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Nazilla Khanlou

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**Mothering in the Academia
during a Pandemic: Structural
Gender Inequalities and
Family Wellbeing**

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CONTENTS

Editorial..... 3

Section 1

Research Article: Mothering in the Remote Academy: Building Bridges and Negotiating Isolation..... 6
Maggie Quirt

Research Article: Sharing Stories of Mothering, Academia and the COVID 19 Pandemic: Multiple Roles, Messiness and Family Wellbeing 17
Hanneke Croxen, Margot Jackson, Mary Asirifi, & Holly Symonds-Brown

Commentary: Resilience and Challenges of Working Mothers during COVID-19 28
Marina Heifetz

Commentary: A liberdade é a coisa mais cara da vida (freedom is the most expensive thing in life) 34
Luisa Santos

Commentary: Academic mothers during the COVID-19 pandemic: Stressors, strains, and challenges in adapting to work-life enmeshment 37
Chang Su, Tsorng-Yeh Lee & Gordon L. Flett

Commentary: The Intersection of Motherhood and Academia During a Pandemic: A Storytelling Approach to Narrative Oral History 46
Sandra Della Porta & Daniella Ingraio

Section 2

Research Article: Health promotion for immigrant mothers of children with developmental disabilities: Towards a transformative approach..... 62
Luz Maria Vazquez, Nida Mustafa, Nazilla Khanlou, Attia Khan, Gail Jones, Jennifer Osei-Appiah Sodiya, Mahdieh Dastjerdi, & Louise Kinross

Research Article: Effects of Stress, Social Support, Feelings of Shame, and Loss of Face on Mental Health of Chinese Immigrant Mothers of Children with Developmental Disabilities in Canada 78
Chang Su & Nazilla Khanlou

Office Affiliate’s Recent Accomplishments..... 96

Mothering in the academia during a pandemic: Structural gender inequalities and family wellbeing



The COVID-19 pandemic created unique constraints for women around the world in the various roles of their life (for example, in their reproductive roles within the home and productive roles in society). It was particularly difficult for working women and single-parent households headed by women, who faced parenting challenges while juggling to fulfill breadwinners responsibilities.¹ Pandemic era reports from Germany, United Kingdom and the USA suggest that women dedicated more time providing childcare and on home schooling than their male counterparts.¹ Academic life can be very challenging for women who often carry large teaching loads, engage more frequently in community-based research, and also have parenting and care responsibilities.² These challenges can leave them less time - than male academics - for career development opportunities and gaining academic recognition and esteem.^{3,4} Often female academics get channeled into teaching and teaching related administrative work and committee service that is accorded less value. A system of structural prejudices and a masculinised (and racialized) system determine judgements about academic excellence, prestige, and status.^{3,4} The pandemic worsened the longstanding gender biases in research and academia⁵ and widened sexist and racist inequalities.^{6,7}

In light of the gendered structural barriers amplified by the pandemic, Professor Nazilla Khanlou put together a Call for an INYI Journal Special Issue on “Mothering in the academia during a pandemic: Structural gender inequalities and family wellbeing.” Over the years Dr. Khanlou has conducted research promoting women’s mental health and wellbeing, with a particular focus on marginalized women using an intersectionality-informed approach.

I have known Dr. Khanlou since my doctoral studies at York University, and I appreciate her invitation to write the Guest Editorial for this special issue of the INYI Journal. I can fully connect with each of the discussions in this special issue, being an immigrant woman of colour, a medical doctor, an academic and a mother of three.

This Volume of the INYI Journal provides an opportunity to further understand the lived experiences of women in academia and their challenges as they navigate the harsh terrain of the COVID-19 pandemic. The Issue entails two sections. Section 1 includes two research articles and four commentaries related to the special call on mothering in the academia during a pandemic, and Section 2 includes two research articles on mothering by racialized and immigrant mothers.

Section One: Mothering in Academia During a Pandemic

The first research article by *Professor Maggie Quirt*, explores the experience of mothering in the academy during the pandemic using Rachel Kadish’s feminist analysis in ‘The Weight of Ink’ as a starting point to examine structural gender inequalities in postsecondary spaces. The article by Professor Hanneke Croxson and colleagues uses personal narratives to explore commonalities of experiences as mothers who work in academia. Two themes

emerged from their study, the multiple roles and responsibilities and embracing the ‘messiness,’ and family wellbeing.

The first Commentary by *Dr. Marina Heifetz* provides evidence-based strategies for working mothers to support their mental health during the pandemic and beyond. Some examples are self-compassion and mindfulness, self-care including sleep and physical activity time, maintaining social connections and shared responsibilities, and taking time to have fun. The Commentary by *Professor Luisa Santos* is a personal viewpoint on being a mother, an academic and an independent curator during the current COVID-19 pandemic. The story is inspired through an artwork conceived by artists Sara and André under a dictatorship (in 1971) in Portugal that uses humor as a powerful political tool to speak about freedom. The Commentary by *Professor Chang Su and colleagues* is a review of the literature on the challenges faced by academic mothers during the pandemic. It offers practical recommendations that academic institutions can use to support academic mothers enmeshed in work and life. In their Commentary, *Professor Sandra Della Porta and Daniella Ingraio* use a storytelling approach to narrative oral history using reflexivity as analysis to present the first author's lived experience as a mother and academic at the peak of the pandemic.

Section Two: Mothering at the intersections of migration, culture, racialization, and developmental disabilities

In this research article *Dr. Luz Maria Vazquez and colleagues* examine health promotion practices of twenty-eight immigrant mothers of children with developmental disabilities using the Health Promotion Activities Scale. The authors underscore the importance of considering the intersections of motherhood, disability, gendered role expectations and migration when designing health promotion practices. The second research article is from *Professors Chang Su and Nazilla Khanlou* and highlights the impact of social and cultural factors, such as stigma and shame on the mental health of

Chinese immigrant mothers of children with developmental disabilities in Canada. The article explains the traditional Chinese cultural beliefs towards developmental disabilities and the importance of avoidance of shame.

I hope that this Special Issue promotes understanding and further discussions within and outside the academia about the need to support women, specially marginalized mothers and working women, so they can better navigate the challenges in unprecedented times such as the recent COVID-19 pandemic.

Attia Khan

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Mothering in the Remote Academy: Building Bridges and Negotiating Isolation

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This is a peer-reviewed (double-anonymized) article

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Abstract: In this article, I use Rachel Kadish’s feminist analysis in *The Weight of Ink* as a jumping off point to explore the experience of mothering in the academy during the pandemic. The structural gender inequalities that constrain opportunities for Kadish’s female characters will be familiar to women in the academy who have long struggled to achieve work-life balance under patriarchal conditions. I argue that such inequalities have persisted in the shift to remote teaching, and that the pandemic experience of mothers in the academy has been characterized by challenges related to both proximity and absence. This, in turn, has implications for the role academic mothers play in helping youth integrate effectively into their university classes and cohorts. I maintain that women’s traditional role as bridge builders can contribute to positive outcomes for youth, but institutions must establish equitable faculty workloads in order to support these efforts in a more systematic and structured manner.

Keywords: Pandemic, Mothering, Academy, Gender Inequality, Youth Integration, Labour, Equitable Faculty Workloads

Abstract: Dans cet article, j'utilise l'analyse féministe de Rachel Kadish dans *The Weight of Ink* comme point de départ pour explorer l'expérience de la maternité à l'académie pendant la pandémie. Les inégalités structurelles entre les sexes qui limitent les opportunités pour les personnages féminins de Kadish seront familières aux femmes de l'académie qui ont longtemps lutté pour parvenir à un équilibre entre vie professionnelle et vie privée dans des conditions patriarcales. Je soutiens que de telles inégalités ont persisté dans le passage à l'enseignement à distance, et que l'expérience pandémique des mères dans l'académie a été caractérisée par des défis liés à la fois à la proximité et à l'absence. Ceci, à son tour, a des implications sur le rôle que jouent les mères universitaires pour aider les jeunes à s'intégrer efficacement dans leurs classes et cohortes universitaires. Je maintiens que le rôle traditionnel des femmes en tant que bâtisseurs de ponts peut contribuer à des résultats positifs pour les jeunes, mais les établissements doivent établir des charges de travail équitables pour les professeurs afin de soutenir ces efforts de manière plus systématique et structurée.

