participating partner. However, many recognize that it is their own expectation of themselves to be able to do it all that prevents them from demanding more of their partners. Some participants also began

questioning themselves and turning their resentment inward; they felt as if they managed everything else so well, but somehow selected the wrong life partner.

> I mean, I have to keep asking myself, "Why him? Why him?" I picked a career that would allow me be a mother and have an interesting career, I managed to find great child care, and make all these arrangements, but somehow I picked a man to love that isn't there for me. Like what's wrong with me? And then I get angry at myself because I've never really got into a place where I communicated that to my husband. And I found out that I really needed to communicate that to him, but I find myself hating him because he is so remote, so removed, so not there when I need him. (Letticia, reentry)

Partners Making a Change

Four of the participants reported that their partner had made lifestyle changes as dramatic as their own. They stated that these changes made them feel more connected and closer to their partner, more relaxed and able to improvise identities that were right for them.

> Um . . . It's not like helping. No, he shares. We share. We definitely share. He's . . . He's . . . I mean I help him and he helps me. So we do totally share the child care and duties around the house--shopping, cleaning, stuff like that, chores. And our love has just totally intensified a hundredfold. I had no idea I had so much love for him. . . . The love is definitely stronger. Sexually, though we're not as, you know, close because of the fatigue. (Caryn, reentry)

Even when couples negotiated relationships outside of the stereotypes of partner-out-of-home/mother-in-the-home, there was a constant monitoring and adjusting of relationships so that they wouldn't slip back into the stereotypes:

> You know, we worked it out, my husband and me, that what would be best would be for him to work from home, he is a [career] and now he can consult from home, and for me to go back. So, he's learned to do it, you know. I let them work it out, have their own relationship. I'm not rescuing them. But like I come home from work, and they're like playing together, and yeah, I'm jealous, I feel like I'm missing something, but they're great together. . . . Oh, yeah, I come home from work and he's like looking at me, like "Where's dinner?" I mean, like his mother was June Cleaver, so what can I expect? (Heidi, reentry)

In my observations of couples interacting during the interviews there was much sharing of holding, diaper changing, rocking, feeding, and comforting of babies between

participants and their partners. However, in many cases if the baby would start to cry, the participant would need to ask her partner to take the baby and would give detailed instructions on baby care or what they sensed the baby needed right then. Similarly, when questioned about relationships and improvising new identities as mothers and as parents, many felt that there was still a long way for their partner to go, and that partners would not or could not come half-way to alter their identities or improvise new identities:

> Oh, it's an acceptable pattern for men. He's a father and while he's attached to his kid, he's not experiencing what I am. I mean there's no trauma, his life is not disrupted. Yeah, I mean, it's my biggest disappointment. His life's not the same as it was before J., but it's much less changed than mine, and that's the part I object to. I see it all the time, their lives aren't changed and ours are irretrievably, changed and won't be the same, and they just keep on going. For all this women's liberation crap, women do the lion's share of the work. Women have traditionally picked up the slack, and I find myself doing it at home, and sometimes I point it out to him and sometimes I don't. (Lucia, at home with baby)

Differences for Lesbians/Sameness for Lesbians

Some of the lesbian participants felt they had worked through relationship negotiations with their partners that were different from what they imagined and/or had heard about from their heterosexual friends.

> I mean, you know we're lesbians, right, and we had worked out all of this shit before we even could decide who would have the baby, I mean we've been wearing each other down on who's gonna do what, who gets to do what. Yeah, and what we hear at those mothers' groups. They [heterosexual mothers] are all complaining about their husbands [laughs], and P. I'm sure is thinking "Thank god I don't have a husband, these men are horrible." You know, I think some of them are really horrible, not all of them. I mean these really thoughtful women who made careful choices, except the guy, the guy!! (Stacy, reentry)

Others felt they had the same problematic negotiations with their partners about sharing baby care responsibilities as heterosexual couples:

> No, we're both his mothers. But it's more traditional than it seems. Yeah, I'm resentful, I mean, it's just like with heterosexual couples, just because I had the baby, doesn't mean I should be the only one to raise him. And it, it's still difficult for me to assimilate the fact that I am the primary parent. She is

> fantastic with E. and when she is here she is unstinting in her energy. But still, if he's sick, my work is the work that gets shelved, you know, or I'm the one who always takes him to the doctor. (Melanie, reentry)

Single Mothers, When There's No Partner with Whom to Negotiate/ Comparing and Contrasting

Some of the women in the study were nominally partnered, but their partners had careers that required them to travel away from home a good deal of the time. Other mothers were parenting alone. While many partnered mothers spoke about the difficulties in their relationships with their partners around household and baby issues, most made comments such as, "I don't know how single mothers do it," "Or I had made up my mind, I could not be a single mother." Single mothers, who did not have to negotiate a relationship with a partner, compared their situations to partnered women. They wondered if things would be the same, or better or worse if they were partnered:

> Mm-hmm, mm-hmm. Because the mom's group is great but they're all, um, partnered. And, and mostly partnered people keep saying, "Well I don't know how you possibly do it," I mean, this is the kind of reaction mostly that I get from other mothers. You know I do do it and it's, it's working fine. It's almost like there's a little bit of pity there. I don't need people to feel sorry for me. I took this on on purpose and I want to do it. And, ah, and I think it's true that most--in the end, most women do all of the work but there is someone at the end of the day to hand the baby over to or just to hand the baby to when you need two hands and things like that. So I feel that there's that there. . . . But, ah, every--almost every mother I talk to says, "Oh, I'm, you know, I do it all myself anyway." You know, that was what--when I was considering it and talking about it with people they said, "Oh, you can do it, I do it all by myself anyway, my husband's worthless," you know. (Cecilia, reentry)

In Operating Instructions,[9] Anne Lamott (1993) described her experiences as a single mother during the first year of her son's life. Not a single parent by choice, Lamott

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[9] The fact that I found this book in virtually every participant's home I visited, I believe, is testimony to the author's achievement in having distilled and given voice to the feelings and dilemmas these new mothers confronted. As a meaningful discourse on new motherhood, and as another slice of data, I find the book appropriate to this discussion.

stated that she felt guilty that her child did not have a father and that she considered parenting a difficult emotional and physical roller coaster that should be shared. However, she kept hearing from her friends that the difference between having and not having a partner were minimal, except that with a partner, you had someone to complain about:

> I'm crazy tired. I feel as stressed out by exhaustion as someone who spent time in Vietnam, maybe mothers who have husbands or boyfriends do not get so savagely exhausted, but I doubt it. They probably end up with these eccentric babies plus Big Foot stalking around the house pissed off because the mom is too tired to balance his checkbook or give him a nice blowjob. This is strictly sour grapes. I wish I had a husband. I wish Sam had a Dad. . . . I asked a friend, do you think having a husband makes it a lot easier? Oh, no, just the opposite. The only real advantage is that you get to have tantrums and someone to attack, which actually the more I think about it does seem to relieve some of the pressure. You get to say things like "I hate my life, I hate you, you're gone all day, this was your idea, my figure is ruined, you're a bad person, I hate you and I hate listening to you floss every night." (1993, pp. 20, 150)

Summary of Negotiating Relationships with Partner

Negotiating relationships with partners is part of improvising identities. Some women were improvising identities in opposition to cultural stereotypes or discourses which define mothering as part of a heterosexual couple. All women who mother, whether they are in a relationship with someone of same or opposite sex, whether the partner is present or absent, hold old images of the nurturing mother who is responsible for both the home and the child. Some women are trying to rework those old images both internalized and external, and trying to negotiate relationships with her partner that are more egalitarian and symmetrical. Those without partners are trying to eliminate the images of mothers as only being partnered.

Negotiating Relationships with Employers, Employees, Colleagues, and Clients/Managing Reentry

Managing a reentry is a logistical and practical matter that reflects a woman's identity commitments and is a reflection and result of her relationship negotiations in all areas. In

the career arena these negotiations are made simultaneously with her employers, employees, colleagues, clients, administrators, and internal policy makers (for a discussion of national policy, please see Chapter 8) and of course intertwine with and influence negotiations with child-care provider, family, partner, and selves.

These negotiations take place within a macro-structure where the model for a career identity is a male non-parent, or a SuperWoman who has taken care of business in her child-care negotiations and compartmentalized her mother identity from her career. In the absence of functional models for career reentry, participants were improvising a new facet of identity called "career person who is also a mother" in the above contexts. By negotiating relationships with others involved in her career, a woman can improvise or reimprovise her career identity facet to accommodate or allow for a mothering facet, or improvise a new career identity. Each woman, of course, negotiates these relationships in her own way, and her range of options for negotiation, improvisation, and management are limited or expanded according to the structures of her career, financial resources, and the specific career arena/locale in which she is situated.

Negotiating with Employers

Strategies for managing career reentry and negotiations in the career arena include: questioning, trading off, reassessing, taking a stand, accepting, modifying, creating, maintaining, altering, and taking and relinquishing control. These strategies are enacted within the overall conditions of uncertainty and emotional intensity, while the participants attempted to balance their own and their babies' perceived needs.

Questioning and (re)acting. A process of questioning the "system" (the status quo of career track, and the structural systems and conflicting discourses that shape policy and attitudes), which began for many women before the reentry, intensifies during this period.

Prior negotiations no longer make sense or have little meaning for the woman who is improvising a mother identity. She asks herself: "Will I maintain my agreements and arrangements or make new ones that work for me?"

Maintaining the status quo. Women who questioned the status quo and their relationships within their career and to their career, but maintained them as they had negotiated them prior to reentry did so in a variety of ways and for a variety of reasons. Some stated that they had given a lot of thought to renegotiating, but that "things just are the way they are" and gave a number of reasons why it was futile to try to renegotiate or change relationships, structures, or conditions: "all the bosses are men," "none of the female administrators have babies," "these women [bosses] had babies, but like they were up and running, back like nothing ever happened." Participants who strategized, negotiated, and managed along this tendency were sometimes conflicted, but only in those cases when the women desired change, but could not or would not act to effect it.

> Oh, I didn't ask, I know how it is, so I'm back full-time, and while I'd like to be part-time, I can't do anything about it. It's just not an option in my career or in my practice. I'm not happy about it, but it's just the way it is. (May, reentry)

Other women maintained the status quo and felt positively about it. They managed to keep pace in their careers at the same level, on a full-time basis, and to maintain mothering at an intensity that felt right for them.

> Well, first of all it's my own company, and while we do have written policies, I do have some flexibility, um, but I don't want to make any changes. This is just right for me, my clients need me. My employees and the other managers need me, and I need it. My life in the home is not in conflict with my career, so why make changes? (Arlene, reentry)

Modifying. Some women who questioned their prior arrangements and commitments, and who questioned policies and attitudes in their specific workplaces, attempted to renegotiate relationships and modify structures and policies or ways that they

related to others in their careers. Some found that it was easier to change policies, however, than to change attitudes and expectations:

> Well, yeah, with the last wave of pregnancies they rewrote the policies, so sure, now they've got a written policy that states a person can work part-time, and you can do flex-time, but the unwritten policy is there, if you do those things, you'll never make partner. (mothers' group)

Restructuring. Structural changes involving the ways in which women relate to their careers could sometimes be accomplished within existing policies or through negotiations. Some of the alternatives to a career-driven existence included: cutting back (where full-time was 60-80 hours, negotiating for 40), flex-time, job sharing, telecommuting, bringing baby to work, bringing work home, changing positions within a career track, working part-time, changing from a high-powered career to a less-demanding "job" within the career.

Women found some of these options to be manageable and doable, while others were not.

> I just couldn't come back when I said I would, so they agreed to let me bring her to the office with me. It worked for a while, but as soon as she started moving around, I was back trying to figure out how to do this again. (Judith, reentry)

> I now work half there and half from home. It makes it more doable, but sometimes I find I really can't get the stuff done. I mean I still have to have a person in the house who watches her or I wouldn't ever get anything done, and when I have to talk to clients on the phone, it's really bad. (Gerri, reentry)

When asked what would be ideal, many participants mentioned being able to return to their career part-time, which, they stated, was a way of having the best of both worlds--in effect, having it all. Some of those who did negotiate part-time reported feeling satisfied:

> I never really wanted to come back at all, but now that I am it's great, I think I'm a better mother. I'm being super-efficient and comfortable in being in both worlds . . . but I'm sure I wouldn't feel that way if I had to be full-time. (Karen, reentry)

However, others recognized that although they had reassessed and reprioritized the meaning of career in their lives, they acknowledged that they were compromising their careers, given their prior commitments, and thus described themselves as torn:

> You know, you have a compromise and you also have all the um, the downside of the compromise is that you do feel torn, I think, especially professionally I feel increasingly torn as I get more into my career, um, I don't have that extra bit to put into it, So, on the baby side I don't feel torn, I maybe feel torn on the career side, but I would rather feel torn, um, on the career side than on the baby side. (Daphne, reentry)

Making a move within a career or changing careers. Just as some women had done before the baby, many women now reassessed their career identities and reprioritized their career commitments. Finding that their careers did not accommodate a maternal identity facet, they decided to change to another aspect of their careers in which they could improvise identities that would reflect their present priorities and commitments. In this way they were able to create options to their career identities that enabled, augmented, and were in synchrony with their mother identities:

> I started thinking I can't handle this burden anymore. My career is just too intense. So I thought about changing. I talked about it in fantasy. And when I was upset I'd rant about it. But in truth I didn't know what I would do. And knew that I-- you know, I started feeling more like it was a job and less like my heart was into it. And not just--but it was real. I mean it was-- I started getting very clear about where my priorities were. Suddenly the responsibility of being a mother far outweighed my interest in being a [career]. But instead of changing careers, I changed my focus, it shifted drastically. So now I'm putting myself out there as someone who deals in parenting issues. It's a way of integrating my interests and getting away from feeling so dragged down and not liking what I do. (Suzette, reentry)

> Yeah, so I knew I couldn't go back to the intensity, the hours, the everything . . . and there just weren't options for me to negotiate in that firm. So since I've been out, I've slowly started my own consulting business, based on my experiences and expertise, I can now set things up the way I want and be the kind of mother I want to be. (Betsy, reentry)

Other participants found that despite negotiations there was no maneuvering room in

their particular situation, so they modified their position from career track to what they referred to as a job:

> It's just an adjustment. I would like to do something part-time, but there's no such thing at my level of responsibility. So, I could just say I can't do this anymore, but I could do this [another position in the company]. It's a step down for me, but more manageable, cause I could do it part-time. (Bianca, reentry)

> This particular job is part-time and it's clearly kind of a level down from what I was doing before, but that suits me right now, because it's not going to require that I spend weekends and nights and mornings and a lot of extra time. It's a very doable job, and we're talking 8 hours a day, 3 days a week. . . . It's a way of keeping my skills up, keeping my hand in things, and being able to manage being a mother. (Bonnie, reentry)

Negotiation Strategies

Some women negotiated these structural or time changes and commitments with employers, supervisors, and others directly:

> So I called them up and I said, "Listen, this is the way it's going to be: I'll come in at ten and leave at three." And that's that, I mean they need me, and I'm doing them a favor by coming back. I mean, that was with my immediate supervisor; then he had to take it to Personnel. Then I had to do it all over again with Personnel. (Patricia, at home with baby)

Others negotiated more indirectly:

> I don't know how I'm going to be able to do my job and stay in that limited capacity for very long. No one's ever done it as a principal in the company. No one's ever worked half-time because of a family demand. Um, they've tried to work four days a week, but I don't think anybody's ever worked half-time. So I--what I see is that I'll feel cold toward escalating my time at the office, and I'll have to be really be assessing that all the time, Um, and that'll be a big challenge. I don't know, I've just said that I want to work part-time and my boss says things like, "Well, I imagine that that'll work for a while." Or, "You'll probably want to change that after a while." Or, "I assume that that's a temporary situation." And I don't pick up the cue, I can't deal with it, I just say, "Well I really don't know." (Daphne, reentry)

Some participants labeled themselves as "savvy," saying that in their negotiation strategies they utilized their knowledge of a particular industry, employment trends, or their sales techniques to try to change policies:

> So I asked for a meeting with that bunch from Human Resources and with the support of my supervisor and I said, "Listen, folks, I may be the first woman to become a mother at this level in our firm, but there will be others, do you want to make things so rough to be here as a parent that all the money you put into training these women you'll lose when they leave?" So basically you sell it as a benefit to the organization and let them know how they're going to save money or be better if mothers have options. (mothers' group)

Negotiating Relationships with Clients, Patients, Customers, and Audiences

Women who previously may have been at the beck and call of clients, patients, customers, or audience, especially those who provided services, found they could no longer maintain the intensity of those relationships:

> I mean if the baby has to go to the doctor. Then okay, I have to rearrange my schedule so that I can do that and, you know, make those changes, so. And clients, you know, I mean it depends on whether you want to be that honest and say, "Well, you know, I have to take my kid to the doctor," you know. Or you want to just say, "Well, I have some other things. . . ." You know. Some people they would understand that and take that as a very valid reason and other people would say, "Well, that's your problem and take care of it, but not on my time." (May, reentry)

> So it's hard, hard, I mean, being a [career] you have to be really clear about what you're doing in preparing people and trying to negotiate with them, whether it's appropriate for them to stay with you, can they handle that, that you might have less flexibility to be responsive to people. . . . I had one client who basically--I'd forgotten it because it was so gruesome--um, she called me a breeder and basically wished that the baby had never been born. (Gwen, reentry)

However, many of the participants in the helping or service professions found they related to their clients in a new way, one that reflected their concerns as mothers. They felt they had acquired an expanded outlook, increased empathy, and the ability transfer some of their mothering skills into their client relationships:

> I mean, it's really weird how I relate to my patients, now and I guess a lot more empathetic, You know, I'm a lot more emotionally involved, not that I wasn't, um, but you see . . . I guess it all kind of goes back down to being a parent. I work with some head injureds, and it's been really difficult when I see how the parents deal with the situation and I always try to think "Okay, now instead of getting frustrated with the parents," because they're out of control. . . . They're just like on us you know, "when did he get his meds? Can't you change his

diapers now. . . ." And it really used to get on my nerves . . . but now that I'm a parent and I would think, you know, if R. was in that situation, we would be nuts, we would be absolutely irate, crazy parents, demanding. . . . Um, and one of our patients is this big, 13 year old boy, I mean he slobbers and goobers and he only bathes like every other week . . . and when he's eating his mom is sitting there and she goes, "well, spit it out in my hand," he's drooling, she's wiping things off with just her hand, and she's just kissing him, hugging him, and he's got food all over him, he smells, and I'm thinking "the love of a mother." It's unbelievable, all I can do is just look at her and just marvel at this woman's you know, courage . . . I mean this is the stuff you do when they're little and cute, and he's big and smelly, slobbery food all over. (Sandra, reentry)

Negotiating Relationships with Employees

Participants who were not in the helping professions also noted a change in themselves in relation to their employees, which they judged to be due to being a mother and which they felt was positive:

> Right, I have two employees who are also new mothers. They work for me, they have careers, but they're not . . . I don't think they're all encompassing. You know . . . I don't. . . . They're important to them and they work. . . . And I've become much more understanding now that I'm a mother. Both of them I give a day off a week. And the kids are nine and ten months old. So they can also spend a day, an extra day - I kind of do that for them, `cause I can't control money, but I can control time. (Kim, reentry)

> And I think that I'm starting to see how being a mother is making me a little bit more balanced. People who work for me, two people have told me, have said, "You seem so much more patient," and I said, "Well, maybe that's sleep deprivation." They said, "No, you just really seem much more patient." People say what they want to say, you're just listening. So it may be a morale booster in the office. (Sarah, reentry)

Negotiating Relationships with Colleagues

For many participants, collegial relationships were an important aspect of career identity. Some who had recognized that they felt isolated and lonely for adult companionship mentioned frequently how glad they were to be involved with their career colleagues again. Others had not known they felt isolated until they returned and then told me of their enjoyment:

> I think I would have been perfectly content staying at home but thinking about it now I didn't realize how much I missed the interaction with my other co-workers, people that I had worked with eight years, for eight years, Um, and it was nice coming back to that family setting, you know, the same people were there and I thought, "God, this is really nice." (Naomi, reentry)

Some described negative relationship negotiations, in which they felt betrayed by colleagues who were not empathetic to their maternal identities:

> I mean, they tried everything to get me to stay full-time, these threats like how much I'd be missing out on . . . like friends who were colleagues and who had left their babies, and come back full-time tried to convince me that I'd really lose out and could never get back on track if I went part-time. Then I'd wonder, what comes first business or relationships and friendships? (Janet, at home with baby).

In the career arena there were many persons with whom to negotiate, many policies which structured how much negotiation was possible, and many images and discourses directing how the participants would improvise identities that worked for them.

Summary

In this chapter, I have explored some of the relationships and some of the practicalities that the participants negotiated and managed as they improvised maternal and career identities during their time out and while reentering their careers. The women employed different strategies and negotiated and managed in different ways. A few women withdrew from their careers, desiring to develop and elaborate their mothering identities more fully; a few women improvised identities that were more focused on career. However, many participants were trying to find ways of being in the world that encompassed both facets of identity:

> I can take the best of my mothering and take it to my career, I can take my ability to negotiate at work and use it home, but it's integrated, I don't need to separate it out, thank god. To do this I have to let go of some preconceived idea of what the mother is supposed to be . . . that it's not OK to be driven, and then go home and be gushy, no you can be the same person, but different aspects of you come out in different places, and skills you learn in one area you can use in the other. (Lucia, reentry)

In general, it appeared that the mothers were striving to improvise identities as women with babies and with careers that reduced the conflict between their personal needs and meanings and those of the situations and others around them. The participants were working on developing ways of being that worked for them by utilizing principles of improvisation: working from extant traditions, trusting their own intuitions and talents, adding their own life experiences, and listening to and communicating with those important others with whom they interacted. In the next chapter, I will examine how career-committed new mothers put it all together: situated their identities, created identities contextually, and, by questioning themselves and society, improvised multifaceted identities.

CHAPTER EIGHT:

FINDINGS III

INNOVATIONS AND TRADITIONS IN IDENTITY IMPROVISATIONS

> Improvisation always contains elements of Innovation; since each individual possesses a unique reservoir of thoughts and feelings which will be expressed differently and unpredictably. . . . At the same time, Improvisation always makes reference to Tradition; since no individual can fully escape the influence of his or her predecessors.
>
> Joshua Redman, 1992

This description by saxophonist and jazz improviser Joshua Redman of the interrelatedness between tradition (context, environment, training, and history) and the innovations musicians bring to each act of improvisation, is, in fact, reflective of all acts of improvisation. Nothing that a person improvises is totally new and different, because everything reflects the past and present of a being situated in a particular time and place, among specific peoples. Whether or not we are aware of them, these influences are part of who we are and who we are capable of becoming and being.

These dual aspects of improvisation--ideologies of personal and social history, and the innovative creative aspects and environmental, contextual, and internalized images--are the properties and conditions of identity improvisation. Identities are products of culture, society, others, and selves, each formed by and informing the others.

In previous chapters I have explicated the contexts and histories within which participants improvised their identities, and I have shown how each woman brings her own story and her own unique input to negotiating relationships and managing practicalities with specific others in her worlds. In this chapter I will explore the more abstract negotiations a woman makes between herself and society, specifically, how she improvises identities by questioning herself and the policies and attitudes that comprise society, the generalized other.

Improvising Traditionally, Improvising Innovatively

Essentializing Discourses, Not Women

As I have already stated, my intention has been to avoid essentializing women's responses to becoming mothers and reentering their careers, and also to avoid producing research that could be used to harm women. I further wished to avoid producing some "normalizing discourse" about the right way to be as a mother and career person, or to dictate the correct ways to improvise identities. Real, embodied women and their identity improvisations cannot be typified and should not be judged.

Such constraints do not apply to the essentializing and typologizing of the cultural scripts and discourses that women question, acquiesce to, and resist, or the stereotypical images women internalize, accept, and subvert. As an interpreter of the participants' words and interactions, I can use analytical constructs to show different women's tendencies in responding to these stereotypes and cultural discourses as they improvise identities that are based on their own experiences and which have meaning and utility for them. I will restate here my assumptions that I view women's identities as multiple, emergent, and fluid, not as fixed roles that must be played out by limiting cultural scripts.

Review of Cultural Discourses

As discussed in Chapter 6, the United States in the 1980s and 1990s has seen an abundance of conflicting cultural discourses and ideological stereotypes around mothering and "working mothers," professional women, and career. These discourses, and the attitudes, structures, and policies that they (in)form, are all part of the raw materials participants use both to structure their identity improvisations and to reject, question, or alter these discourses. Some exemplify dichotomies, either/or situations in which women improvise exclusive identities. Participants who tend toward these dichotomous discourses,

also seem to tend toward following a situated physical "being with" as the hallmark of identities: A mother cannot be in two places at once, so she needs to choose to be with or to be without her baby.

SuperMom

One discourse positing such a dichotomy is the SuperMom, which requires a full-time, at-home mother; values all things in the home as mother's domain; and rejects conflicting discourses on the self-fulfillment and rewards of a career. A few of the participants turned toward this discourse after learning that it was the optimal choice for them and the meanings they had discovered in being a mother.

> This is one of those things for me that I've always seen myself doing. This thing with motherhood for me, I just knew it was right, and it wouldn't be a problem for me to give up being a [career] for a while. For a brief time I started to have some little internal feelings like, "I kind of think I need to get out of here. I think I need to be doing something in the world," but that's passed. I'm just very content. I felt like I was Home, capital H. Just like this is what I'm supposed to be doing right now. It was never a sense of that "This is what I'll be doing for the rest of my life," but this is what I'm supposed to be doing right now. I'm not supposed to be anywhere else, I'm not supposed to be thinking about anything else, and you know, my plate is full. And so that, that feeling of "god, maybe I should be out in the world and maybe I should go back" [pause] I sort of do have a place to go, it's here at home. I also had this major insight as I was changing her diaper one day, which seems to be when major insights flash. It occurred to me that my work now, and I mean that in every sense of the word, my internal work, my external work, that last ten years have been focused on me. And my work now is focused on me and my husband, as a couple and as a family. I do whatever it takes to make sure that the family is working. That is as much work to me as working. I'm completely prepared right now, psychologically, emotionally, spiritually, to devote this next decade or decades to children. Yes, right now mothering for me is my calling. To infuse these beings with a sense of value and purpose and love and to create, you know, loving compassionate people. (Lilly, at home 10 months postpartum)

Among the conditions that made it possible for study participants to improvise an identity consistent with this SuperMom discourse were: finances adequate to permit an extended time-out; negotiations with partner (if present) to allow a change from mother's

original plans to return to work postpartum; and the belief that she can get back to her career without missing out, or that missing out on career is less harmful than missing out on her infant's early years.

Women who chose to stay home and SuperMom all described their situations positively. They were very aware of their privileged position in being able to afford this option in tough economic times in geographical locations where it normally requires two incomes to pay a mortgage and raise a family. "I'm so fortunate that we have the means to." "We have to make some sacrifices, not eating out as much, not fixing the place up, but it's worth it."

However, due to other conflicting social discourses about mothers, women, home, and career, participants who tended to follow this discourse felt they had to rationalize their decision to their family, friends, and colleagues, and to themselves.

> I felt sort of less than and, in the beginning, I did feel funny and I did feel like my friends were, "Oh, so you're gonna do the traditional route, huh?" But, I felt that way in the beginning, but not for long. I think once I was a mother and I realized how hard it is and how much energy it takes. . . . And when I'm with people I talk about it with a great deal of love and confidence and so I make people understand that I feel I'm doing something important. (Lilly, at home)

> There's also a lot of peer pressure. All of my peers look at me even thinking about staying home and they think I'm crazy. . . . I really see them just looking down on me and it puts so much more pressure on me every day. (Dawn, Mother's Group)

> My mother and father, in fact, all of my relatives, kept on urging me to go back. They essentially said that I shouldn't give up everything I'd worked so hard for, all the contacts, and, of course, the prestige and the money. It was sort of like they were embarrassed in front of <u>their</u> friends to talk about, "my daughter, the housewife" instead of "my daughter, the [career]." (Janet, at home)

Participants who chose to stay home and mother found they had to battle self-doubt, isolation, criticism, and losing out on hard-won career status.

Career-driven

The other side of this dichotomy is a complete investment in the career world. This calls for a woman to make it in a man's world, to play by men's rules, to function publicly in the workplace as if there were no baby for whom she is responsible and with whom she has a deep relationship. None of the participants in the study followed this discourse, but many incorporated strands of this discourse into their identity improvisations.