Mots-clés: Pandémie, Maternité, L'academie, Inégalités Entre Les Sexes, Intégration Des Jeunes, Travail, Travail Équitables Pour Les Professeurs

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Introduction

To mark a definitive break between a challenging year of remote teaching during a global pandemic and my inaugural sabbatical, I began reading Rachel Kadish's *The Weight of Ink* (2017). This highly acclaimed novel chronicles the lives of two female scholars whose stories merge across hundreds of years when a cache of antique papers is discovered in a centuries-old home. Professor Helen Watt, a retiring historian, plans to use these papers in order to carry out one final research project, while Ester Velasquez, a female orphan under the tutelage of an aging rabbi in 17th century plague-ridden London, is the author of the treasure trove of material. Despite being separated by a span of almost 500 years, both characters experience the limits of the social and institutional structures that govern their lives. Helen's significant archival find is co-opted by a paternalistic male dean who gives priority access to the papers she has discovered to an up-and-coming male colleague, effectively sidelining Helen because of her age, disability, and gender. Ester, on the other hand, has even less access to the world of scholarships. Though circumstances position her as a female scribe for a rabbi, a rarity for her times, she must assume a male identity in order to pursue the full extent of her intellectual ambitions. Ester's struggles to exist as a scholar and independent woman in a society that saw women as neither inspire Helen to make one final stand against the patriarchal constraints of the academy.

The experiences of Helen and Ester will likely resonate with many female academics working remotely during the global pandemic. The structural gender inequalities that constrain opportunities for Kadish's female characters will be familiar to women in the academy who struggled with work-life balance long before our homes became our offices. Additionally, the plague that permeated 17th century London society has striking parallels to the global pandemic of our modern times: there is an eerie familiarity to the way in which Kadish's characters fortify themselves with courage and prayers when venturing out for supplies, while families suffer the loss of loved ones to a plague that is relentless. In this paper, I draw on Kadish's feminist analysis as a jumping-off point for exploring the experience of mothering in the

academy during the pandemic. The notion of mothering that I employ here, while drawn primarily from my own lived experiences as a mother of two, also includes the range of mothering practices that I see performed on a daily basis by colleagues from across the gender spectrum and is not limited to people who are biological parents, on the one hand, or female academics, on the other. As a cisgender woman, I acknowledge that my approach to mothering benefits from systems and structures that privilege the alignment of my gender identity with the sex I was assigned at birth. As well, my heteronormativity allows me to move with unearned ease through a world that persistently assumes heterosexual unions and procreative marriage as normative activities, on the one hand, and benchmarks of success on the other. At the same time, these dominant systems and structures also make assumptions of me as a female academic – namely, that I will be nurturing, understanding, and collegial, and that I will carry out a disproportionate amount of service work, including administrative and clerical tasks. Bearing in mind the diversity of identity positions occupied by women working in the academy, then, I want to consider the following overarching questions: What challenges and opportunities does the role of motherhood bring to women in the academy during times of significant social upheaval like our recent lockdown? Are there lessons to be learned from the ways in which we mentor our students, on the one hand, and parent our children, on the other, that can provide better support for all youth? What does our mothering and mentoring work in times of crisis reveal about the structural gender inequalities that persist in institutions of higher learning and that pose a real threat to women's advancement within the academy?

Description of Initiative

The questions I set out here pertain to both youth and postsecondary students and are more richly explored by considering the notion of 'mothering-as-practice' over 'mother-as-person'. While recognizing that the term 'youth' can be understood in a variety of ways, I am using it here to delineate children aged 13-19. Mothering-as-

practice may involve such activities as counselling, mentoring, nurturing, and advising children who may or not be one's own offspring. Attempting to carry out this broad range of functions with youth who are in a heightened state of anxiety due to illness, family duties, and recurring lockdowns has been a challenge, and has added significantly to the caregiving responsibilities mothers typically shoulder. The fact that the bulk of such labour has been carried out remotely has, in many ways, only exacerbated the challenge.

My central assumption here is that structural gender inequalities have not evaporated in the shift to remote teaching; they have merely taken on new, often less noticeable forms. More specifically, I argue that the pandemic experience of mothers in the academy has been characterized by challenges related to both proximity and absence. Under conditions of remote work, we are always around, but rarely fully 'here', either for our employer and colleagues, or with our family members. This can create added strain for academic mothers in terms of doing our jobs well, on the one hand, and being fully available and responsive to the needs of our children, on the other. Additionally, these divergent pressures, and the bifurcated sense of self such pressures provoke, have implications for how much capacity academic mothers have each day to assist with the other youth in their conceptual care: students. An important role of any teacher is to assist students with integrating effectively into their university classes and cohorts; studies show that female academics take on these responsibilities more than men (Baker, 2021; Misra et al., 2021). Yet if academic mothers are stretched to the limit by the competing demands on their time and expertise in the context of pandemic teaching, there is a real concern that such mentorship will suffer. I conclude that women's traditional role as mentors, nurturers, and bridge builders can contribute to positive outcomes for youth, but institutions must establish equitable faculty workloads in order to support the efforts of female academics in a more systemic and structured manner.

Discussion

It is important to recognize from the outset that there is no singular or universal experience of mothering in the

academy. Employment status and job security are just some of the factors that can affect a woman's standing in the academy. Equally significant is the reality that people have been impacted differently by the ravages of the pandemic, with some inoculated more or less due to their age, class, race, marital status, and/or disability status (Das Gupta, 2020). The perspective from which I write is marked by the privilege of being a mid-career tenure-track professor within a strongly unionized environment at the time the pandemic hit; in the context of heightened unemployment and job precarity brought on by the pandemic, the material benefits accorded this status are significant. While I live with a chronic disability that presents intermittent challenges, any hardship I experience is mitigated by the race, gender, sex, and class privilege that I embody as a white, cis-gendered, heteronormative middle-class woman. Additionally, as an Anglo Canadian growing up in Treaty 1 territory and now living on Williams Treaty land, I benefit from settler privilege. What this means is that colonial systems and structures work to my advantage, while maintaining the ongoing systemic discrimination of Indigenous peoples across all dimensions of civil society. My experiences of the education system in Canada reflect my positionality, sometimes offering zones of insights but more often creating areas where I need to listen and learn from the experiences of my colleagues and students.

Structural gender inequalities in postsecondary spaces

Like many institutions in civil society, education can be a space that women and men experience differently in terms of the expectations put on them and the opportunities they are afforded. When Ester Valsquez was scribing in 17th c. London, she had ambition: "What she wished – she could not help it, the wish persisted darkly inside her – was to be a part of the swelling wave she felt in the words of the books and pamphlets lining the tables outside St. Paul's and the piles of fresh-bound quires at the bindery" (Kadish, 2017, p.293). But Ester quells her desire to be a scholar in the same breath as she acknowledges it: "A woman's body, said the world, was a prison in which her mind must wither" (Kadish, 2017, p. 293). While contemporary female scholars face nowhere near the same constraints as Ester, they may recognize similar sorts of societal limitations to their

professional aspirations. Indeed, there is a well-worn demarcation of responsibilities within academia on the basis of gender. Drawing on the work of Misra et al. (2011), Baker maintains that, in postsecondary institutions, female academics do the ‘heavy lifting’ when it comes to “teaching, advising, mentoring, scholarship, community-engagement, and campus governance” (2021, p.60). Men, on the other hand, “focus more on their research, which earns greater prestige and potential for promotion” (Misra et al., 2011, p.25). The unequal nature of the work that we do, with men predominating in research and women in teaching, as well as the recognition these related but distinct spheres of academic life receive (or not) is reflected everywhere around us. If you are an academic, think back to the last budget presentation you listened to at your institution. Were research monies enumerated as a point of pride? Did your school have a dedicated plan for growing these funds? Now think about any mention of the revenue generated from teaching and mentorship. Do these monies even exist and if so, do they enjoy a feature presentation by your university’s budget committee? In Kadish’s *The Weight of Ink*, suspense builds throughout the novel precisely because the reader is never sure whether Helen or her rival colleague will publish their research findings first, and thereby bring accolades to the university. To be clear, there is no similar urgency when it comes to these same characters parlaying their research findings into a new undergraduate course. The glamour, we may conclude, lies in research.