SuperWoman

This cultural discourse combines elements of the first two. The SuperWoman has it all and does it all, saving both baby and society by being a SuperMom (albeit also functioning out of the home) and playing by the male-model rules in the career arena, without regard to personal cost (in the form of exhaustion). A few of the participants followed this trend, describing their tender love for their babies and their deep commitment to being with them and managing the home, but also their fierce commitment to their careers, and a desire to maintain those commitments as they had before they became mothers. One strategy described by some who followed this discourse was an ability to compartmentalize or "back burner" thoughts of their babies when in the work environment.

> I think about her, but I don't make that like the forefront of my thoughts. I just think it's too distracting and it's like, if I'm gonna go out there and kick butt and make a lot of money, I need to focus on that when I'm out there. So I back burner her when I'm not with her. (Jacquelyn, reentry)

> You know, we found this really great child care . . . and I just went back really, like nothing happened. And since the first day, everybody said, "Oh, you're going to have such withdrawal and how are your going to feel, and we feel so sorry for you and. . . ." and even G. [husband] was saying, "Are you going to be OK?" From the minute I walked into my office the first day, it was as if I'd been gone a long weekend rather than four and a half months. . . . And I got thrown into it, and so I was busy the whole time. . . I didn't . . . from the first day until now, I haven't called once during the day to check on him, not once, and sometimes I feel like I'm a bad mother, but I'm so into my career. I feel

> with G.'s support, I mean we really share parenting, and the child care we've worked out that my baby is well-taken care of, and I find when I'm at the office, there is no difference in how I behave. I'm just like I was before. (Kim, reentry)

Conditions enabling participants who tended to improvise SuperWoman identities were: high personal income, an egalitarian relationship with a partner who shared household and baby tasks, well-organized systems of child-care, paid workers in the home, and (usually) an elevated position in a career hierarchy or her own business.

Traditions and Innovations in Improvisations

Women who followed one of these existing cultural discourses all stated that they did so because they believed it was best for them and for their babies and families. None of the women found this to be an easy decision and the weighing, balancing, trading off, and taking a stand involved unsettling issues of moral and social significance. Most of the participants who followed traditional discourses were improvising identities on their own terms. They questioned societal values that elevate work outside of the home over mothering and chose to mother; or they assessed what they considered dismal child care prospects and determined that their baby's needs were best met by their own enthusiastic care; or questioned themselves and their needs and drives to succeed in the male-model worlds of their careers, and felt they not only could handle it all, but took pride in their ability to be excellent according to their own standards. Thus the women in accepting traditional discourses did not simply acquiesce to them, but chose them only after careful deliberation as to what was right for them.

Innovations and Traditions in Improvisations

While some of the participants improvised identities that were synchronous with largely traditional, extant discourses, other participants improvised more innovative ways of being--identities that allowed for a more complex, fragmented self to emerge. These

mothers improvised identities out of negotiated relationships with their babies, their partners, themselves, specific others, and society. Some women stated that they wanted to be able to incorporate traditional as well as innovative ways of being. They wanted to be a mother, but not an all-out sacrificial stay-at-home mother; they wanted to maintain strong career commitments, but not need to fit existing male models, and not reenter quite so rapidly postpartum. They also did not desire to have sole responsibility for handling and managing all the practicalities.

These participants recognized that in order to make their lives work smoothly and to be comfortable with situated identities, they would need to balance and trade off, bringing different facets of their complex identities to different situations. They described their questioning of existing attitudes and policies, their conflicting identity commitments, and then described what they were doing about it. Their identity commitments were mutual--some found they were equally committed to mothering and career--that both were integral parts of who they were:

> Well, it's harder . . . because it's like I already have this baby [her career] that I've given birth to and it's growing up and I still need to attend to it and you find, I don't want to give it up for adoption or not attend to it. So in some ways, it's like having two kids, in that respect, because I've so successfully nurtured and mothered my career, it's going to be more of a juggling of my commitments to both. (Gwen, reentry)

Opening New Discourses

Some participants who examined the traditional discourses and found them lacking discovered sites for creating new discourses in the gaps between conflicting discourses, and went on to find ways to situate their identities between and among traditional and innovative discourses. To open these new discourses and improvise these new identities, it was necessary for the participants to engage in some painful questioning of themselves in

relationship to social ideologies (attitudes) and structural constraints and opportunities (policies).

Improvising Identities/Negotiations with Self and Society

Having discussed how individual women negotiate relationships and manage practicalities with specific others, I will now examine the more existential questions that participants seek to answer by negotiating relationships between the self and society. By society I refer here to the discourses, images, and cultural scripts for mothering and career that are both internalized and external, as well as the national governmental and business policies that reflect those discourses. Policies (or their absence) in such areas as family leave time, affordable day care, universal health coverage, the linking of health coverage to employment, and benefits for part-time work, all reflect the social discourses of individualism (keeping government out of family matters), consumerism, capitalism, men in the factory and women on the hearth, traditional family values, and a nuclear family. These attitudes and policies are interrelated and interpenetrating, each shaping the other. I divide them here only for the purpose of analysis.

In the process of their transitions, participants were judging the values, attitudes, and structures of the society that formed them and informed their notions of being a mother and being a mother with a career. Both facets of their identities were emotionally charged, and both affect society as they are affected by it; both facets and the lines of action that follow from them have unknowable, long-term consequences for a woman, her baby, her specific others, and society. Finding existing stereotypes and structures were unworkable in light of the kind of identities they were improvising, many participants decided that they would find their own ways of becoming:

> I don't think our social values and our family policies allow me to be the kind of mother I want to be. I mean, like, being a mother to me, it's like holding

> the soul of another human being in your hands for a period of time. And it's a very delicate yet sturdy thing in that it's like an awesome responsibility to protect that life, and to um, give it room to grow, and this is a constant through my life, you know, that I have a son . . . but I also have my career, another constant, I am a [career], and the way things are set up I don't feel like I can be both the way I want to, but I'm going to do what I can to have both in my life. (Melanie, reentry)

Questioning Policies Informed by Attitudes

Whether or not a participant's questioning of extant policies began in an earlier phase along the trajectory outlined in this dissertation, most women found that becoming a mother and trying to improvise that identity began a new series of questions from different perspectives. During this time, many began thinking, reading, and questioning why family policies in this country don't match up to family policies in other industrialized countries. Some participants linked social attitudes to the policies they found to be at odds with improvising mutually compatible identities:

> I think that given the way things have changed in our society and the fact that most mothers work now, um, I just really feel like it's a family unfriendly society. I mean it's just very difficult to raise kids in this society, I believe. It's just um, there should be day care centers everywhere and there should be lots more liberal leave and just all kinds of stuff. I mean policy-wise we come up short, very short. It's almost like work and kids don't mix. For a lot of us, our careers have just really suffered from having a child and the fact that, um, and our employers are just not interested in the fact that we have kids, and our jobs are not conducive to being mothers. (May, reentry)

While public policies proved inadequate for mainstream participants, they were non-existent for mothers on the margins:

> Policies are real unclear, and they're not set up to deal well with unusual circumstances and I think that's probably true in any bureaucratic environment. Um, if you plugged into the system, but the minute you kind of veer out of that they don't know what to do. Their policies are not clear and they're different for everybody, and being an adoptive parent, they just never, they didn't know what to do, so I didn't get my six weeks, um, maternity leave, because a pregnant woman gets hers because it's disability. (Judith, reentry)

> Hey, forget parental leave, you know, if you're part of a lesbian couple there's no such thing happening. As the biological mother, if I were employed instead

> of self-employed, I would have gotten State Disability, but my partner who is eligible for State Disability couldn't get it because she wasn't the "mother." (Melanie, reentry)

As described in Chapter 7, participants negotiated individual policies with individual employers and business organizations. Yet to be truly free to improvise identities innovatively, many saw a need for policy changes on a national level:

> I've chosen to cut back my hours as a [career] and I'm in danger of losing my home. And I think the policies we've created or that we have allowed to remain in place despite years of a woman's movement are pathetic. We have so little respect for kids and the importance of raising children. It seems to me that there's gotta be a system of, um, where there was more available that was affordable on all levels I wish we lived in a country where a mother could be supported in some way. Maybe not fully, but in some way so you could really take a year off. (Suzette, reentry)

The participants described what they saw as a vast discrepancy between the expectation that they handle the practicalities of finding child care, negotiating leave, and altering work schedules, and the lack of resources with which to do so. The participants used words such as "dilemma" and "dissonance," to describe the chasm between what they needed (structurally) to be able to claim identities as the kind of mothers and career women they wanted to be, and the lack of support, structures, and policies for improvising those identities.

> I mean, hey, like these folks who are running the show need to get real, I mean times are changing. Why is everything set up for women who mother at home? This stuff is set up like it was 20 years ago and women didn't work . . . like it's really a dilemma for me, to do my career and be a mother when there just aren't any options, no affordable child care, no options in my career to being full-time, 110% effort. (Bianca, prenatal)

> I don't understand, what are taxes for? Those on welfare get subsidized care, the rich, they can afford it [child care], but what about the regular working woman? (Marcia, reentry)

These participants were appalled by the necessity for them to assume responsibility for all arrangements, including negotiating leave and finding child care. They felt abandoned by their systems of support and by business and government leaders:

> You know, like here it's just like every woman for herself. Each person has to go and invent the wheel each time. It's about time for there to be some kind of national policies, you know I mean they do it in Sweden and they do it . . . there's a whole lot of different support. I think that would be fantastic. I really think that's important, and I think . . . well, I don't know if it should be mandated, but I think part-time options, paid leave, and free excellent child care and education on how to parent--oh, just let me get started . . . (Melanie, reentry)

Some women described their ideal policies to me:

> I think six months maternity leave would be pretty much ideal. With pay and benefits, um-hum. And. . . I think that would be ideal, I think six months. Yeah, definitely on-site child care. Because, I'm really. You know I am jealous of A. being able to take him to work and that's why he doesn't get as much work done, and it's a different kind of work that I do. But if I could just have him closer to me when I'm at work a lot of the time [pause] have him on the site, that would be fantastic. (Caryn, reentry)

> I talk about creating policy with a lot with my clients because I work with a number of child care programs, child care resource and referral agencies and advocacy organizations. Um. . . [talks to baby] I would probably do kind of a. . . I would try and do like a. . . I would have like a bottom line policy that said I would have paid leave for six months, paid leave for six months. I would love paid leave for a year, actually. What I'd love. . . The wish list would be paid leave for a year. What I know to be feasible, I think, for. . . One, it would be possible, because it's possible and it's done in France or in Sweden, paid leave for everybody. So, whether you were self-employed or, you know, employed by a company, one way or another. Just like health care should be universal, this would be universal. And if the company couldn't pay for it, the government would have some kind of subsidy program. Um. . . And there would be sort of a cafeteria plan for it that meant that you could elect to do things like. . . Um. . . you could either have this subsidy for six months or you could do it for a year if you did sort of a part-time thing. Like you could be mostly home, but you could be doing some professional development thing in your field. Similar along the lines with what I do. I, myself if I. . . If money were no object. That's really what I'd like to see happening on the public policy level. . . That for people who choose, women and men, who choose to have kids, that they be able to use, if they want to be somewhat involved in their work, then it can actually be a time when they can do something different than they would have done. Not just try to fit work in as they knew it, but actually do something different so that the time that they are with their young children is actually a more creative work time for them as well. That would be my favorite. (Stacy, reentry)

Elements of ideal policies as described by the participants included: 6 to 18 months paid leave, government or business supported and subsidized child care, and the

availability of options and choices so that policy did not dictate how a woman would mother or attend to her career. Many who had been thinking about it already expressed strong feelings about the importance of options. Just as women had different commitments to their identities, so they needed different policies to enable them to structure their lives the way they wanted, without having to stay at home, or reenter too soon or at a higher level of involvement than they wanted.

Questioning Attitudes and Ideologies/Questioning Themselves

The participants are asking the questions: "What is a mother and what is a career woman in our society?" and "Who am I as a mother and as a career woman?" They are questioning the images and discourses, but also questioning themselves, comparing and contrasting their own experiences as a mother in relation to how they were told it was going to be or should be. Attitudes, which shape and inform policies, are even harder to challenge and change. While the women created intellectual arguments that favored their embodied experiences, they also had to deal with their own deep-seated attitudes formed in a patriarchal, individualistic, homophobic, racially divided, pro-natalist, child unfriendly, and sexist society.

> I think the hardest part of the whole thing is that you really have to reconcile yourself with what the going definition of a mother is, in this society, and what a woman is, and um, I think that's what makes it so hard. You have to be really clear about who you are, uh to be to be a mom and you definitely have to keep checking on yourself, have you changed, will society let you change? (Maggie, reentry)

> Well, yeah, well, my identity as a mother isn't more at odds with society's image of what a mother's supposed to be than my whole life as a woman has been. It's like I've gone over the hurdle of, you know, I don't expect to see myself on TV, I don't, you know, I don't expect anything in terms--I don't . . . I have to make myself up, you know, for the past 15 years, you know, so that's, this is just more of the same. So it doesn't occur to me in the way, it's not the same kind of break in reality that a heterosexual woman might feel. (Pamela, at home with baby)

I mean, while I'm aware of the messages this society sends, um, that you have to be slim, that you have to be beautiful, that once you have children you won't make it, you're washed up. I've worked pretty hard to get free of all that crap, but, and I think about this stuff a lot, even though I don't see myself in these images, and don't see myself, well, anywhere, I, uh, know, uh, in trying to do it the way I want, I get these crazy messages from inside, "You can't do that." "You're messing up your kid." "Your kid's gonna be in therapy the rest of his life." (Karen, reentry)

Questioning Their Own Changing Attitudes towards Being Mothers

Some participants, who admitted that before the birth they had held mothering in low esteem, once having experienced being a mother, found that they respected their identities as mother and questioned society's denigration of this now-valued identity.

I mean I just don't get it, while what I do is really important, how come people think any career is more important than raising this new person? Don't people realize that our future is our kids? (Jacquelyn, at home with baby)

But as far as everything else, I mean, I'm different, I guess, in the sense that I have a different perspective of my priorities. You know. She's very much a priority in my life. So, of course, if you're going to move something to be a priority, other things are going to have to take second to that. So, it's been, you know, a matter of kind of rearranging priorities. And that has kind of, makes you a different person I think, because uh. . . You know on the one hand you kind of have to think about what's appropriate and what's not appropriate and things like that. But on the other hand, you know, as a woman I feel. . . And as a working woman and as a professional woman, you know, I want people to know and I think in my own small way to kind of make some inroads that being a mother is okay, and having a child is okay, and that, yes. . . If you're asking me if that's more important, yeah, it is more important, you know. I think that as time goes on, more people will have that perspective and uh. . . So I think I'm different in the sense that one, I look at mothers differently now than I did before. I respect them a little bit more [laughter] for what they do. It's a hard job staying home and, you know. Though, I think it's even harder trying to do both. I mean, I think in some ways it's easier. I think definitely mentally it's easier. . . just to do one or the other, do you know what I'm saying? Because you're not having that balancing act constantly on a day-to-day basis, you know what I'm saying? I mean if you are home and you're just taking care of the house and the baby then that's your priority. And if you're at work, well, then you just concentrate on work and the worst thing that can happen is that you don't make a dinner engagement or something, you know. But, you know, for the most part that's your priority. But then when you try to mix the two, you know, you really day-to-day you have a balancing act. (Arlene, reentry)

Self-Judging, Feeling Less than a Mother

Despite their ability to define new answers and forge new identities in response to their new circumstances, the participants continued to question themselves. Old images are powerful; when faced with a conflict, women not only questioned the images, but also themselves about not having the correct, socially acceptable feelings or not being a good enough mother:

> SM: You told me when I visited you at home that you were disappointed in yourself for not feeling a rush of emotions, you called them gushy feelings, about becoming a mother. Has that changed at all for you in the past months?
>
> Lucia: No, it's actually the same. I mean, I expected it and I didn't expect it, it's just me, maybe a flaw in my emotionality. . .
>
> SM: You call it a flaw, why is that?
>
> Lucia: Oh, I guess I grew up thinking that being a mother was going to transform me, you know make this major change in my feelings, and it's not, it wasn't and it hasn't been, so I feel like maybe I'm not like other women, or like women have been thought of traditionally, I don't know.

Another woman who resumed some of her career responsibilities (taking business related trips) and who thought she had taken care of her baby's need for loving, concerned attention while she was gone (the baby being cared for by her partner and her mother), blamed herself for her son's undetected illness. She described herself as feeling guilty. Had she been home, she as a mother would have known something, intuited something, noticed something about her baby that the other caretakers overlooked.

> Um, and the toughest part was that R. was sick so my husband took R. to my mom's in the morning and I was calling in to see how he was doing and, uh, my mom assured me that he was getting better, but, um I ended up going straight home Wednesday night and, um, P. picked up R. later that evening and brought him home and so I just saw R. a little bit that night and he seemed okay and the next, uh, the next morning I slept in a little bit while P. took R. to my mom's and, um, I kept calling in and my mom assured me R. was getting better but then that evening I noticed that he was really congested and, um, I felt kind of guilty because I thought, "Well, gee, if I'd--," you know, spent more time with him, um, Wednesday or Thursday I would have noticed his breathing, I would

have brought him into the doctor sooner. And that was kind of difficult for me to deal with. (Linda, reentry).

Damned If You Do, Damned If You Don't

Since images, ideologies, and discourses are conflicted, it is a damned if you do, damned if you don't situation. Some women felt guilty for not feeling guilty about being away from baby, not missing their child "enough," or for their continued commitment to career:

> Because, you know, it's like [pause]. Because all these other mothers are like talking about their children all the time and everything and I'm sitting there, you know, "working." I don't know. I'm embarrassed, no, not really embarrassed, not really embarrassed. I think it's more that, you know, through the norms of society they always think that a mother, especially when he's only five months old, you should be lock and stock with your child. . . . I don't think there's anything wrong in what I do, because it's just what a man does. I mean a man for the most part. . .through the centuries, the woman has stayed home with the children [laughs], I think that's more tradition, I don't think it's [pause] I mean my own opinion is that, that traditionally we thought of motherhood as a, a, you know, all encompassing occupation, if you will. (Kim, reentry)

Questioning Own Changing Attitudes to Career and to Being a Mother with a Career

Handling challenges and contradictions. Participants also began questioning their prior career commitments. Why had they been so career committed, why did they get so much value out of doing something in the world outside the home? Why did their society value this area and those enterprises over childbearing and childrearing? Some women contradicted themselves, saying in one breath that they couldn't possibly stay home and "only mother" because there wasn't enough challenge to it, and saying in another what a challenge mothering was and how static their careers could be. They found themselves changing their minds, changing their commitments. They questioned themselves--why are they so inconsistent; why do they feel so unstable?

> I feel differently. When I got pregnant I knew I was going back to work. I love my job and I love the company and I'm very career minded, I know I couldn't stay home. I adore her and I love her and everything else, but just changing

> diapers and holding her is not enough for me. . . . I don't know, if I look at motherhood, it's a challenge, I've learned so much, so quickly, that I feel that the value of motherhood and the value of career, it's just two totally different things for me and I've learned so much from her, so fast. Work can be repetitive, I need stimulation, and I feel motherhood is changing all the time, you learn and I take it on as a challenge . . . it's just a lot of mixed emotions. I don't know what I want, I'm changing my mind all the time, it's just not like me. I know what I want and I do it. (Ali, mother's support group)

Making sense of their experiences. To make their experiences more congruent, participants altered the workplace and its internalized and externalized images, and followed lines of action based on their commitments and relationships that were reflective of their new identities. Some viewed career and self-fulfillment and the financial rewards of career as ways of being a good mother, but rejected the male-model career style to which they had adhered before becoming mothers.

> I just don't believe anymore that being home is always the very best thing, for the baby or for me. I think that I'm a better mother if I'm happy and that, for me, a happy mom is one who is fulfilling all of her needs, and I need to be doing [career]. (Gwen, reentry)

> For us, to be a good mother is to make a good life for the future of your child. Yes, I do what I love, but I also do this to have the money to give my child a better life. (Adrienne, reentry)

> Yes, I'm back and it's going well, I didn't think . . . I didn't feel before that I could do it, and I'm not, I mean I don't work overtime, and I don't bring work home like I used to, but I do feel committed, here and in [career]. (Diana, reentry)

Comments that I heard in the mother's groups, when women were speaking to each other and not directly to me, made it clear that this generation of mothers saw themselves as being different from previous generations and stated that they were not accepting prior stereotypes. These group participants saw themselves as doing something different, something that had never been done before. While they seemed unaware of historical trends of women's work out of the home (see Chapter 2 for historical review), they clearly saw themselves in rebellion to the images of the last two decades:

> Now we're the first generation to try to do it all in a new way--last generation, definitely you were working and somebody else would be taking care of your kids, and before that it was that you definitely should be taking care of your kids and you shouldn't be working. Now, well, wait a second, I want both. I want more time at home with my baby. I want to stay involved in my career. (Casey, Mother's Group)

Questioning Selves on the Ability to Do It All or Even Just to Do It Like They Used to

I found many of the participants not just questioning the place of a career in society and in their lives, but questioning themselves as to whether they still had what it takes to function in their careers. Many felt less able to focus and think. Not only were they distracted by thoughts of the baby, but they felt they had less ability to concentrate, to focus, to put energy into what they were doing, than they had before. Participants described "having something wrong with my brain." This was something they noted and discussed with others. Some even had names for their condition; "milk of amnesia," "post placental brain dysfunction," and "hormonal thought block" were among some of the labels. While they joked about this cognitive disability, it was a serious concern and led to doubts about their ability to function. When they saw that they could function, they experienced both relief and disbelief. Again, Anne Lamott captured the feelings I heard expressed by the participants:

> I can't believe I have a book coming out soon. After a lifetime of thinking of myself as a writer, I simply cannot imagine how on earth that book managed to get itself written. It seems like someone else must have written it for me, someone who does not cry all the time and have six-inch nipples. . . . It looks and reads like a real, functioning person was involved and there is no one fitting that description at this address. . . . Look at yourself, you've got a functioning IQ of less than 100, your nerves are shot, your hands tremble, you're covered with milk and spit-up, you have trouble writing out checks, and you want us to believe you produced a novel, well we don't think so (Lamott, 1993, pp. 67, 72)

Summary of Improvising Identities/Negotiations with Self and Society

To improvise identities as mothers and career women it was necessary for the participants to question their society and themselves. Some needed to replace the

dichotomizing, either/or discourses and seek new discourses as they discovered that being mother and career woman were both essential to their identities. To do this they found themselves creating altered career identities and altered maternal identities, challenging stereotypes and conflicting policies, trading off, and tolerating the double-edged sword of missing out:

> When it was time to go back I had a sort of funny feeling. And it kind of [pause] it just felt odd. And, uh, it felt a little, it was almost like a crisis in terms of my identity. Not enough to make me feel like I shouldn't go back and do it. It's hard to explain. It just definitely felt like there was something missing in me. Yeah, there was something missing, this career part of me was missing and I guess there was part of me that wondered if I would forget how to do anything or if there was. . . . But then I was also missing out on my baby, what was she doing? That it felt, that I felt so different in terms of who I was in my life that, um, just doing my career felt foreign to me in a way. (Cecilia, reentry)

Co-Creating Meaning/Reflexivity in Research

As the participants negotiated relationships between themselves and society, they reflected on themselves as social constructions of that society, in that they were improvising what had been, what was, and what could be. In my conversations and observations of the groups and individuals involved in this study I saw many differences in improvisation styles and levels of awareness of what and how the participants were accomplishing these improvisations. All participants had in common their career commitments, primiparity, their investments in living a life that had meaning for them, and identities defined and shaped by their commitments to their careers and to their infants. They also shared living in a time and a society in which rapid change is the norm and multiplicities of identities are increasingly acceptable.

In doing this research and writing this dissertation I feel that I have analyzed and reanalyzed, looked for meanings, interpreted and reinterpreted the participants' complex experiences into strategies, conditions, categories, and processes. I have broken down

actions, interactions, and strategies into microconcepts and raised concepts up to macro analytical levels. I have described contexts and histories to locate participants within the network of relationships and practicalities, and then abstracted out the significance within these. While I have especially tried to avoid essentializing and universalizing women, mothers, and women with careers, it may be that I have done just that, in the process of analysis and out of blindness to my own preconceptions, racism, and stereotypical thinking. I, too, am a product of cultural discourses and structures with which I struggle and subvert, and to which I acquiesce.

I would now like to let the participants speak for themselves about the abstraction I labeled identity improvisation. In attempting to remain faithful to some goals of postmodern feminist interactional research, I reflexively remind myself of my interventions. The stories that the participants told me are not just stories that they told each other, not just things that I overheard people talking about. While participants in the groups I observed were speaking to one another and seeking support and solutions from one another, I was present and made public my research interests. I was not just hanging out as a removed, disinterested observer.

The following excerpts have been selected by me and are responses women gave me when I asked them about having a baby and having a career. I am not naively assuming that my questions did not bring out these statements and self-questions about identity, so I will include myself in these vignettes of the research process and also date them to show where I was in terms of my analysis.

Janet, December 1992

> I feel so changed, I am changing, and while staying home and mothering is different from who I am in my career, I think that if I did go back, I would probably be a different person to work with, too. Um, I just feel more well rounded. I would probably be, if I did go back I wouldn't get so involved in the

pettier aspects of working in an office and trying to get along with people and trying to get your job done. I guess she's kinda given me an um, I guess if I was working I would always feel well I have something more important than this, so this little petty issue is not going to keep me away, because I'm going to go home and take care of my baby. I've got a child and um, or, gee I'm not going to stay here all night and try to work out, usually I would put in all these hours, I've got something else to do.

Sarah, September 1993

SM: How are things going at the [career]?

Sarah: I think that I'm probably going to--I haven't noticed any--you know, that I'm any less intellectually interested in my work or less motivated. Uh, and in fact it's very important to me that I'm a mother and I'm also someone who works or has a career or does other things that have some social value. Uh, because I need the balance. I'm not sure I could be a full time mother.

SM: Was it ever a consideration of yours? Did you ever think that I'll have a baby and I'll stop being a [career] for a while and stay home with that baby?

Sarah: No, no, I think it's really important that I've worked pretty hard to try to be a whole person. Which doesn't mean I'm a renaissance woman or-- but just to feel like I'm not, even though I've always given a lot of my time and energy to work, that I'm not a person that's completely over-invested, lopsided emotionally. And it just doesn't seem to feel like to me the idea of either working exclusively or mothering exclusively. And I think I'm really lucky and somehow I collect on having taken the risk to have my own company and be self-employed. I really want to feel like I deserve it and I'm going to exploit the flexibility that gives me. And I think that I'm starting to see how having these guys is making me a little bit more balanced. Is helping that balance. So it may be a character improvement. But I really like the idea of doing both at once.

SM: And no question for you that you can do them both at once and do them both well?

Sarah: I think that that's--I think that's another advantage of being older, the way I answer that is, "am I doing this the best that I can do it?" Not, "am I doing this the best anybody can do it," and I'm sure there are people who could be better mothers to these boys than I will be either the way I'm doing it or if I did it differently, but I've just got to do it the best that I can do it. And I think that I would really resent giving up my career and I think I need that, maybe I'm addicted or that's just part of who I am. And I hope I'm a more interesting person for the work I'm going to be doing over the next ten years as they're growing up and it's gotta be good for kids to have interesting parents. So I'd like to spend more time with them and I know that, um, that they're smiling at the baby sitters and all that--that's a wrench and I'm gonna miss some of those

things but I'm at peace with the idea. I'm doing this the best that I can do it. Yeah, and [sigh] that's going to be hard but that's part of what I signed up for. If the sitter sees his first step, well, he'll take a first step that I see, too. I mean, that'll be the first one that mom gets to see. You know, I'm going to be traveling less or traveling with them. I'm going to change the way I do things but I just can't stop being a [career] and still be the person that I am.

Melanie, December 1993

SM: So, um, how did you handle it, getting back into your career after E. was born?

Melanie: And, um, I couldn't [pause] when he was born, I just couldn't imagine ever working again. I was in such an altered state. And I didn't want to lose that altered state. I mean it was like being permanently stoned or something. I mean I just, I didn't want to . . . I was in such a different place. So open and so vulnerable . . . I had this feeling like I had changed into a different person, like I had metamorphosed totally in that I was no longer the same person that I had been. And it's not really true. Now I see it's just sort of added another layer, or deepened what was already there. My sense of humor is still the same and I still have the same . . . well, my drive is not the same, but I still have the same capacity to focus my mind and can still think [laughs], in the beginning I never thought I could write again, everything was like Milk of Amnesia, I couldn't even get my address right. . . . I was so worried in the beginning that I was gonna lose my identity, and you know, all I was really tuned into anticipating all the problems and I had no anticipation that I would fall in love, and what a powerful bond it would be. I feel cracked open, I've never loved anyone the way I love E. I have never felt such a connection to all the other mothers in the world. I have never felt such compassion for the vulnerability of human beings as I have since he's been born. . . . And it's just . . . it's a really a one day at a time kind of experience and I absolutely am inventing the whole thing as I go along, but it's not as terribly hard as I thought it would be. And I feel like I'm growing in my profession too, I had made up my mind I would be different and do it differently, and it's sort of coming together, I'm not who I was, but I'm not that different from who I was, I'm more complex.