Drawing on a sampling of 350 faculty members at an American university, Misra et al. found that “[o]n average, male associate professors spent 37 percent of their time on research, while women associate professors spent 25 percent of their time on research” (2011, p.25). In terms of service, this same study found that “women spent much more time [than men] on service to the university (11.6 hours [a week] versus 7)” (Misra et al., 2011, p.25). The authors call this phenomenon the “gendered gully of service” and note that this can have negative implications when it comes to women’s advancement within the academy. They conclude with the following assessment:

While men are not necessarily more productive than women, they are more protective of their research time. Tenured women, on the other hand, devote more time to teaching, mentoring, and service, and particularly to activities that may be seen as *building bridges* around the university (Misra et al., 2011, p.24, emphasis added).

The gendered gully of service, therefore, sets up women to perform more hours of work that advance the successful functioning of the university as opposed to their own personal advancement. When female academics are also parents, gendered expectations multiply and proliferate. It is perhaps not surprising that Kadish conceives of her protagonist, Helen, as a single woman with no children. Had Helen been otherwise, she would have had significantly less free time to explore rare manuscript finds in the English countryside. Instead, she would have been cutting short her archival visits to pick up children from daycare, and the plot of the novel would have stalled considerably.

In pre-pandemic times, academic mothers were already working flat out. Dominici et al. maintain that “women academics who have children still shoulder the majority of domestic responsibilities” and that these individuals “are likely to have personal obligations that they cannot delegate to others” (2009, p.25,26). The timeless nature of this truth is reflected in Kadish’s character Ester, who desires to remain single and childless, despite being courted by multiple suitors in London’s high society. Ester realizes early on that assuming the role of motherhood will significantly impact the time she can give over to constructing her philosophical arguments and theological treatises, and is adamant that such a reality will not come to pass:

The prospect of sheeplike Alvaro HaLevy and a house full of his children, their eyes trained on her while she pretended to be what she was not, made her walk faster. She couldn’t marry Alvaro. She would come to punish him out of her own discontent. She was unnatural; so it must be (Kadish 2017, p.232).

Unlike Ester, many contemporary female academics do attempt to ‘have it all’, combining their scholarly work with the experience of raising a family. Before COVID, a

typical teaching day for me would involve walking the dog before the sun was even over the horizon, preparing breakfasts and packing lunches, accompanying kids to the bus stop, then hurrying back to get myself ready for work. Driving to campus, I would listen to a subject-matter podcast or rehearse my lecture. Arriving at my parking spot, I would dash to the lecture hall (...only to wait while the previous male lecturer went over time..), set up my slide deck, then turn to the line-up of students. Three hours later, the whole process would unfold in reverse, though with a quick trip into the grocery store and a stop at the dog sitter added into the mix. I remember being exhausted most nights, even without the diagnosis of anemia that would follow some months later. Who has time for anemia when you are a busy academic mother?

In addition to the physical toll that such a frenzied lifestyle can exact, there are emotional consequences as well. Academic mothers “are caught, tethered among a myriad of roles, constantly wondering if they are spending ‘enough’ time ‘being’ any of these” (Burk et al., 2021, p.226). I will return to a discussion of competing responsibilities and the stress this can put on academic mothers in due course. For the moment, it is important to note that the imbalance of women’s and men’s labour in academia has a long and persistent history, and that the consequences of this disparity have a noticeable impact on the quality of life for mothers in the academy.

Structural gender inequalities and the shift to remote learning

The discrepancy between the work required of female and male academics has persisted through the pandemic. As post-secondary institutions navigated the ‘new normal’ of the pivot to remote learning across virtually all faculties and programs, activities related to teaching, advising, mentoring, and campus governance took top priority. Instructors who had previously considered the compilation of a coherent PowerPoint slide deck to be the pinnacle of their technological skills were now being required to master new platforms for e-learning, often within a short period of time. As Burk et al., note, the work was formidable:

For many educators teaching in the traditional classroom, [the abrupt shift to remote learning]

required substantial overhauls of course planning and design. The time commitment required to rewrite syllabi, reformat assignments, and develop online lectures was significant for instructors. This unideal and unfortunate necessity was increasingly challenging for faculty forced to swiftly adjust to distance learning technologies that were new and unfamiliar to them... With this transition, faculty were asked to be patient, caring, and compassionate with students (Burk et al., 2021, p.226).

Indeed, the need for ‘patience, care, and compassion’ was clear everywhere at the institution where I teach. Students unsure about course or program requirements in this new landscape required more counselling, mentoring, and support, often outside the bounds of class time, which many of us tried to accommodate by increasing our office hours. Then there were the students whose personal and scholarly lives were upended by the pandemic, with many assuming full-time caregiving responsibilities for sick parents, siblings, or children. These students needed to be accommodated with the utmost compassion and flexibility; remediating courses and supervising individual course completion plans therefore became an additional task related to pandemic teaching that required a significant time investment. I also found myself providing more academic advising and support to alumni than ever before, as many former students considered graduate studies to be a safe place to ride out the pandemic. Over the period of remote learning, I wrote more reference letters than ever before and counselled students about other options in cases where graduate school offers were not forthcoming.

But an increase in student requests for mentoring and support represented only some of the extra demands placed on the shoulders of female academics. As the pandemic persisted, and postsecondary institutions struggled to adapt to the changing circumstances of any given day, collegial governance activity necessarily increased. Participating in the governance life of the university is one pathway for faculty to carry out the service obligations of their job, but as Misra et al. (2011) point out in the quote above, female academics tend to do more service work than their male counterparts. In a

time of heightened collegial governance activity, female academics are burdened with extra service work beyond the disproportionate share they are already performing. Moreover, the gulf between how the pandemic has affected female versus male academics is further exacerbated by a lessening of the workload for faculty whose primary contribution is research. While it is true that some research programs were able to continue during the pandemic, it is also a reality that many studies, projects, and research-related travel plans were stalled by the various lockdowns that different countries experienced. Thus, the institutional work required in the academy in a time of COVID has arguably had different implications for male and female academics, increasing the overall workload for some and decreasing it for others.

Mothering in the academy in pandemic times

Minello et al. recognize the destabilizing effect of the pandemic for female academics with family responsibilities when they state that “[a]cademic mothers, more than childless people and fathers, had to find new balances, reorganize their work, and discover new resources” (2021, S83). They further observe that “[t]he lockdown has exacerbated gender disparity, since women, and especially those with children, spent more time in care activities than they did before” (2021, S83). In real terms this readjustment manifested as hours reallocated from intensive academic tasks, like professional development and research, to housework and childcare. Langin in her study of academic mothers cites “a global survey of 20,000 Ph.D. holders” conducted at the beginning of the pandemic which found that “mothers... suffered 33% larger drop-in research hours compared with fathers”; moreover, “mothers took on more household and childcare duties than fathers” (2021, p.660). Not surprisingly, the reduction in hours available for scholarly work impacted the professional output of female academics. In their review of publishing activity during the initial stages of the pandemic, Squazzoni et al. found that from February to May 2020, “women submitted proportionately fewer manuscripts than men” and noted that “the deficit was especially pronounced among more junior cohorts of women academics” (2021, p.1). For many female academics, just getting through each day without falling further behind

was an accomplishment; the ability to advance long-term projects in the name of professional development often seemed beyond our reach.

Burk et al. expertly capture the complexity of a typical pandemic workday for academic parents in their insightful piece on “pandemic motherhood and the academy”:

Academic mothers (and fathers who serve as primary childcare providers) find themselves simultaneously creating curriculum, reviewing assignments, collecting data, developing reports, answering emails, mentoring students, printing coloring pages, explaining third-grade science, preparing meals, rocking babies, caring for aging parents, attending virtual meetings, and trying to protect their families from a deadly virus which causes life-altering sickness (Burk et al., 2021, p.226).

As this quote illustrates, most of the emerging literature exploring the experience of remote teaching for academic mothers during the pandemic has emphasized the challenges associated with providing care for young children during the course of an at-home workday (Burk et al., 2021; Minello et al., 2021). Indeed, it can be an almost Herculean task to deliver a lecture or attend a faculty meeting while also attending to the needs of children. I recall an experience many years ago when my eldest daughter was eight months old. As a graduate student on a major collaborative research initiative, I was invited to moderate a panel at one of our conferences. The session coincided with nap time, and so I moderated while rocking a sleeping baby in my arms. Curiously, even though the conference itself was on caregiving, there were mixed reactions to my ‘performance’: some colleagues appreciated that I ‘walked the walk’ by embodying my caregiving duties, while others dismissed me as categorically unprofessional. All of the feedback – both positive and negative – came from women.

As my experience shows, expectations around how an academic mother should look and act are by no means always straightforward. This is true across the life course of mothering. The work required of parenting youth, while arguably less physically taxing than looking after young children, can nevertheless also make relentless

demands of academic mothers. This is particularly true when the task at hand involves parenting youth with mental health issues exacerbated by social isolation; in the absence of in-person support from friends and networks, youth may look to mothers to assume a role that is as much psychologist as it is parent. To make matters more complex, the shapeshifting required in order to respond to the mental health needs of the moment is not limited to our own children; in the course of the pandemic and associated lockdown, students reached out for mental health support as well. For many of us, this sensitive work required expertise that we did not have, or that we were not trained to do, and that realization added stress to an already taxing situation.

The Perils of Proximity

It seems fair to say that the global pandemic altered our working days and home lives in ways that perhaps no one could have anticipated. On the plus side, many of us had the opportunity to be more physically present for our families than we have been in years. Other bright spots emerged which should not be overlooked: the lack of a daily commute was ‘found time’ for many, while a reduction in burnout overall, attributed to the shift to working from home, was a finding from early on in the pandemic (Fukumara et al. 2021, p.223). At-risk and special needs kids who may benefit from close care and supervision could, in theory, be monitored more easily; we were all ‘here’, an arm’s reach away from one another physically, even if increasingly preoccupied mentally.

At the same time, families may have faltered. Relationships that were never meant to be so cloistered felt the impact of an almost tyrannical togetherness. Youth, children, and spouses alike oftentimes felt smothered by such relentless proximity. Perhaps not surprisingly, separation and divorce rates began to climb. In December 2020, the BBC reported the results of a UK survey which “found that nearly a quarter of people felt lockdown had placed additional pressure on their relationship”. Similar findings were recounted “in Saudi Arabia, Indonesia, and the Chinese cities of Xi’an and Dazhou [which saw] ... a rise in divorce applications” in the early days of the lockdown (Ailes, 2020). In Canada, the CBC reported in May 2021 that broken marriages had

become the pandemic’s “other toll” (Cotnam, 2021), with divorce rates increasing by as much as 30% globally (Lloyd, 2021). At a time when individuals needed comfort and support, relationships were breaking up and family units were breaking down. This has had significant consequences for youth mental health in the midst of an already challenging global pandemic.

Our relentless closeness had other consequences as well. Often, the expectation that we were perennially ‘here’ (the state of ‘being’ that Burk et al. draw attention to) came with the unchallenged assumption that we were always also available and would know how to fix any problem or make things instantly better. In their study of working from home during the pandemic, Fukumara et al. corroborate this point when they observe that “the physical proximity to family led to increased distractions from work for many” (2021, p.227). They further reveal that “the most frequently mentioned example [of a distraction] was interrupting work to address other family members’ needs” (2021, p.227). During the lockdown, more than ever before, I was the finder of lost ear buds and the point person for our grocery inventory. On a more serious note, I became an unofficial and totally unskilled therapist for friends, family, and students, trying my best to help people out of the various darkneses they inhabited – spaces that were familiar to me as well as I struggled with the personal impact of the pandemic on my own family life. As overtaxed as I was, I found it exceedingly difficult to say ‘no’ to my kids, my students, or my colleagues; a consequence of being perennially present is that one seems always available. And with my commuting time freed up, I often rationalized that I could and should be doing more. As a result, I was forever present but also, in a sense, more absent and distracted than ever before, and feeling a constant, unsettling pressure to be productive, both personally and professionally, from sunrise to sunset.

Negotiating absence

Paradoxically, with work and family ever-present, in the long months of working from home, I noticed absence everywhere. Colleagues I have long relied on for my own support and mentorship seemed distant, reduced to two dimensions by the confines of the Zoom grid or existing only as disembodied voices on the other end of a phone

call. And while my kids were home with me, they often retreated to their rooms to carve out some limited space of refuge and independence for themselves. At times, absence intersected with anonymity. 'Going dark' allowed me to multitask to an unprecedented degree, washing dishes with my camera and audio off during town hall presentations, or executing a school pick-up while also listening to a virtual meeting. Consequently, my attention span was in a state of constant bifurcation as I pondered curriculum revisions but also what to make for dinner. I was caught, as they say, betwixt and between.

Studies show that this is not the best way to operate. In his influential 2016 book, *Deep Work: Rules for Focused Success in a Distracted World*, Cal Newport notes the downside of multitasking. While we may feel that we get more accomplished when we cover off multiple tasks simultaneously, the reality is that we are working at a superficial level in terms of focus and analysis. Equally concerning is Newport's finding that such superficiality affects our ability, over time, to return to deeper levels of engagement. As Newport points out, "there is increasing evidence that this shift toward the shallow is not a choice that can be easily reversed. Spend enough time in a state of frenetic shallowness and you permanently reduce your capacity to perform deep work" (2016, p.16). A legitimate concern for mothers in the academy may well be the lasting consequences that our long duration of shallow work will have on our future capacity for deep work and sustained analytical thinking. Put another way, our increasing absence from full engagement will have consequences.

As Burk et al. note, "although challenges related to motherhood in academia were pervasive prior to the 2020 health pandemic, work, life, family, and leisure have all become increasingly difficult to navigate during it" (Burk et al., 2021, p.229-30). Many of us have had to take on more roles in addition to what we previously held: caregiver to extended family members ill with COVID, armchair psychologist to youth struggling with confinement and isolation, social convenor organizing virtual family visits. Readjustments were necessary. As we attempted such navigation, we asked ourselves myriad questions: What are effective ways of working remotely, both for ourselves and for the youth that we

serve? In what ways can we provide connection for individuals living in isolation? And how can we change the systems and structures around us to promote equitable workloads and good mental health for all?

The Search for Solutions

For female academics with children who were already juggling the work-life balance prior to the shift to remote learning, questions related to mothering in the academy in the midst of a pandemic have required a rethinking of the traditional ways in which we support our students and families. Creativity and innovation have been necessary to produce a 2.0, pandemic-friendly version of the responsibilities we were typically charged with pre-COVID. Underscoring it all has been the imperative to resist isolation, not only for ourselves, but for our students, kids, and family members as well.

Academic mothers and the bridges we build

Creating and maintaining connections can provide an effective antidote to isolation. Armed with this knowledge, academic mothers built bridges, as women often do. At home, we counselled aging parents on how to use Zoom, and taught ourselves the fundamentals of the latest video games our kids were playing. We compiled video messages to celebrate milestone occasions and sent Canada Post's free postcards to the far-flung corners of the country. We sang out birthday wishes from sidewalks, met in driveways and garages, and went for (many, repetitive) socially distanced walks. "At school" (that is to say, connected to our Zoom grids), we provided virtual icebreakers to encourage students to get to know one another, and polled participants about the appropriateness of pineapple on pizza. On the more challenging days, we were confronted with a grid of darkened rectangles, each one obfuscating the story of a student dealing with challenge and, often, heartbreak. Whether it was an impending eviction, financial troubles, relationship breakdown, ill parents, or a diagnosis of COVID, many postsecondary students faced significant obstacles while learning from home and needed support and a sense of connection. We worked with these students, extending deadlines, sharing information about remediation options, and providing the number for counselling, time and again. But mostly

we just listened, doing all we could to let the students know they were not alone.

Recognizing and valuing academic mothers' hidden work

These informal and unstructured initiatives, while important, cannot comprise the totality of efforts to address the challenges facing academic mothers working in pandemic times or under stressed conditions more generally. Systemic practices, behaviours, and mindsets that relegate women's labour to the periphery and devalue the work of female academics generally must be met with corresponding system-wide remedies.

O'Meara et al. (2021), in their report to the American Council on Education, maintain that equitable faculty workloads are possible with careful consultation, planning, and commitment. Drawing on findings from a five-year study involving 51 academic units across 20 different public universities, the authors identify six conditions that are important for establishing and maintaining equitable faculty workloads: transparency, clarity, credit, norms, context, and accountability.