Betsy, December 1993

SM: You say you're just winging it, what do you mean?

Betsy: Um, well, it's, it's strange, it's definitely something I've grown into in the past year. Um, in the beginning, you know, I didn't, didn't feel it much or at least it wasn't integrated and I felt a lot of care taking type feelings, protective feelings, um, but it didn't feel integrated into the rest of my identity, I guess I'd say. And now it does feel like it's part of who I am, it's starting to be. It, it does vary, there's times when I forget I have a baby. And that has been one thing that has changed or, or that's highlighted when I've been working. Each time I go to consult or even just get dressed up in my professional clothes, I do

feel, uh, it's an uncomfortableness going, shifting from just thinking about work during those periods and then shifting back into focusing on M. because I guess that's what, um, is really striking about mothering is always being mindful of someone else, always being mindful of someone else. And that's new for me because I guess, also because I was single for so long so, you know, I've had trouble being mindful of my husband sometimes too and so that's been hard, being mindful of M. so much. Um, so yeah, both my mothering M. and my attitudes in [career] are different, different from what I thought and different from what the going trips about motherhood and career are.

Jacquelyn, January 1994

Jacquelyn: Yeah. I mean, it's not-- yeah, I think I'm definitely--I think I'm coming into my own. I think I'm really evolving into the true person, the person that I was meant to be. Which is kind of weird, you know? Because I think you identify yourself through different things and who I really am is a mom, I mean, that's forever, but now that I'm back, I'm also discovering who I am in my career, it's definitely different than it was before.

SM: You say you're evolving? And before you used the expression "finding yourself" as if there was an external being out there that you were saying, "Oh, that's who Jacquelyn is." But what I'm asking is, are you creating yourself, are you making who you want to be instead of who you have to be?

Jacquelyn: Yes. Yes. Definitely. I think it's all there, it's just that I'm letting it emerge out. It's becoming--it's coming to the forefront and that's what you see now instead of the corporate chick, you know. And, you know, people at work say, "god, you seem so mellow," I'm like, "yeah, so don't try to excite me!" 'Cause you know, it's just [pause] I saw this movie the other day, what was it called? Intersection? With Richard Gere and Sharon Stone.

SM: Yeah, I saw the previews but I didn't see it.

Jacquelyn: See it's too appropriate for how I am in my life right now, it's about relationships and things like that and how life is so short. And that's one of the things I'm really, every day I think, I have a moment where I think, "my god, this could be the last day I live, how am I living my life? What am I doing?" So it's time for me to shift, become a new [pause] I think I'm looking forward to, you know, doing my own thing.

Sandra, February 1994

It's hard to put my finger on it, but, um, now while I'm there I know now I am a mother, and I'm such a mother now and that's who a big part of who I am is, um, and I can't get away from that . . . and everyone says, "Your life is not your own once you're a mother." And I didn't know if they were saying that in a positive or in a negative way. I kind of took it negatively . . . but when I use that same phrase now, it's in context, and it's positive. I mean it's everything, it

means who I am now. That is a big part of my identity which never existed, I mean, and that, that was part of the adjustment too, trying to um, give . . . I don't know, not give up one identity for another or to obtain one and where was that other part of me that sort of was nonexistent, but now is important, at this time which is okay.

Lucia, April 1994

The last woman with whom I spoke for an individual interview was Lucia, a woman to whom I had grown very close. I found her to be a direct, uncompromising, honest, and very thoughtful person. She was one of the participants with whom I "tried out" my conceptual analysis:

SM: I've been looking at this and analyzing what participants have been telling me and I started using this phrase "improvising identities." I see women inventing new ways of being in their careers and in their homes. Can you see that as describing what you've been telling me?

Lucia: I am very surprised, very surprised, I thought women were, you know, either staying home or full-time back into their careers. Lots of my friends at work, just you know, get the nanny and there they are two weeks later, back on track. And the other ones are staying home and doing the mother earth thing. I do like this idea, but I thought I was the only one doing it.

SM: Do you see yourself having a mothering identity and a career identity? Or do you see them both being part of who you are?

Lucia: Just part of who I am. The two identities come out of me, they're just parts of who I am. But yeah, I've discovered new things about my identity in different areas. There are sides of me in both areas that don't come out of the other area. I have learned to take those pieces of all the good things that I like and make it into a better me, and even though I never got those gushy feelings, there is a connection, a relationship between me and J. that's powerful stuff, it's strong stuff. So things are harder, it's harder to maintain this relationship and other relationships, including my relationship to my career, and I'm gonna really struggle to be myself and it's gonna be harder to maintain myself as myself, and there's a melding going on of what I need, and what J. needs.

Spiral of Reflexivity

In this research I have participated with the participants in the co-creation of meanings and interpretations of the processes and contexts of becoming mothers and

reentering careers. The above interpretations are my own. They are reflections of the words and actions of the participants who were reacting to me asking them questions.

Ongoing Processes

The processes of identity improvisations by career committed new mothers reentering the workplace are ongoing. Becoming a mother doesn't stop when a woman reenters her career. That facet of identity is still developing, still unfolding, and will continue to for the foreseeable future. Similarly, there is nothing final about the reentry period in improvising career identities. These facets are also continually in flux and changing in response to external contexts and conditions and changing relationship negotiations. These processes began before the arbitrary, artificial limits of this study and certainly will continue long beyond the first year postpartum.

CHAPTER NINE

DISCUSSION

Summary and Significance

Results from this study indicate that becoming a first-time mother and experiencing career reentry are part of an ongoing, ever-changing process of improvising identities. The career-committed new mother develops and devises new ways of being (improvising identities) in a complex postmodern society where existing discourses and models for behavior are in flux, in conflict, and unsupported by appropriate social policies and institutional structures.

The study participants' actions and interactions took place in a rapid time frame structured by the phases of becoming pregnant, pregnancy, the birth, becoming a mother during a time out, and reentry. New facets of identities emerged following epiphanies, or turning point moments, during these phases.

The participants were faced with what they viewed as individual problems, which I have called the practicalities, that needed to be managed; primary among these were arranging for child care and scheduling if, when, and how to return to their careers. These practicalities were managed within a network of relationships, both specific and general, which included conflicting, traditional discourses specifying how to be as a mother and a career person. These interrelated managings and relationship negotiations provided conditions for, and are the outcomes of, identity improvisations.

For the most part, these improvisations were individual responses to societal problems. After the participants examined and defined their situations, they went through an analysis to figure out what was right for them, their baby, family, and career, when cultural definitions of "what's right" were slippery and shifting. While some women in this

study improvised identities that were synchronous with more traditional, extant discourses, other participants improvised more innovative ways of being and discovered identities that allowed for a more complex, fragmented self to emerge. Thus the extant discourses contained contradictions which may be viewed negatively, that is, as obstacles to improvisation, or positively, as sites for subversion and rallying points around which women may come together to transform themselves and society.

The significance of these findings for further research and theory building in nursing can be seen in the shift of focus from how one "should be" to how one does become. Prior nursing research on maternal role attainment and its effects on postpartum nursing theory and nursing assessment has centered on new mothers "taking on" a maternal role, or progressing through certain steps in maternal role acquisition, or displaying specific maternal role indicators to demonstrate maternal role attainment (Mercer, 1985a, 1986a; Rubin, 1967a; Walker, Crain & Thompson, 1986; Walker & Montgomery, 1994). By listening to the voices of the different mothers in this study and observing their diverse identity improvisations, nurses can discover the variety of ways in which career women find meaning in mothering and in which new mothers find meaning in career.

While all interpretive studies are ongoing and incomplete, unfinished and inconclusive (Denzin, 1989a), the results of this study document a chasm that exists between the participants' perceptions of what is and what could be. The findings, methodologies, and underlying theoretical background of this study (understanding the improvisation of heterogeneous identities, examining cultural discourses and the lack of structural supports for families, and viewing selves in process and as fragmented and multiple, not actors playing rigid roles), have implications that can affect nursing practice,

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health care institutional policy making, national family policies, and further add to feminist mothering theories, as I will demonstrate.

Limitations

Inherent in a qualitative study such as this, is the fact that the results are limited to those immediately involved, the researcher and the participants. Any attempt to generalize beyond this group would violate the tenets of naturalistic studies already identified. Similarly, given the conditional nature of these findings within a certain time period, these results may be rendered rapidly obsolete. Changing expectations, policies, and economic conditions may all contribute to shifts in women's definition of the situation. The effects of time and policy changes on women's perceptions, expectations, and actions may be demonstrated over the course of this study. When I began the pilot study, no national policy for family leave existed, so that the women I spoke to in 1991 had no expectations of a "proper" leave time. After August of 1993, however, when the Family and Medical Leave Act of 1993 went into effect, participants expected at least four months of unpaid leave (Wage and Hour Division, 1993).

Another limitation of this study was an inadequate sampling of diverse populations and a lack of class and age differences in the women observed and interviewed. My desire to hear different voices and to examine the social category of new mothers with careers from an inclusive perspective advanced my interest in difference. In looking at how women (regardless of race/ethnicity, marital status, gender of partner, adoptive or biological motherhood) experienced becoming mothers and returning to careers, I may not have looked closely enough at differences, and thereby created what I wanted to avoid--the universalizing the participants' experiences. Major aspects of women's differences that were not examined were the effects of class and age on these participants

and their experiences. Although there was a wide range in incomes ($30,000 to $250,000), all the women were middle-class by virtue of income, education, or professional definitions.

Related to the problem of sameness in diversity is the limitation of this researcher looking at "others." I am a part of my culture and I am formed by my place as a white, heterosexual woman, a biological mother, and a person who had her own strategies for improvising identities as mother and career person. Similarly, I exist within a dominant white, heterosexist society and I am researching and writing to meet the demands of an academic dissertation committee.

Other limitations include sample bias and my flaws as the research instrument. Given the methods used for recruitment, there was selection bias. Of the possible participants who were presented with the information about this study, those who chose to call me may have been motivated by their perceptions of their situations as dilemmas and by their needs to talk and seek support. Similarly, the professionals who made referrals to me may also have selected those of their clients who seemed neediest, most articulate, or most "right for a study." Since I have no way of knowing why some potential participants contacted me and others didn't, there is no way of knowing what I've missed. My flaws as a research instrument, as a novice qualitative researcher, have been referred to throughout the document. These limitations exist in any qualitative study, and reflect the inconclusive and unfinished nature of these interpretive projects.

Research

Implications for Further Studies

Some of the limitations mentioned above can be used as a springboard for designing new research to fill the gaps in these findings. Many questions were raised during this

dissertation that I would like to pursue in future research projects. I believe that there are implications in the results of this study to pursue in the areas of: interpretive studies of diversity of contexts, cross cultural differences, intervention studies of consciousness raising, and policy-relevant research on the effects of different policies on women's health and on the effects of different policies on the health of businesses and government.

Diversity

As I have mentioned, more research needs to be conducted on different groups of women, examining similarities and differences in their experiences and responses to becoming new mothers and returning to the workplace. Questions to ask include: How are these experiences different for women with jobs (versus careers)? How are they different for women in both higher and lower socioeconomic contexts than the ones studied here? Does identity improvisation differ in women who are not particularly committed to their worker/career identities? The present findings pertained to women who resided primarily in the San Francisco Bay Area; how would they be the similar or different for women living elsewhere in the United States? If these differences in context affect meaning, in what ways do they do so? How do the differences between interviewers and participants affect the research findings? Women who differ from each other across the multiple axes that make up different women's identities could be studied by an insider/outsider team; for instance, a lesbian researcher and a heterosexual researcher could examine lesbians' responses to becoming a mother and career reentry.

Cross-Cultural and Cross Policy Studies

If policies and attitudes are different in different cultures, in what ways are they different and what effects do those differences have on women's identity improvisations? What are the experiences of women in cultures where extended family members live

together and care for each others' infants? Do mothers in those Western European countries with extended subsidized leave or easily accessible, affordable or subsidized child-care options, perceive their transitions from career person to mother to career reentry to be as fraught with difficulties as did the women in this study? If not, what is it about the policies in their countries that enables a smoother transition? What are the effects of these policies on women's and families' health? Have these policies been effective in reducing gender inequities and fostering equal parenting?

Consciousness Raising as Intervention

Interventions could be designed to test discoveries made in this research. For example, many of the participants sought support and relief from isolation in formal parenting support groups, informational meetings, and informal mother's groups. In these groups, women listened to women sharing their same problems and concerns, and thus were able both to validate their own responses and experiences through what others were doing and to hear new possibilities for action and interactions. In the groups where I was participant observer, I found women "hooking up" with others to manage practicalities. Examples include the two women who got together to share a nanny, the two lawyers who found each other and worked together to find a job-share position, and the women who shared strategies on how to negotiate part-time work. Experts were invited to speak to the groups and suggest alternatives and resources, which women could use in problem solving.

It was in these groups that I heard women questioning policies and attitudes aloud and with each other, and speaking out publicly for change. As I observed these groups, I was reminded of the early feminist consciousness raising groups of the 1960s and early 1970s where women, in sharing their personal problems, came to see how political the

personal could be and moved from discovery to action. An intervention study could be designed to determine first, if a collective discussion of personal problems leads to a recognition that perceived personal difficulties are socially produced and shared by many women in similar situations, and second, if this process of discovery leads to action or social change.

Work-Family Policy Studies

Research could be designed to study the effects of existing policies in certain businesses and corporations or as experimental or intervention studies by setting them up in specific locales. Any of the family friendly policies which have been suggested by the participants could be examined to determine the effects of these policies on individual and family health, as well as looking at the policy's effects on workplace productivity (e.g., decreased absenteeism, output, lower workman's compensation for stress-related illness). As this research revealed a diversity in women's responses to staying at home and being in the career arena, research should be conducted on a variety of options and their effects. Other studies could be done on the effects of policy changes for fathers: How many men take family leave when it is offered? Is there a difference in response if the leave is paid or unpaid? If parental leave is not taken, why not? Long-term longitudinal studies are necessary to determine if changing workplace policies affects attitudes toward the place of career and family in people's lives.