Transparency is critically important so that "faculty members have a sense of the range of effort in teaching, mentoring, and service by relevant appointment or career stage" (O'Meara et al., 2021, p.11). When disparities emerge, "awareness of those inequities can sensitize faculty members to the reality that some faculty members are called upon more than others to do certain tasks" (O'Meara et al., 2021, p.11). Clarity is also deemed of particular importance by the authors of this study because faculty, particularly junior hires, may not have an accurate sense of what their position requires of them. Building on insights offered by Fox et al. and Heilman, O'Meara et al. maintain that "clearly understood benchmarks or expectations, rather than subjective guessing, mitigate the operation of prejudices" (2021, p.11).

After practices have been put in place to identify work and clarify expectations, a system of accounting for the diverse forms of labour carried out by faculty members needs to be adopted. Such a system would "provide differential credit for work of higher or lower effort" and can help "faculty members feel as though their contributions are valued" (O'Meara et al., 2021, p.12).

The next of the six conditions that the authors identify is norms; by this, they mean the habitual, day-to-day management of the work of the department that may have evolved to the benefit of some professors over others (for instance, giving seasoned professors their preference for what time of day they teach, or how much they teach during the summer term). Drawing on the work of Erez et al., O'Meara et al. maintain that "everyone doing their fair share and having access to the same opportunities within a group's collective work facilitates equity norms, social responsibility norms, and norms of reciprocity" (2021, p.13). Context is also important to the discussion on enacting equitable workloads. Every professor has her unique set of expertise and skills; these differences must be recognized within any system designed to make workloads fair. As O'Meara et al. note, "the goal here is to recognize that different faculty members have different strengths and interests, while also assuring that every faculty member puts in a similar amount of effort toward shared departmental goals" (2021, p.14). The final condition that the authors emphasize is accountability. Creating systems (such as small committees) where participants cannot hide but rather must do the work required of them is also important. O'Meara et al. cite studies from Curcio and Lynch; Dominick, Reilly and MCGourty; and Stewart, Houghton, and Rodgers to bolster their claim that "greater accountability also serves a normative function, as individuals who care about their colleagues' opinion will want to perform better if they understand their performance is being observed and/or evaluated" (2021, p.15).

Taken as a whole, the six conditions that O'Meara et al. identify to make workloads more equitable would go a significant way towards reducing some of the challenges that mothers in the academy experience on a daily basis.

Conclusion

The task, throughout the long months of the pandemic, has often seemed to me to be about creating just enough space and distance within families and virtual postsecondary spaces to allow youth to grow. Poised on the cusp of independence, so many of our teenagers have been stunted in their growth, sheltered when they

should be socializing and cautious when they deserve to be carefree (at least within reason). Academic mothers have watched this ‘arrested development’ with concern. We know that, in institutions of higher learning, our students are on a stimulating journey that invites them to challenge what they think they know and discover new areas of academic interest. In order to do this, students need to be surrounded by a community that nurtures intellectual curiosity and reduces, as much as possible, the distractions that get in the way of this journey of discovery. The pandemic has challenged our ability to do that, putting formidable constraints on our ability to collaborate, integrate, and innovate. Furthermore, this notion of ‘arrested development’ that concerns us with respect to our students applies to female academics as well, as many remain mired in the gendered gully of service. As much as we seek to make possible the conditions for our students to advance and flourish, so too must we take an honest and hard look at the practices we engage in that relegate us to spheres of academic activity that carry disproportional workloads.

If we are to support both youth and mothers in the academy, we need to formalize the work that female scholars do in terms of teaching, mentoring, and counseling. Currently, much of this labour is hidden from recognition, appreciated by students but largely unacknowledged by university administrations. To counter this, we need to develop policies that recognize, quantify, and compensate academics for the support work they provide. This should be connected to broader gender equity initiatives. Hideg & Priesemuth (2021) have suggested that better job flexibility for both men and women, implementing fathers-only parental leave, and discouraging an overlong workday for employees across the board are all ways that gender equity in the workplace can be improved. In academia, we must also look at the types of labour that female and male academics routinely provide and adjust our institutional practices and expectations accordingly. This may mean striving for gender parity on departmental and faculty-level committees, formalizing advising and mentoring tasks so that all faculty members contribute equally, strengthening gender equity in provisions in our collective agreements, and cycling colleagues routinely through administrative positions.

By being purposeful in our quest for gender equity, we may create the conditions that improve outcomes for youth and parents alike. As the wife of the rabbi’s patron counsels Ester upon learning of her unconventional desires, “look for any window that opens, Ester... any crack through which you may lever yourself” (Kadish 2106, p.236). As those caring for subsequent generations, we must open those windows, letting in the light for those who will come after us. And the bridges we build must be maintained, to the best of our ability, through compassion and care, yes, but also through structural change. In this way, we can learn from our pandemic experiences of proximity and absence and commit to being there for our students in the best way possible.

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**Sharing Stories of Mothering, Academia and the COVID 19 Pandemic:
Multiple Roles, Messiness and Family Wellbeing**

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Abstract: The Coronavirus (COVID-19) pandemic has caused disruption. Responsibilities increased especially for people who identify as mothers needing to balance work and caring for their child(ren). Through the use of personal narratives, we explored our experiences as mothers who work in academia. The purpose of this commentary is to explore the commonalities of our experiences of trying to maintain the multiple roles and responsibilities demanded from us as mothers and academics during the COVID-19 pandemic. Two themes emerged: multiple roles and responsibilities and embracing the ‘messiness’. The need to take on multiple roles simultaneously such as working from home and parenting was challenging. Embracing the ‘messiness’ demonstrated that caring for our children while working from home caused their needs and our time to focus on them to be compromised. Our work and productivity were impacted with minimal available support, but this was not acknowledged within the business as usual practices of the university. The conditions that negatively impact us, also negatively impact our children. Children have needed to adjust to pandemic conditions and their support has been compromised due to the other competing demands mothers face. As academics, our future work will be informed and shaped from this experience, and so too will the growth and development of our children. Our experiences from this pandemic highlight the gendered inequities present within academia and the potential negative effects on child well-being. We call attention to this issue to help promote change and advocate for mothers working in academia and elsewhere.

Keywords: COVID-19 Pandemic, Mothering, Academia, Women’s Mental Health, Pandemic Impacts on Children, Work Life Balance, Gender Inequity

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Introduction

It is Monday morning and I have been trying to find time to write and share some personal experiences of mothering and academia amidst the COVID-19 pandemic since last Wednesday. This is a perfect example of what seems to be my story during the past 17 months. As a single mother of two teenagers, the majority of my days during the pandemic have been spent supporting my children's personal, educational, psychological and physical needs while my career simmers on the backburner. There was no choice in the matter as life had shifted more than anyone could have ever imagined (Author B).

This description of balancing the demands of mothering and academia during the pandemic from one of the authors reflects a common situation shared by many women working in academia during the pandemic. COVID-19 brought a sudden shift in our ways of living together and working. For women across the globe care responsibilities increased inequitably compared to men (Boncori, 2020; Górska et al., 2021). Within academia, the scholarly and research productivity of women was significantly affected due to the dual roles they play in balancing the demands of academia and parenting, threatening the hard-earned gender-equity achievements made over the past few decades (Beech, et al., 2021; Oleschuk, 2020; Viglione 2020). Equally concerning has been the damaging impact of the pandemic on child and youth development and mental health and the known protective factors provided by parents who are available to nurture and support children during stress (Cost et al., 2021; Gadermann et al., 2021). As people who identify as women who are mothers, academics, and health researchers, we exist at a professional and personal intersection of these concerns. It is well known that women's care work is essential to the social infrastructure of society and that this work is often kept in the background of their professional lives (Ferrant et al., 2014; Power 2020). Certain workplaces account for this 'other background life' more than others. Academia is a particular kind of workplace with demands and traditions that have always been oriented towards a certain template of a 'successful academic'. This academic is someone able to dedicate focus and time to productive academic work. It

is a life assumed to be free of interdependencies and thus care responsibilities are not acknowledged in the institutional norms and processes. While this issue has been discussed previously (Heijstra et al., 2015; Probert, 2005), for many the pandemic brought to light the inequitable gendered distribution of care work and the effects this could have on academic productivity (Boncori, 2020; Górska et al., 2021). This loss of productivity is a major concern for both institutions and mothers in academia, but perhaps less discussed are the impacts these demands for productivity during the pandemic had on family and child well-being. It was this concern that brought us, a group of nursing scholars with diverse work and family responsibilities, together with a goal to find a way to make these realities more visible. We use this paper as an opportunity to explore the commonalities of our experiences in trying to maintain the multiple roles and responsibilities demanded of us as mothers and academics. We also consider how our attempts to manage the messiness of our lives had implications for family and child well-being as well as our own scholarly work, calling attention to the enduring structural barriers present within the care economy and academia, and their world-making effects. Institutional ethics approval was not required for this personal reflective work.

Situating Ourselves

Hall (2020) recognizes the everyday life as a critical point from which to examine the feminist project "a site where power relations, inequalities, and social differences are played out, lived, experienced, felt, remembered, imagined, and represented; in and across difference spaces and societies, practices, and relationships" (p.813). In this paper we share stories of everyday experience that represent our complex lives; these stories are always partial and situated and never capable of accounting for a whole. Each of us has a different journey of motherhood and academia that the pandemic brought unique challenges to. It is in these situated unique stories of mothering in academia during a pandemic that one can find the moments that intersect between us. To facilitate a greater understanding of the

complexities of our lives, we begin with a brief introduction to our stories.

Author A

I am a mother to two children aged five and ten, an assistant professor on the tenure track, and a doctoral student currently at the candidacy stage of my program. The precarious balance of mothering and academia began for me during my initial doctoral program when I gave birth to my first child one week before my comprehensive exams. One-week postpartum, I sat in one room meeting with my comprehensive committee while my newborn lay in my partner’s arms outside the room. From that time onward, managing academia, work, and family became a balancing act. Constantly needing to adapt to the ever-changing routine of a baby or toddler and carving out time for deep thinking and writing felt like an impossible task comparable to climbing Everest. I withdrew from my doctoral program because I was not equipped to climb that mountain. I realized that having a child as a graduate student despite good intentions and attempts to be supportive was not a favorable combination. It was as though I was getting punished for being a woman and a mother.

After my second child was older, I finally felt that I had the support in place in both personal and professional life to return to my doctoral studies. I could now leave base camp and begin the ascent to my “Everest”. Within six months of returning to school, the pandemic caused significant public health measures to be put into place, and I found myself where I was before. Once again, my supports were gone.

Author B

I am an Associate Professor and a single mother to two teenagers ages 14 and 18. My life as a woman in academia began 13 years ago during the pregnancy of my second child. This path was not perfectly planned as starting a PhD while working full time during an early pregnancy poses many challenges physically and psychologically. At the time, I embraced my new journey and was able to balance my life as a mother, nurse, educator and graduate student. I continued to navigate my way through completion of my doctoral work, a new career as an Assistant Professor, and mother of two

children. The path has not always been clear, nor has it been easy to manage. In the span of ten years, life has changed considerably and unfortunately my career has been the first in line to bear the brunt of these challenges; losing parents, divorce as well as personal and familial mental health challenges have all taken a toll on certain academic pursuits. The road within academia has not been without its ups and downs. However, I had learned a great deal about myself and what I need to succeed in an environment that is often competitive, individualistic, and taxing. I had learned to create a safe, supportive and productive space for myself within this world. And then came COVID-19.

Author C

I am an Assistant Professor recently hired into a tenure track position after several years of postdoctoral and sessional work. I am also a mother to three daughters (a nine year old and two young adults). My experience with mothering and academia began in 2007 when I decided to pursue my graduate studies in Canada leaving my husband and daughters behind in Ghana. It was a tough decision to move to Canada without my family, however, I called them every day on the phone to make sure they were doing well. While in frequent contact with them the difficulties of mothering from afar and studying were very challenging at times. After completing my Master’s degree, I began my Doctoral studies pregnant and had my third child here in Canada and have balanced mothering my daughters while completing my PhD, post-doctoral work and the many bridging requirements for RN licensure of internationally educated nurses in Canada.

For the first two years of being an assistant professor, I have been balancing my teaching workload and family obligations. It was challenging to save time and energy to work or engage in other scholarly activities which are also a vital component of my career. When the pandemic hit it required sharing home workspace and internet with my family. As well as being responsible for ensuring my 9-year-old completed her online schooling and homework. Eighteen (18) months later, the pandemic goes on and I continue to juggle the needs of my family with the demands of teaching and building my research program.

Author D

I am an Associate Professor and early career academic who recently completed her PhD. I am also a mother to two children both 20 years old: A son who is away at university and a daughter with autism who lives at home. I had early ambitions for an academic career that were sidetracked by different parenting responsibilities related to my daughter’s disability, and I often told myself “You don’t have the life for academia”. Eventually, I found myself in an academic teaching role and a PhD program; I was completing data collection for my dissertation study when the pandemic began. Immediately, my daughter’s school closed, the community support we relied on for distributing some of my daughter's care somehow evaporated overnight, a silent victim of the coronavirus. The world got very small very fast. So, I rebuilt the house of cards that are our care arrangements and worked from home, teaching online and finishing my dissertation while providing her supervision.

Common Experiences

Experience is personal; it is but one story yet may also bring to light commonalities among individuals. These commonalities became evident as we shared our backgrounds and stories of being a woman in academia during the COVID-19 pandemic. We learned of the toll our situations took (and are taking) on mothering our children, as well as the great impact this has had on each of our families’ well-being. The recognition that we shared familiar experiences was comforting and made clear that we were not alone in our struggles. Although there are differences in our past and present lives, there were common themes within our personal experiences that resonated. Competing demands of our care work for family and our professional work were amplified and made more visible as a result of the conditions of the COVID-19 pandemic. These common themes include (1) the multiple roles and responsibilities we hold and (2) acknowledging and embracing the “messiness” which has become our everyday. Our intent is to explore the commonalities that we observed with our experiences as they point out the numerous complexities of mothering in academia during the COVID-19 pandemic and the impact of this on family well-being as a whole.

Multiple roles and responsibilities

Author A

Ask a mother what the job description of a mother is and you may get a long list including chef, custodian, chauffeur, teacher, and many others. This also includes ‘manager’. I sign off on most homework assignments for my children, organize extracurricular activities, manage bedtime and so on. However, during the pandemic I realized how all the roles of being a mother are challenged when all my other roles outside of parenting came into the home. Although many of us balance multiple roles, the pandemic created the inability to compartmentalize them. In some regard, it was nice spending my lunch break with my kids and not commuting to work. But what made it complicated was the need to be four people at the same time. I needed to be a student, faculty member, mother, and spouse. In academia, people will often bring their work home; marking papers, answering emails on the weekend, writing and doing research. The pandemic changed this as bringing work home was no longer a choice. I could never opt to leave my work at work because it was with me always. My kids were with me always, and so were the pressures of my doctoral program. In some instances, I found myself teaching a class and then quickly muting my microphone so I could help one of my children. It had become clear to me that the pandemic highlighted a precarious balance between how mothers care for their families and achieving success in academic pursuits.

Author B

In retrospect, the very beginning of the pandemic was the most positive time for our family during the past year and a half. At that time, the world had shut down and life was literally put on hold. It was as though we were frozen in time with all the stress and responsibilities of school and work left behind; it was a time of unknowing and we clung to each other for support and comfort. These feelings did not last long as real life crept in slowly and insidiously. The roles that we were able to step away from for a short time were reemerging and as a mother I needed to take control. Our home had now become a school and an office with my children doing online schooling and myself teaching online classes. All

research activities that were not COVID-19 related at my university were put on hold, this included my own.

I found myself living multiple lives during the day bouncing from one room to the next, shifting from professor to junior high school teacher, to counsellor, to housekeeper. Often these roles overlapped or perhaps co-existed during zoom meetings and phone calls. Eventually, something has got to give and unfortunately as was in the past, it became my academic work. I was doing the best that I could under the circumstances, but there are only so many hours during the day. I could see my colleagues and peers on Zoom meetings and wondered how they were coping during this time? What were their lives like behind the camera? Was I alone in feeling overwhelmed, isolated and less productive than usual? I found myself worrying about my children, my students, and my career trajectory as I was in the process of applying for tenure. I also began to question what institutional support and guidance was available for women academics who found themselves in the same positions as myself. Had expectations changed for us at this time, or was the university and faculty maintaining the status quo pre-pandemic? The repercussions of an academic life affected by the COVID-19 pandemic are multiple, including paused research and research progression, writing of manuscripts. funding applications processes, publication, cancelled conferences, and student teaching both graduate and undergraduate. These repercussions were amplified when coupled with the responsibilities of mothering during this health crisis as the divide between home and work became blurred.