Implications for Theory Building

One of the purposes and goals of this research project was an attempt to produce a small-scale situated microtheory based on some mothers' practices, their understandings, and the meanings that they make out of a changing world. This partial theory is in contrast with grand metanarratives of current feminist mothering theories that often serve

as normalizing discourses by which mothers judge themselves and are judged by others. No single mothering theory can possibly capture the "truth" about all mothers, as every truth is incomplete, partial, and culture bound.[10]

In place of these grand narratives or metadiscourses, postmodern feminist theorists look for multiplicities, indeterminancies, fragmentations, and pluralities in small-scale situated knowledges, or micro-theories. This research adds to specific, local knowledges that inform and lead to understanding and to change. Such micro theories are useful to address questions of specifically how social power is exercised and how social relationships, especially of gender, may be transformed (Diamond & Quimby, 1988).

This study is an addition to the growing non-essentializing body of feminist mothering theories, which includes recent work by M.M. Kaplan (1992). In a case study analysis of 12 mothers Kaplan sought to explore how these (white, middle-class, North American) participants made meaning of motherhood. She discovered that the participants were constructing alternative images to the image of the good mother, and that these constructions were made in opposition to their memories of their own mothers. Therefore, the women were questioning their old images of mothers and finding them confusing and inappropriate, but not limiting.

For the women in Kaplan's study, motherhood was personally meaningful, but their becoming and being a mother did not lead to examinations of society and the kinds of questioning in which the women in my study engaged. Kaplan's participants did not focus on a lack of social supports, but rather viewed their careers in personal terms, and did not

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[10] For postmodern feminist critiques of the problems of essentializing in feminist mothering theory refer to Butler (1990), Code (1991), Flax (1990a), Miller (1992d), and Weedon (1987). Also see Appendix A.

consider that structural conditions in the workplace, a lack of services, or asymmetrical gender arrangements affected their mothering identities or career identities. They viewed their situations in isolation, as having to take care of their own and their child's needs without help. Unlike the mothers in Kaplan's study, the mothers in my study were consciously making connections between lack of social structures and their conflicts and conflicting discourses as both sources of identity conflicts and as opportunities for innovations in improvisation. Differences between Kaplan's findings and my own may be explained by differences over time, as Kaplan conducted her interviews in the mid-1980s when there was less media focus on inadequacies in the health care system; this focus has since led to questioning other areas of policy inadequacy.

While Carol Gilligan's work on identity formation and moral development (1982) has been heavily critiqued by postmodern feminists for being essentializing, her more recent works (1988, 1990) have explored the ways in which individual women can ignore dominant discourses and listen to their own voice of experience. Her students Attanuci (1988) and Willard (1988) have studied mothers in small-scale, situated studies, which share similarities in methods and results with mine. Attanuci has developed a concept of doing things in "one's own terms," subjectively defining oneself in a context of caring for self and others. As I have done, she used a framework of Meadean "I and me," noted the incongruities between self and role, and viewed the self as emerging through interpersonal relationships.

Willard (1988) built on Attanuci's work by designing a study in which she sought to learn from 20 married, first-time mothers "in whose terms" they made decisions about employment and mothering. Willard conducted two in-depth interviews with white, college-educated, middle-class, heterosexual women who had been employed full-time

before they became mothers. She found the participants making decisions around returning to employment by listening to their own voices (deciding in one's own terms), or listening to cultural scripts and other's voices (deciding in others' terms). While there are many differences between Willard's perspectives and findings and my own, there were similarities in the findings in that mothers in both studies concentrated on finding meaning in interpersonal relationships and in seeking alternative frameworks to current cultural discourses that were unconnected to the realities of their lives.

The understandings and partial knowledges these small-scale studies offer of specific women's responses to becoming mothers and returning to career represent ways of building a knowledge base of what mothering and career mean to differently situated mothers. Though non-reproducible and non-generalizable, they are helpful for theorists to expand notions of mothering that are more in line with specific and diverse women's lived experiences and personal definitions of mothering and career.

Practice

While further research is necessary, particularly to affect policy makers, findings from this study can be applied to nursing practice now. Nurses are the contact persons for many women in the health care system. Advanced practice nurses, such as certified nurse-midwives and nurse practitioners, are often the sole providers of health care to many women. While the women in this study were generally positive about their interactions with nurses, there were some areas, which ranged from the practical to the attitudinal, that participants suggested could be altered or improved.

Education, Referrals, and Contacts

When I asked the participants, "How can health professionals, such as myself, be more helpful during this time?" many replied that since they had become new mothers

they felt abandoned by their health care providers. Even those who had close relationships wondered who to turn to with their questions and problems.

> I felt really let down afterwards, I mean you guys were so there and so helpful during the pregnancy, and N. was so great during the birth, so supportive. But I found the breastfeeding and not knowing what to do harder than the birth. And there was like no one to call, who do I ask my questions to the pediatrician, the hospital? (Gerri)

Women wanted assistance in finding the practical information they needed.

> SM: Any specific things we could do that would have helped?
>
> Natalie: You know how you do with nutrition and childbirth education and the pediatrician names, why not give us a list of child-care providers, or just the sources where we can get those lists--you know the Child-Care Resource Centers or. . .

Support in the form of structural, practical resources might go far in helping new mothers manage practicalities postpartum. Educational, counseling, and referral programs, such as the Perinatal Education and Lactation Center (PELC) at the California Pacific Medical Center (CPMC), developed, staffed, and managed by nurses, have proven to be cost-effective and to have reduced readmissions for postpartum infections and mastitis (personal communication, Nancy Held, Clinical Coordinator, May 15, 1994). PELC maintains an updated resource list of child-care providers and licensing organizations and publishes a booklet, Choosing Childcare Guide, (Held, Corrigan, & Kosistky-Haiman, 1993), which includes such useful information as suggestions for evaluating day-care facilities or the kinds of questions to ask prospective childcare providers. In addition, PELC has a lending library of books and videos, and rents and sells breast pumps. In light of current trends of early discharges and shorter postpartum hospital stays, this program has proven to be a boon to the many families who use their services (12,000 phone calls a month and 40 drop-in visits per day).

While the institution of such a comprehensive center is not possible in all communities, follow-up phone calls or resource hot-lines are other ways nurses can provide needed support to women who feel isolated or stressed while managing practicalities. Something as simple as the maintenance of an updated bulletin board in office waiting rooms and in antepartum or postpartum clinics can encourage clients to build their own networks of support via parenting groups or to share services and resources (some of the study participants found child care by advertising for another family to share a child-care provider). Nurses can be active in promoting office hours that are available to working families, in both women's health and pediatrics, and therefore not perpetuate assumptions that there is a mother in the home available for visits during normal working hours.

Suspending Judgments and Avoiding Normalizing Discourses

The participants made it clear that judgment making statements and insensitivity to diversity in family styles and composition or in individual responses and needs to mothering and career reentry were damaging to their self-conceptions as mothers. By paying attention to the conflicting but normalizing discourses that specify certain acceptable behaviors and roles, or that otherwise define how to mother, nurses can avoid these judgment making statements. Since many nurses are themselves mothers with careers, it is important for us to examine our own feelings about mothering and career reentry. Nurses need to open their eyes to multiplicity and heterogeneity in women's responses to becoming new mothers, and to the diversity of women who mother. Viewing mother's responses as novel ways to improvise identities that have meaning and that function for individual women will help nurses from looking at mothers judgmentally.

Participants suggested that one way nurses could help would be not to make assumptions about work and family choices. Nurses could examine how their language

reflects those assumptions and thus avoid making statements that may seem benign or supportive, but have the effect of judgments and critiques: "Going back so soon?" "Oh, I know you, you're a workaholic, you'll be back before your leave is up." Or "How can you stand to leave your baby?" To avoid normalizing or essentializing all women who mother as partnered heterosexuals, we need to talk to clients to learn about each individual's circumstances and tailor our conversations and education to the individual's choices.

There is one area, however, in which making assumptions will be a route to changing behavior. In the course of education or counseling, or even just in casual conversation with partnered clients, assume that parenting is a job for every parent; assume that there will be equal parenting and avoid words like "helping" and concentrate on "sharing." Ask if the partner is taking a leave, or if the couple has thought about how to share household and child-care responsibilities. Given gender discrepancies and different expectations of men and women in this society, support males' participation in child rearing and household chores. Disrupt old assumptions and encourage new parents to think about how the status quo is harmful to both men and women.

Nurses can make changes in our practices that reflect an awareness of the diversity of identities of new mothers. These changes will facilitate women's easier negotiations, easier practicalities managements, and less stressful identity improvisations. By becoming aware of these differences, tolerating and embracing them, and by recognizing the current times as unstable and unsettled, nurses can support changing attitudes and policies.

Policies

One of the goals of an interpretative interactional study such as this is to make one's interpretations available to others and to promote understanding of how an individual's or group's personal problems are connected to larger, complex social problems. It is hoped

that increased understanding will lead to applied programs for addressing these major social issues. Policies that are in conflict with the needs of a diverse workforce are shaped by attitudes that reflect a society clinging to a nostalgic past, "the way we never were" (Coontz, 1992). Policy changes are necessary to reflect changing trends in family styles and needs, as well as changing economic and social needs. As I have demonstrated, many of the participants in this study have begun to link the personal to the political. They are rebelling against the notion that they alone must accept personal responsibility for having problems that they recognize are structural and attitudinal. By questioning the way things are and imagining how they could be, these mothers have begun to investigate how to make changes on organizational levels.

Corporate Policies

The findings of this research point up the importance of having family policies and multiple options within those policies. In the short term, given our capitalistic economic system and individualistic social system, one route to change is on the corporate level. The women in this study identified certain deficiencies in local, organizational levels which, if rectified, could ease some of the dilemmas they face. The corporate or organizational policy changes discussed by the participants include: more options for flex-time and job sharing; less emphasis on "face time" and more on performance and value (not having to show up at an office, but getting the job done); part-time positions; telecommuting; working from home; time off for sick child care, on-site child-care facilities or subsidies, and liberalized parental leave policies.

Such local, organizational level policy changes are a start, but by themselves can't eliminate the problems. In this study most of the participants were able to afford high-quality child care, and/or felt that their situations were improved by on-site child care or

their ability to work part time. These privileged women, who could afford the best and who took the time to find it, still faced dilemmas that women without these resources also face. The unspoken policies, the workplace attitudes, and environments that continue to reward traditional male models of working contribute to the dilemmas of women and mothers managing practicalities, negotiating relationships, and improvising meaningful identities as mothers with careers. In the long run, shifting the corporate climate and corporate models from the male oriented to the family oriented will require deeper changes than can be made on the organizational level alone. To effect social changes involves moving personal problems into a policy arena in which all of society can be involved.

National Policies and Attitudes

The interrelationship of policy and attitudes has been stressed throughout this study. The role of social policy is a public issue, not one that should be left to individual women, individual families, or individual businesses to figure out. National policy changes need to be made in several areas connected with women's career and home dilemmas.

Policies Reflecting Diversity in Family Composition and Needs

A post-industrial society like the United States needs to acknowledge that families conforming to traditional stereotypes are becoming less predominant and to promote policies that recognize the new family styles. Parental leave policies must be applicable to both parents in two-parent families or for any parent (biological/non-biological) regardless of gender, sexual orientation, or marital status. Similarly, policies need to reflect economic conditions. Where there are two parents, it is often necessary that both of them work in order to financially support the household.

Gender Differences

Social policies are needed to reduce gender inequities. Equality for women (mothers)

in the workplace and at home cannot be realized until the roles and responsibilities of men are also transformed. Old traditions based on an antiquated division of labor must be changed. Policies are needed: that promote equality in education and equal opportunities to enter occupations and obtain skills; that promote equal male and female responsibility in the home and in the workplace, shifting attitudes towards sharing jointly in parenting; and to close the wage gap between men's and women's salaries so that women's participation in the labor market is equally honored and equally rewarded.

Health Policy

Changes in health care policy will greatly affect these private dilemmas. Universal health care coverage regardless of employment status will sever the link of health insurance to a job, thus freeing parents from having to work to keep benefits. Included in any health care reform should be access to paid time-off to care for sick children or sick elders, or the availability of affordable in-home care for these dependents. Liberalizing the disgracefully short maternity leaves currently offered would be another needed health policy change.

Family and the Future

The overall focus in policy making needs to shift from viewing family problems as personal problems to viewing them as society's problems. In this study, mothers were seen trying to balance their own needs with the needs of their individual children in a society that is ignoring its responsibility to our families and to our future. The approach to family, child care, and work issues adopted by policy makers in Western Europe must be adopted here. These policies recognize the important role of political institutions in ensuring an adequate financial base for work-family programs and in maintaining a national commitment to the needs of children and working parents (Haas, 1992).

Any of these policy changes will involve compromise and consensus in the conflicting national attitudes towards work, men, women, and children, and the role of governmental intrusion into the privacy of family matters, thus challenging the long-standing tradition of individualism in national family policies. Since attitudes are harder to change than policies, the question then becomes will changing social policies help bring about changes in attitudes?

Changing policies depends on research to document how the changes can be profitable and beneficial to families, businesses, and government. The current transitional period in policy making, with a marked interest in health care reform, is an excellent time to begin making changes in family policies. Just as the mothers in this study regarded the conflicts and contradictions presented by attitudes and policies as both obstacles and as opportunities for identity improvisation, so policy makers can use research findings about these conflicts and dilemmas as opportunities for change and progress.

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Appendix A

Postmodern Feminist Critique of Feminist Mothering Theory

Feminist discourses on motherhood are voluminous and often contradictory. Some feminists see motherhood as an institution, ideology, or mystique in which women enact a male-defined role that restricts and oppresses them (Bernard, 1975; deBeauvoir, 1952; McBride, 1973; Oakley, 1974, 1980). Other feminist theorists, especially in anthropology, have posited women's role as mothers as a "single-key explanation" (di Leonardo, 1991, p. 13), and the source of women's transcultural and transhistorical oppression (Ortner, 1974; Rosaldo, 1974). Other feminist writers have described mothering as a woman-identified practice and experience of utmost value and meaning (Bergum, 1989; Boulton, 1983; Ruddick, 1989; Trebilcot, 1984). Feminist perspectives on mothering and motherhood range from Firestone's (1979) radical feminist view that women's reproductive role is the root of women's oppression, to Chodorow's (1978) and Dinnerstein's (1976) assertions that women's mothering perpetuates gender inequality, to those who claim that women's socialization in the nurturing maternal role has resulted in a distinctly female and estimable way of knowing, being, and thinking (Belenky, et al, 1986; Gilligan, 1982; Kuykendall, 1984).