Author C

I usually make my daughter breakfast and pack her lunch for school, then after she leaves, I get prepared and ready for my own classes. After school, I help my daughter with her homework and ensure that she completes her work. While elementary schools held online classes due to COVID-19 public health guidelines, I had to keep an eye on my daughter to make sure she focused on her online classes and not play games! In our home, I also have two adult daughters who are pursuing their undergraduate degrees at university who also had to take classes online. As an Assistant Professor, I also had to be cognizant of how some students expressed

their concerns regarding the effect of the pandemic on their academic and psychological well-being. Having this in mind, I had to quickly put myself together as a mother, as well as an academic in order to support my daughters' psychologically to achieve their educational needs.

As a new faculty member from a visible minority group and from another country, I was in the process of connecting with colleagues and learning the culture of my university when COVID-19 emerged. The effect of the COVID-19 pandemic distorted this ambition to some extent as we halted meeting face-to-face with both students and colleagues. Additionally, since we were notified that our classes would be conducted online in the next academic year, I had to use my vacation hours in the summer to prepare and record all my lectures for the coming academic year. I wanted to ensure that I gave my best to meet the goals of the University. Although I had wonderful colleagues who were willing to support me, things were not the same when communicating with them online. For me, those moments were challenging as I felt isolated trying to balance my role as a mother, wife, and a woman from a minority group in academia.

Author D

The announcement came that we would be in a sort of lockdown with schools closed, university classes switched online and suddenly we were all home together. My husband, who worked for the schools was of course immediately worried about finances and the plummeting stocks did not help his anxiety. My son's plans for the future and my disabled daughter's precious routine and supports literally vanished. For me though there were many things to do. I needed to convert my courses to online format, there were meetings to attend and a research study that needed adjusting. I also had elderly parents to surveil and unsuccessfully convince to stay at home. While the simple tasks of my work and their urgency were grounding to me, there were other things that seemed to require too much concentration like an article I was working on and a dissertation that need to be started. I had to let those fall to wayside – telling myself that for now I just needed to “get through”. By May the academic year came to a close and the world opened up a little more. Everyone was still at home still, but I felt I should get back to my dissertation. I also felt

responsible for structuring my daughter's day, something previously done by school and other community supports. My husband had developed symptoms of long COVID-19 with related cardiac issues adding worry and occasional trips to emergency rooms and reallocation of responsibilities to my overflowing plate of responsibilities. I began writing my dissertation and designing online modules for the fall, sometimes waking at 4 am to get some quiet time alone to work. This allowed more time later in the day for me to try and structure my daughter's time with an activity, so she wasn't just sitting on the couch watching TV. While the work was constant it was disjointed and often unfocused. In the fall, my application for promotion was due, the Dean warned anyone applying should be sure to show how we were able to 'pivot' their teaching and research programs - listening to this idea of a simple step sideways made me laugh out loud and wonder if I was living the same reality as my colleagues.

Getting Messy

Author A

If life was messy before the pandemic, the pandemic made it a disaster.

As I write this, I recognize the privilege in my ability to keep my job, be home, and keep my children home is one that makes me appreciate this messiness or disaster. Often the attempts to check off boxes, do my job, be a mom, and a graduate student, left my bucket completely empty. Mental health suffered at the expense of our family's decision on how we could best keep everyone in the household safe. I could see my colleagues, friends, and family struggling as well. This created a cycle of feeling the need to support, but not having much left to give.

By January, my children were tired of being home with me but unable to access me, they were tired of not interrupting meetings or classes. By spring, our tiredness extended into discouragement. I was empty and could no longer manage the messiness. I did an intense spring cleaning in my house- perhaps as a means to help clean and organize the perceived messiness and disorder that the pandemic has brought on. I remember re-organizing my kid's toys and feeling guilty that I was spending the

day focusing on my family's needs and not my school work. This feeling of guilt persisted. If I was spending time on my computer doing work or school work, I felt guilty for not spending time with my family and vice versa. Our careers have demands and expectations that we need to continue to meet, our family continues to have needs. There is no pause button that we can push to catch up.

Author B

The COVID-19 pandemic forced most educational and research activities in post-secondary education to function online. As a result, the divide that previously existed between home and work life began to disappear. It became more and more difficult to display the same degree of professionalism during meetings or teaching classes while children were yelling in the background, pets were popping in and out of zoom calls, and artifacts of our personal lives were on full display for all to see. The expectations surrounding this overlap of life and work in real-time on-screen were never really discussed by the institution, but I assumed that we were to maintain the same degree of professionalism as in person. This was not to be. One winter morning while taking part as an examiner in a candidacy exam online, my dog proceeded to rip a pillow to shreds behind me leaving mountains of fluff for all to see. This live wrestling match interrupted the exam as there was no ignoring the carnage going on behind me in my home! It was at this point that I decided to accept the messiness; the mess of my room, the mess of working online in a home with children, the mess of feeling uncertain...the mess of being human. I allowed myself to be messy in front of my students and my colleagues, as there was no way of hiding my life on screen. These experiences have forever changed me as an academic in how I see myself in relation to my teaching and research. I now see even more strongly the importance in sharing my vulnerabilities and challenges within my teaching and research with students and colleagues in order to form reciprocal trusting relationships.

Author C

As a result of COVID-19 and working from home, I converted the use of my dining room into my work space. I did not have office space in my home so the

dining room was my new office. I had papers and books all over my dining table which prevented my household members from using the table for eating. Also, my dining table was close to my kitchen and family members could be seen during my online classes when they came to the kitchen to pick something up or to eat or cook. They would usually ask me if I was on camera or not, which determined whether they should come to the kitchen or go back to their room and stay hungry just a little longer.

The reception of my home internet fluctuated with the competing demands in the household. My two adult daughters also used the internet for their online classes and academic activities, which impacted my classes with interrupted sound or frozen screens. I often found myself moving from place to place in my home just to get good internet reception.

There is also a brighter side of working from home. Before the COVID-19 pandemic and online classes, I had to wake up early to prepare my daughter for school then catch the bus myself to be on time to campus. I would sometimes review my class materials on the bus before getting to the university. Teaching online classes removed the time it took to travel to work and gave me more time to prepare and review materials at home before the class began. On the negative side, online classes require “being present at home” at the same time “not being present” for the family when working online at home. There was an instance when I had to start an online class before my daughter left for school. I usually prepare my daughter for school, hug her and say goodbye. However, whenever I had early morning online classes, I rushed through the preparations and missed the goodbye hugs. One day, we missed the hugs and when she got to school with her dad, she sent a message through her dad to “tell mummy I love her”. This really touched me, and I realized she had noticed that I was “not being present” even though I was physically there before she left for school.

Author D

Life was busy as always but the boundaries that I often worked hard to maintain were becoming blurred.

My scholarly work is on care and despite knowing that this interest was for me not only academic but also

personal it was the first time I think I let the two worlds of care merge – I couldn’t keep them separate, I couldn’t write about the entanglement of care in my participants’ lives and not reflect on the entanglement within my own. I think this was actually generative for me as a scholar theoretically. My work has deepened in a way as I integrate my own care work into my scholarly work; despite this deepening, there was also a slowing of its productivity. Six weeks after my defense I was offered a new job at a new university, back on the tenure track with lots of opportunities for research and even more expectations to meet. My daughter is still home with me as I work on getting some papers out from my dissertation before the fall teaching begins. I wonder about the future and if things will get less messy. In the first meeting with a new research team, I refrain from disclosing my caregiver status and instead share my theoretical stance towards studying care. It is safer right now to keep these identities apart as I am new to this group and not sure how to explain my messy life.

Despite the scholarly insights I recognize myself now as a distracted mother and scholar. Working from home full-time exacerbated this, there was less of a clean break between home and work. My children have to seek out my attention or wait for those moments of mindfulness where I intentionally check in with them. I had no dreams of being a perfect mom, but I am not sure this is even the “good enough” mother I wanted to be. While I can intellectually rationalize this, I am left dissatisfied and disappointed in myself both as a parent and as an academic.