Certain of these theorists, especially Ruddick, have been referred to by other feminist theorists as "maternalists" (Weedon, 1987). Their works, which fall within the category of cultural feminism (Ruddick calls herself a cultural feminist, 1989, p. 257), have valorized the nurturing qualities of motherhood and indicated that there was something about being a mother that makes women not only different from but superior to men. As I will demonstrate, the maternalists have been critiqued by some postmodern feminists as positing essentializing theories of women as mothers that obscure differences among

women. Postmodern feminist critiques can be useful in analyzing feminist theories about mothering, enabling one to see the dangers of essentialization and normative producing discourses about mothering that feminists can unwittingly produce.

Postmodern/Feminist Critiques of Maternalist Metanarratives

In this appendix I will utilize feminist postmodern critiques of what has been described as essentializing, maternalist metanarratives (Code, 1991; Lyotard, 1984; Rumsey, 1990). These metanarratives both distort what mothers are based on a version of what some mothers do and serve as normalizing discourses (i.e., standards by which mothers judge themselves and are judged by others. The two feminist works I have selected for this critique are Nancy Chodorow's The Reproduction of Mothering (1978) and Sara Ruddick's Maternal Thinking (1989). I have selected these because they are utilized in feminist postmodern writings as examples of essentialism and because they represent extremely influential feminist theories that have had a major impact on how women and men think about gender and mothering. (In four months The Reproduction of Mothering sold out a printing expected to last two years [Joseph, 1981]). As such, they offer an excellent opportunity to examine from postmodern feminist perspectives how feminist research and theory, meant to deconstruct and disrupt the masculine order and intended to have liberating purposes for women, can be seen to have essentializing, marginalizing, and normalizing results. This critique is not meant as an attack on either thinker, and it is important to note that both authors have self-critiqued their own essentialism or answered charges of essentialism or universalizing (Ruddick within the work; Chodorow in a later work [1989]). To do justice to these works, I will briefly summarize them and then discuss the essentialistic and normative elements in these theories of mothering.

Reproduction of Mothering

In this work, Chodorow argued from a theoretical framework known as object-relations theory (Winnicott, 1960), which posits that children's personalities develop from the interaction with a significant other (almost always the mother). Chodorow's mothering theory describes the psychological development of boys' and girls' separate sense of identity, their personality characteristics, their gender identity, and sexual orientations as occurring in the context of their close relations with their mothers and distant relations with their fathers. In the course of separating from their mothers, girls identify with their same gender parent and keep identifying with her while boys recognize themselves as separate and in opposition to women and femininity. Girls thus separate later than boys and don't acquire as strong a sense of separateness. According to Chodorow, exclusive female parenting produces girls who are nurturing and relational and boys who are distant and cut off from others; girls who have particularistic personalities and boys who have universalistic personalities; girls who are oriented toward concrete relations with others, and boys who are oriented toward more generalized relations.

While concentrating on women's alleged empathy, Chodorow implicitly condemned the typical mother for creating these gender differences, since the mother identifies with her daughter and encourages her son to be as different from her as possible. The way to resolve the radical differences between girls and boys, Chodorow suggested, would be for both parents to take an equal share in child rearing.

Maternal Thinking

Ruddick's theory of maternal thinking is presented in her book in two parts. In the first, she described the virtues that women (and some men) develop in the practices of mothering; in the second, she expanded on how these virtues can lead to a way of being

that she called "peaceful thinking." It is her first section on mothering practices that I will describe as relevant to this discussion of postmodernist, anti-essentialistic perspectives on mothering theory.

Ruddick defined a mother as a person whose work is to respond to three basic needs that all children have: the need for preservation, nurturing growth, and training for social acceptability (p. 22). She stated that she developed her theory not by surveys, questionnaires, or interviews, but by observation ("mother-watching," p. 62), reading, and "making it up" (pp. 61-62). Her observations of what she described as maternal practices led her to develop a concept she calls "Maternal Thinking." (Following Wittgenstein and Habermas [p. 9], she believed that reasoning and thought [maternal thinking] arise out of practical experiences or practices.)

Feminist Postmodern Critiques

Essentializing/universalizing. The feminist/postmodern critique of these essentializing, maternalist metanarratives on motherhood has taken several forms. In one, writers decried feminist theorizing about gendered aspects of human existence, such as birth and child rearing, which, they claimed, conflates the natural and the social, and mistakes cause for effect. This creates confusion, defining what women are by the activities with which some women are associated--nurturing or mothering (Butler, 1990; Flax, 1990a; Fraser & Nicholson, 1990; Heckman, 1990). Such accounts marginalize the experiences of women who are not or have chosen not to be mothers. Rich (1982) pointed out that Chodorow's theory was marked by an unreflective and normative heterosexism to such an extent that it failed even to give a satisfactory account of identity formation in heterosexual men and women, let alone those whose sexual orientation was same-sex. Flax (1990a) specifically accused feminist writers such as Chodorow and

Ruddick (she also mentioned Gilligan and Dinnerstein) of losing sight of the possibility that our conceptions of such practices as mothering "capture but one aspect of a very complex and contradictory set of social relations that cannot be reduced to totalizing, universalizing statements" (Flax, 1990a, p. 52). Flax implied that no one should speak of the category "mother," because, like the category "woman," no such person exists. Finally, in universalizing motherhood the above mentioned authors overlooked that the situation they described exists in certain nuclear families in male-dominated capitalist societies, not as a phenomenon universal for all women.

It is clear that the maternal practices Ruddick described are those of European-American, middle-class women in partnered relationships in industrialized nations. While she stated that she has observed growth fostering practices in women of all cultures (p. 86), the practices and family forms she described resemble the structuralist anthropological observations of Levi-Strauss (1963); seeing a universal family (singular) based on her North American version of family. She also romanticized the private domain of home and mother's place in it: "Home is where children are supposed to return when their world turns heartless" (p. 87). Such romanticizing ignores the fact that for many children and women, home is often the site of chaos, oppression, and abuse.

Ruddick (who described her own vocabulary as universalizing [pp. 55, 261]) extrapolated from her own situation as a privileged white woman in an academic setting to what all mothers do. While she stated that situations vary, she seemed not to take into account the extent of variety of women's experiences in maternal practices. Her examples of the conflict of maternal strategies for preservation, nurturance, and training are all western, white, and middle-class. Some of them trivialize the struggles that many women in the world have in rearing their children. Such is Ruddick's example of a child leaning

out a high-rise window to drop a water balloon on the people below. Ruddick writes that the "sensitive mother" must bring in the child from the window (protection) and teach her not to harm innocent passersby (training) in a manner that does not damage her self-esteem (nurturance). One wonders how a mother in Somalia or the Sudan weighs the conflict between these maternal practices (preservation and training for social acceptance) when she brings her daughter to the circumcizer's blade? As a result of the circumcision, the child may sicken and die of infection, suffer lifelong urinary incontinence, or die in childbirth, but without it, she will not be socially accepted or considered fit for her only role in her village (that of wife and mother). Code (1991) claimed that Chodorow "universalizes mothering practices to the extent that the class and racial differences that structure them differently, across social-political landscapes disappear from view" (p. 87).

Haraway (1990) also critiqued the problem of essentializing in Chodorow and Ruddick. She claimed that these universalizing statements in discussing caring and mothering undermine any serious attempt to analyze what women do and lead to problems in understanding the construction of gender in life activities. Such accounts, Haraway stated, amount to totalization and produce what "western patriarchy itself never succeeded in doing--lumping all women together as a universal other" (p. 201).

Normative Discourses. From postmodernist perspectives on marginalizing and normative making discourses comes the critique of Ruddick who, in many passages in Maternal Thinking specified what a "good enough" mother should do. For example, she enumerated many tenets of "good mothering": the good mother "learns to relish reciprocity," "relinquish control," "have humility," and be cheerful, for "mothers identify cheerfulness as a virtue." The good mother develops a "scrutinizing gaze" to watch, but not too closely, while "a nurturing mother must at the same time hold close and welcome

change" (pp. 73-89). Such normative judgments prescribe what a good mother must be and marginalize those women with children who do not conform to Ruddick's stated standards.

Postmodern Critiques of Difference Feminists. Tavris in her Mismeasure of Women (1992) said that feminists such as Ruddick who argue that women are different and superior (she calls them "difference" feminists) have succeeded in replacing women on the sexist pedestal they occupied in the 19th century Cult of True Womanhood and Moral Motherhood (Cott, 1977; Faludi, 1991; Ryan, 1979; Welter, 1966). History reveals, however, that romanticizing essentialistic notions of the good and virtuous woman proved ineffective in accomplishing feminist goals in the first wave of feminism and therefore deserve no place in the second. Spellman (1988) suggested dropping the language of difference in favor of speaking in postmodernist terms of heterogeneity: a language that privileges no single point of reference.

Some postmodern feminist researchers such as Hare-Mustin and Marecek (1988, 1990) and social constructionists such as Epstein (1988) foreshadowed Tavris in noting that careful studies of young boys and girls reveal that there is more within gender difference than between gender difference in areas such as math ability, moral reasoning, and ability and desire to nurture. Epstein found "an accumulating body of scholarship showing gender differences to be social constructions embedded in social structure and that many of the so-called basic differences between men and women are ephemeral" (p. xi).

Weedon (1987) is one of those who label the radical and cultural feminists "maternalists" (p. 17). She said that they celebrate women's capacity for motherhood, stressing its special life-giving qualities and link women's procreative abilities to

psychological qualities that are seen as universally female rather than specific to contemporary patriarchal society. Weedon (following Foucault, 1980) objected to fixed universalisms such as mothering. She stated that such ideological concepts cannot be "abstracted from the historical time in which they are enacted, [because] the meanings always take the forms defined for them by historically specific discourse" (p. 108).

Another problem with the feminist strategy of attributing male domination to women's mothering is that it has backlash potential. That is, blaming male domination on women's mothering rather than questioning the institutional structures that perpetuate gender division in parenting in fact results in blaming the victims of those structures.

Appendix B

Site Recruitment Letter

SUELLEN MILLER, CNM, MHA, Ph.D. (c)
402 San Francisco Blvd.
San Anselmo, CA. 94960
415-457-6118

Dear

Thank you for agreeing to recruit participants for my dissertation research on "How New Mothers Manage Career Reentry Postpartum." The purpose of this study is to help determine how first-time mothers who are career committed manage their return to the workplace, as well as to determine if there are nursing actions which can help facilitate that transition. As you may recall from our prior conversations, I am looking for women who have either recently delivered (May, June, July, August) or who are due to deliver (August, September, October, November) and who are planning to return to the workplace. I am also looking for women who identify themselves as committed to what they do. The definition of "career" is not restricted to any profession nor does it entail any specific length of schooling or preparation. Women who see what they do as fulfilling and as central to their identity, who have been engaged in that work for 5 years or more, and who have either just delivered or are about to deliver their first babies are eligible for the study. (Participants so far have included therapists, nurses, retail managers, physical therapists, business consultants, graphics designers, and a writer--I would be especially interested in speaking to someone in sales like real estate or someone who traveled a lot in their work.)

As I have already collected data on a decent sized (for a qualitative research study) sample, I am now looking more "theoretically" for different types of women than those I

have already interviewed. Specifically I am looking to sample from a more ethnically diverse group than the all-white group of women I have already spoken to. I would also be interested in speaking to some single mothers and lesbian mothers. Likewise, I would be very interested in talking to women in "non-traditional" occupations--such as firefighter, airplane pilot, bus driver, etc.

While my ideal interview schedule is to interview women three times--during pregnancy, around one month post-partum, and immediately as they are returning to the workplace-- it is not necessary for every woman to participate in all three interviews. If you know of someone who delivered in May and who is currently going back to work, or who delivered anytime in the past year and who recently went back to work, a one-time interview with her would also be extremely helpful for my study.

If you know of any women who would be interested in participating in this study I would really appreciate if you would contact them and ask them permission to give me their phone numbers. Alternatively, you could give them my number.

Again, thank you for helping me pursue this study. Enclosed you will find a copy of my human subjects approval, a flyer for display (if you choose), and a copy of a letter explaining the study to give to any women who you think would like to participate.

If you have any questions or wish to speak to me about this study, please feel free to call me at 457-6118.

Thanks for your help.

Yours,

Suellen Miller

Appendix C

Participant's Letter

Suellen Miller, RN, CNM
402 San Francisco Blvd.
San Anselmo, CA 94960

Dear Mother-to-be:

You have been referred to me as a possible candidate for inclusion in a study about the experience of new motherhood for career women. This study is being conducted by Suellen Miller, CNM, a doctoral student at the University of California, San Francisco and Jeanne DeJoseph, Associate Professor, Department of Family Health Care Nursing, at the University of California, San Francisco.

Little is known of the experience (perceptions and expectations) of women who are committed to a career and who are experiencing the transition to a new role, that of being a mother. The goals of this study are to discover what your experiences are, and to see if there are any actions that health care providers could make which would be helpful to women during this transition.

The study entails at least three interviews of approximately one to one and a half hours each. One interview will take place near the end of the pregnancy, one within a month after the birth, and the other interview would be scheduled sometime after you resume your career responsibilities (if you resume your career responsibilities). If a woman chooses not to return to her career following delivery a post-partum interview will be arranged. Questions regarding your pregnancy, career, and mothering experiences would be asked. Data from the study will remain confidential.

If you feel that you would be interested in participating in this project, please fill out and return the enclosed post card.

Sincerely,

Suellen Miller, CNM

Appendix D

Recruitment Flyer

I AM SEEKING CAREER WOMEN PREGNANT WITH THEIR FIRST CHILD/ OR WHO HAVE RECENTLY DELIVERED TO PARTICIPATE IN A RESEARCH STUDY

My name is Suellen Miller. I am a Certified Nurse Midwife and a doctoral candidate in the School of Nursing at the University of California, San Francisco. I am working on a research project on "Career Reentry for New Mothers." I am looking for women who:

* are pregnant with their first child or who have recently delivered
* feel strongly committed to their careers

I will be interviewing study participants during the end of their pregnancies and after the birth when they are reentering the work place. The interviews will take approximately one and a half hours in a location of your choice. There is no cost and no reimbursement for the interview.

The purpose of this study is to help determine how first-time mothers who are career committed manage their returns to the workplace as well as to determine if there are nursing actions which can help facilitate that transition.

If you would be interested in participating in this study, please contact me at the number below or give your care provider permission to allow me to contact you.

Suellen Miller, CNM

(415) 457-6118

Researcher:
Suellen Miller
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Health Care Nursing
School of Nursing, UCSF
San Francisco, CA. 94143
415-457-6118

Supervisor/Researcher:
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Committee on Human Research
Box 0962
UCSF
San Francisco, CA 94143
415-476-1814
Approval #H6577-06125-01

Appendix E

Prenatal Interview Guide

*Tell me about yourself, what your career is, how long, what your duties and responsibilities are?

*What plans have you made for maternity leave before your baby's birth?

What are your plans for after your baby is born?

*Do you plan on taking a leave either before and/or after your baby's birth?

*How do you feel about your occupation?

*How do you feel about your current position?

*How would you describe the feelings at work about your pregnancy and/or plans for taking a leave?

*What is the most important thing about your career? or What about your current position means the most to you?

*Why do you engage in (name of job or occupation)?

*Were you planning on this pregnancy?

*How does the timing of this pregnancy fit with your career plans?

*What does the word mother mean to you?

*What is the meaning of becoming a mother for you?

*Do you see yourself differently as a career women now that you are pregnant? In what way?

*Are you where you want to be in your career?

*How do you think becoming a mother will affect your career?

*How do you thnk your career will affect your being a mother?

*How do you see yourself in 4 months, 6months, a year?

PostPartum Interview Guide

*What is life like with your new baby?

*Who is responsible for taking care of your new baby in your household?

*Can you describe what household help you have, if any?

*How would you describe the experience of being a mother?

*In what ways, if any, is mothering different than what you had imagined before you had the baby?

*Before you had the baby you told me that you were planning to return to work at _____, is that still your plan/have you returned to work?

*How do you feel the baby will fit into your career life?

*How do you feel about yourself as a new mother in your career?

*What was/is the experience of returning to work like for you?

*Before you had you baby you told me that you had made the following plans for childcare (name what they were), is that still your plan/is that what you have wound up doing?

*Can you describe the feelings at work about your becoming a mother?

*Have you encountered any difficulties or problems, and how would you describe them?

Reentry Interview Guide

*What was it like the first day, week, or whatever period back at your job?

*How did you manage physically with getting to work on time, pumping, nursing, baby taking bottle?

*What was your reception like at work, were people supportive or what?

*What were your feelings during the day, week, whatever, was there a change over time?

*How did you deal with the pickup and dropoff, how did your baby seem?

*How does your employment affect your baby?

*How does it affect your relationship with your baby?

*How does it affect you?

*Do you view yourself as a mother any differently now that you've returned?

*Do you view yourself as a career person any differently?

*The last time we spoke you had/had not found child care:

    *Did the child care arrangements you had made work out?

        *How or how not?

    *What steps did you take to find child care?

*How do you feel about your baby's care provider?

*Would you like any thing to be different in that situation or with that person?

*Would you like any thing different about your work/child care situation to be different?

*What role does your partner play in getting the baby to or from childcare or in providing child care or house work?

*If your baby gets up in the night who gets up with the baby?

*If you are getting less sleep or interrupted sleep, how does that affect you performance at work?

*If you could have the ideal situation, what would it be like?

*What are your feelings about your career, do you feel differently than you did before you had your baby?

*What would have been some helpful things to have known or done before the baby came?

*How could health care providers help in the transition back to your career?

*What word or name would you call the woman who both has a career and is a mother, working mother implies that women who aren't employed outside of the home, don't work?

*How are employed mothers different than mothers who stay at home?

*Since it is impossible to know how you are going to feel about your baby or career before you are a mother, is there any way to make the transition easier?

*How do you identify, as a mother or as a career woman?

*Can you find balance in your life as mother and career woman, is so how, if not why not, and what would help?

*Which do you value more, your mothering or your career, why?

*What do you get the most satisfaction from?

*Where do you find support, partner, friends, how do you find support, do you need support?

*Some women have told me that they feel like they are missing out by being home, is this true for you?

*Other say they are missing out when they are away from their babies, is this true for you?

*Do you feel quilty about leaving your baby, what does guilty mean to you? How do you handle these feelings, what are the things you do to manage or alleviate these feelings?

*When you are home with your baby do you feel you are getting things done?

*What is the value to you of nurturing your child? What is the value to society of your nurturing your child?

Appendix F

Prenatal Demographic Information Sheet

1. AGE?
2. ETHNICITY
3. RELIGION?
4. EDUCATIONAL BACKGROUND?
5. RELATIONSHIP OR MARITAL STATUS?
6. OCCUPATION
7. NUMBER OF YEARS IN THAT OCCUPATION?
8. CURRENT EMPLOYMENT STATUS--FULL-TIME/PART-TIME/ UNEMPLOYED?
9. NUMBER OF YEARS IN THIS OR MOST CURRENT JOB?
10. INDIVIDUAL AVERAGE YEARLY INCOME?
11. HOUSEHOLD AVERAGE YEARLY INCOME?
12. DOES YOUR CURRENT EMPLOYER PROVIDE MATERNITY BENEFITS?
13. DOES YOUR CURRENT EMPLOYER PROVIDE PARENTAL LEAVE BENEFITS?
14. IF YOU RECEIVE LEAVE BENEFITS, WHAT IS THE LENGTH OF THE LEAVE AND THE LEVEL OF REIMBURSEMENT (IF ANY)?
15. WILL YOU RECEIVE STATE DISABILITY IF YOU TAKE A PARENTAL LEAVE AFTER THE BIRTH OF YOUR BABY? DO YOU HAVE PRIVATE DISABILITY?
16. WHEN IS YOUR BABY DUE?
17. HOW MANY WEEKS PREGNANT ARE YOU NOW?

PostPartum Demographic Information Sheet

1. AGE
2. ETHNICITY
3. RELIGION
4. EDUCATIONAL BACKGROUND
5. MARITAL OR RELATIONSHIP STATUS
6. OCCUPATION (prior to birth)
7. NUMBER OF YEARS IN THAT OCCUPATION
8. CURRENT EMPLOYMENT STATUS--FULL-TIME/PART-TIME/NOT CURRENTLY EMPLOYED
9. NUMBER OF YEARS IN THIS OR MOST CURRENT JOB
10. INDIVIDUAL AVERAGE YEARLY INCOME
11. HOUSEHOLD AVERAGE YEARLY INCOME
12. DID YOUR CURRENT OR PRIOR EMPLOYER PROVIDE MATERNITY BENEFITS?
13. DOES YOUR CURRENT OR PRIOR EMPLOYER PROVIDE PARENTAL LEAVE BENEFITS?
14. IF YOU RECEIVE LEAVE BENEFITS, WHAT IS THE LENGTH OF THE LEAVE AND THE LEVEL OF REIMBURSEMENT (IF ANY)? (LEVEL OF REIMBURSEMENT CAN BE STATED IN % OF FULL-TIME SALARY--NO AMOUNT NEED BE GIVEN)
15. DO YOU RECEIVE STATE DISABILITY/PRIVATE DISABILITY IF YOU ARE TAKING A PARENTAL LEAVE AFTER THE BIRTH OF YOUR BABY?
16. IF YOU RECEIVE DISABILITY, FOR HOW LONG WILL YOU RECEIVE BENEFITS?
17. WHEN WAS YOUR BABY BORN?
18. HOW MANY WEEKS/MONTHS POST-PARTUM ARE YOU NOW?
19. IF YOU ARE RETURNING TO THE WORKPLACE, WHEN DO YOU PLAN ON RETURNING?

Reentry Demographic Information Sheet

1. AGE
2. ETHNICITY
3. RELIGION
4. EDUCATIONAL BACKGROUND
5. MARITAL OR RELATIONSHIP STATUS
6. OCCUPATION
7. NUMBER OF YEARS IN THAT OCCUPATION
8. CURRENT EMPLOYMENT STATUS--FULL-TIME/PART-TIME/NOT CURRENTLY EMPLOYED
9. NUMBER OF YEARS IN THIS OR MOST CURRENT JOB
10. INDIVIDUAL AVERAGE YEARLY INCOME
11. HOUSEHOLD AVERAGE YEARLY INCOME
12. DID YOUR CURRENT OR PRIOR EMPLOYER PROVIDE MATERNITY BENEFITS?
13. DOES YOUR CURRENT OR PRIOR EMPLOYER PROVIDE PARENTAL LEAVE BENEFITS?
14. IF YOU RECEIVE LEAVE BENEFITS, WHAT IS THE LENGTH OF THE LEAVE AND THE LEVEL OF REIMBURSEMENT (IF ANY)? (LEVEL OF REIMBURSEMENT CAN BE STATED IN % OF FULL-TIME SALARY--NO AMOUNT NEED BE GIVEN)
15. DO YOU RECEIVE STATE DISABILITY/PRIVATE DISABILITY IF YOU ARE TAKING A PARENTAL LEAVE AFTER THE BIRTH OF YOUR BABY?
16. IF YOU RECEIVE DISABILITY, FOR HOW LONG WILL YOU RECEIVE BENEFITS?
17. WHEN WAS YOUR BABY BORN?
18. HOW MANY WEEKS/MONTHS POST-PARTUM ARE YOU NOW?

19. IF YOU ARE RETURNING TO THE WORKPLACE, WHEN DO YOU PLAN ON RETURNING? IF YOU HAVE ALREADY RETURNED, HOW MANY WEEKS POSTPARTUM WERE YOU WHEN YOU RETURNED?

Appendix G

Focus Group Interview Guide

*Have your feelings about your career changed since you had your baby, if so, how have they changed?

*What is the experience of mothering like for you, is it different than you had imagined...what is the value of mothering like for you, is it different, how does the value of your role as a mother relate to the value of your role as a career-woman?

*How do you feel about returning to work?

*Have you found child care for your baby? Have you encountered any difficulties in finding child care? Are there adequate, affordable child care options to meet your particular needs?

*If life were perfect, financial considerations taken care of, what would be your ideal, fantasy, staying home, of combining career/parenting, what would the ideal maternity leave and return to career look like in terms of timing, amount of work, child care, etc.

*What is your picture of returning to work like? What hassles or difficulties do you see emotionally, logistically, ie. how do you feel about leaving your baby to concentrate on work matters, what happens if you leak milk, how will you handle nursing and working,

what about the emotional aspect of leaving your child with another, both for yourself and for your child's attachment to another?

*How did you negotiate your maternity leave, did you make it up, or is it strictly by the book at your employers? Did you create any of the terms, and if you did on what did you base your decisions.

*Was there anything that others did that you would consider helpful in your transition from career woman to mother back to the workplace. Who were those others? Care providers, agencies, etc. What would you like to have available to help in making this transition?

TO:

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Appendix H

COMMITTEE ON HUMAN RESEARCH
OFFICE OF RESEARCH AFFAIRS, Box 0962
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

CHR APPROVAL LETTER

TO: Jeanne De Joseph, Ph.D, CNF
Box 0606

Suellen Miller, CNM
402 San Francisco Blvd
San Anselmo, CA 94960

RE: Career Reentry for New Mothers: A Grounded Theory Study

The Committee on Human Research, the UCSF Institutional Review Board holding Department of Health and Human Services Multiple Assurance #M-1169, has reviewed and approved this application to involve humans as research subjects.

APPROVAL NUMBER: H5082-06125-04. This number is a UCSF CHR number and should be used on all consent forms, correspondence and patient charts.

APPROVAL DATE: October 7, 1993. **Expedited Review**

EXPIRATION DATE: November 1, 1994. If the project is to continue, it must be renewed *by the expiration date*. See reverse side for details.

ADVERSE REACTIONS/COMPLICATIONS: All problems having to do with subject safety must be reported to the CHR within ten working days.

MODIFICATIONS: All protocol changes involving subjects must have prior CHR approval.

QUESTIONS: Please contact the office of the Committee on Human Research at (415) 476-1814 or campus mail stop, Box 0962.

Sincerely,

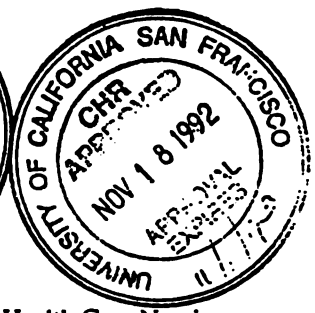
Scott Fields PharD / for Reese Jones

Reese T. Jones, M.D.
Chairman
Committee on Human Research

HEPC Project # 90006125

Appendix I

Informed Consent



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1993
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

PROJECT: "Career Reentry for New Mothers"

PURPOSE AND BACKGROUND:
Suellen Miller, CNM, doctoral student in the Department of Family Health Care Nursing, and Jeanne DeJoseph, CNM, Ph.D., Department of Family Health Care Nursing, are conducting a study about how career-committed new mothers experience reentry to the workplace. I am being asked to participate in this study.

PROCEDURES:
If I agree to be in the study the following will occur: a) I will be asked to participate in two or more interviews, each lasting one to one and a half hours. During these interviews I will be asked questions about my career, my pregnancy, and my life with my new baby, b) One interview will take place while I am still pregnant and a second after I return to work, and c) if I approve, these interviews will be audiotaped.
These interviews will be done at my convenience and will be scheduled at a location of my choice.

RISKS/DISCOMFORTS:
I may find certain interview topics to be distressing. I am free to stop the interview at any time, or to decline to answer any specific question or questions.

Participation in the research may involve a loss of privacy. However, certain procedures will be instituted to protect my confidentiality. After the data has been transcribed from audiotapes, the tapes will be destroyed. The information will be coded by number and kept locked in a file, with only the investigators having access to the information. My identity will not be disclosed in the final report, nor in any publication that results from this study.

BENEFITS:
I will receive no direct benefit from participating in this study. The information may prove helpful to nurses and other professionals in understanding and in helping to advise women who are combining career and motherhood.

COSTS:
No costs will be incurred by me as a result of participating in this study.

REIMBURSEMENT:
There will be no reimbursement to study participants.

Questions:
I have talked to Suellen Miller about this study and have had my questions answered. If I have further questions about the study, I may call her at 415-457-6118.

If I have any comments or concerns about participation in this study, I should first talk with the investigator. If for some reason I do not wish to do this, I may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. I may reach the committee office between 8:00 and 5:00, Monday through Friday, by calling (415) 476-1814, or by writing: Committee on Human Research, Box 0616, University of California, San Francisco/San Francisco, CA 94143.

Consent:
I will be given a copy of this consent form.

Participation in this research is voluntary. I am free to decline to be in this study, or to withdraw from it at any point.

DATE:_____ SIGNATURE:_____

11/10/92