Discussion

Our experiences of mothering during the COVID-19 pandemic show multiple stories and concerns of how our families were impacted. Crook (2020) predicted the pandemic would be a challenging time for parents needing to navigate lack of childcare and working from home; what started as a quiet time where the world shut down, turned into chaos. During the pandemic, women were often interrupted while working, impacting productivity, and exacerbating an already challenging situation (Crook, 2020). As well, women have had more challenges compared to their male counterparts facing disruptions in their work during the pandemic (Crook,

2020; Power, 2020). Our children also experienced changes in how we managed day-to-day. For example, we discussed increased screen time, to help minimize disruptions during meetings or while teaching class. Although this is discouraged and writing by various experts provides a variety of parenting techniques (Karki et al., 2020), it was not always feasible to enforce.

Workplace demands did not shift and often the work increased as we were tasked with teaching in a new format. Once the expectation of needing to continue to work became evident it highlighted the hidden care work of parenting that many women face (Crook, 2020). We found that because of public health restrictions not only were we working from home, but our families were home as well. All of our jobs now needed to be managed simultaneously but with limited resources. The work at home was not new but the merging of worlds traditionally kept separate by academia created new conflicts and although we were home, we were not always able to be present.

Our stories demonstrate not only how COVID-19 impacted our lives, but also those of our children. Because of the constraints placed on us as working mothers, our parenting was deeply impacted as well. This is also supported in the literature as Roos et al. (2021) suggest that the pandemic has led to children being exposed to lower quality parenting. Family spaces within our homes became workspaces, children had more 'screen time', and although we were home, we were not readily available to them. Our children needed to wait to ask a question and be quiet during meetings. Although we were present, we could not always attend to their needs. Questions like 'when is COVID going to be over' or ignoring rules and disrupting meetings demonstrated how our children and families struggled with our need to balance. Although we agreed that a life in academia means that work does not always stay in the office, the challenges COVID-19 brought onto our families were different. Throughout this pandemic, we all acknowledged that disruptions were felt by each family member. We were (and continue to be) stressed parents, parenting stressed children, within a stressed family. This ongoing condition of increased stress is concerning given the emerging evidence of the effects of the pandemic on children, youth, family, and women's

mental health in Canada (Cost et al, 2021; Gadermann et al, 2021; Mental Health Commission of Canada, 2020). Cohodes and Gee (2021) demonstrated that households with higher levels of stress negatively impact children during this pandemic leading to children (of all ages) to internalize and/or externalize problems. Further one-third of young children have been identified to have behavior changes during the pandemic (Lee et al., 2021).

Intersectionality and Experiences of Mothering during the COVID-19 Pandemic

The concept of intersectionality has been widely recognized as a valuable approach in understanding the complexities of inequalities pertaining to gender health (Biag, 2021; Guruge & Khanlou, 2004; Hankivsky, 2012). Intersectionality considers concurrent interactions between various aspects of social identity (such as race/ethnicity, gender, class, sexuality) as well as the impact of systems of oppression, hierarchies and domination that pave ways for exploitation and controlling people (Hankivsky, 2012). An individual's health is influenced by the intersection of the multiple sources of social identities in relation to the systematic forces of hierarchies and dominations which could have impact on the physical, mental, and spiritual well-being (Guruge & Khanlou, 2004). These forces could arise from the micro-level which is the family; the meso-level which involves the informal and formal social networks that constitute the community; and the macro-levels which include the health, educational, economic and social policies of the society (Hankivsky, 2012; Guruge & Khanlou, 2004).

At the micro-level thus in the family, the health and well-being of an individual is often closely linked to that of their family members and shaped by their relationships with them (Guruge & Khanlou, 2004). In the context of our experiences, the overwhelming roles and responsibilities of balancing domestic obligations and academic work could be a source of stress for our health. Therefore, implementing effective approaches to assess and evaluate the COVID-19 pandemic-induced impact on women in academia and their research productivity, as well as their well-being could be a protective factor for their families and themselves (Davis et al., 2021). At the meso-level, establishing strategic approaches for

storytelling to amplify the perspectives and experiences of women or racialized faculty could be sources of valuable perspectives and recommendations for change (Davis et al., 2021). At the macro-level, establishing strategies to facilitate and coordinate collaborative responses with faculty unions across the nations to curb systemic inequities will promote empowerment and enhancement of the wellbeing of women in academia (Davis, 2021).

The intersecting identities shared throughout our experiences include being women with multiple roles and responsibilities both at home and the workplace as we cope with the messiness of our lives during the COVID-19 pandemic. Despite the intersections described above, we each had our own perspectives and unique experiences including race, disability, chronic illness, single parenting, and other challenges that enhanced the impacts of the pandemic. Our experiences bring to light the tremendous impact of the COVID-19 pandemic had on exacerbating the pressures of balancing our roles and responsibilities within the family. Although our experiences often demonstrate resilience and courage in facing the challenges of the COVID-19 pandemic, they could also be overwhelming. This explication is congruent with Davis et al. (2021) observation that females and racialized faculty experienced higher levels of stress, social isolation, and decreased well-being. The authors explained further that not only do few women in academia receive support for health and wellness, they also experience significant gender inequities such as increased caregiving burden which affect their scholarly productivity.

Conclusion

It is not our intent to represent all of the intersections involved with the inequitable effects on women in academia during the pandemic, we recognize this was a situation where we were not all in the same boat rather in the same storm. The Canadian Women’s Foundation (2021) recent survey of mothers found 46% of respondents felt they were reaching their ‘breaking point’. We recognize that while our stories and concerns are real, we are likely some of the “lucky ones” with time and privilege to reflect and write about it. We know there will be a litany of other pandemic conditions and

effects to pay attention to, but this recognition of the common issues at stake within the gendered effects of the pandemic give a necessary voice and attention to the less dramatic instances of inequity and stress that are relevant to family wellness.

It is essential to recognize that these struggles impact the family as a whole, creating the potential for increased risk of mental health concerns, family instability, conflict, and stress. Despite academia’s minimal flex in expectations for women, we have been parenting in times that are not normal and extremely stressful for both parent and child. This leads to the question of what the longer-term consequences of living in a pandemic as a child will be and the need to acknowledge and support care work of mothers working in academia and elsewhere. As scholars, this has implications for our own scholarly work, teaching, and advocacy. The university, similar to other institutions, has been working to maintain the status quo on the back of the care economy usually supported by women (Power, 2020). The cracks in the foundations have been revealed. How do we move forward from this experience as women, scholars, and parents? How do we patch up the holes and ‘carry on’ in a way that ethically fits with what we now know about ourselves, our work, our institutions, and our families?

As we look ahead, we recommend that the impacts of the pandemic on children, mothers, and family dynamics be further explored, and the discussion continue. We also challenge employers to consider the needs of mothers in the workplace and create ways to better support working mothers such as reviewing division of workload and considering models and innovations that aim to address and promote healthy and sustainable work-life balances.

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Resilience and Challenges of Working Mothers during COVID-19

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This is an invited Commentary

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Abstract: The pandemic has brought on much hardships and highlighted the many inequities in our lives, including the increasing workload for working mothers. Compared to pre-pandemic, maternal research has found mothers to have increases in anxiety and depression during the pandemic. Given the added stressors of the pandemic, this paper aims to highlight some evidence-based strategies that mothers can use to support their mental health during the pandemic and beyond. These mental health strategies include (1) Self-compassion and mindfulness (2) Physical self-care (sleep and physical activity time); (3) Connecting time (maintaining social connections and shared responsibilities); and (4) Playtime (having fun!).

Abstraite: La pandémie a causé beaucoup de difficultés et a mis en évidence les nombreuses inégalités dans nos vies, y compris la charge de travail croissante des mères qui travaillent. Par rapport à la période pré-pandémique, la recherche sur les mères a révélé que les mères présentaient une augmentation de l'anxiété et de la dépression pendant la pandémie. Compte tenu des facteurs de stress supplémentaires de la pandémie, cet article vise à mettre en évidence certaines stratégies fondées sur des preuves que les mères peuvent utiliser pour soutenir leur santé mentale pendant la pandémie et au-delà. Ces stratégies de santé mentale comprennent (1) L'auto-compassion et la pleine conscience (2) L'auto-soin physique (temps de sommeil et d'activité physique); (3) Temps de connexion (maintien des liens sociaux et des responsabilités partagées); et (4) La récréation (s'amuser!).

Keywords: Mothering, Academia, COVID-19 Pandemic, Mental Health

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Introduction

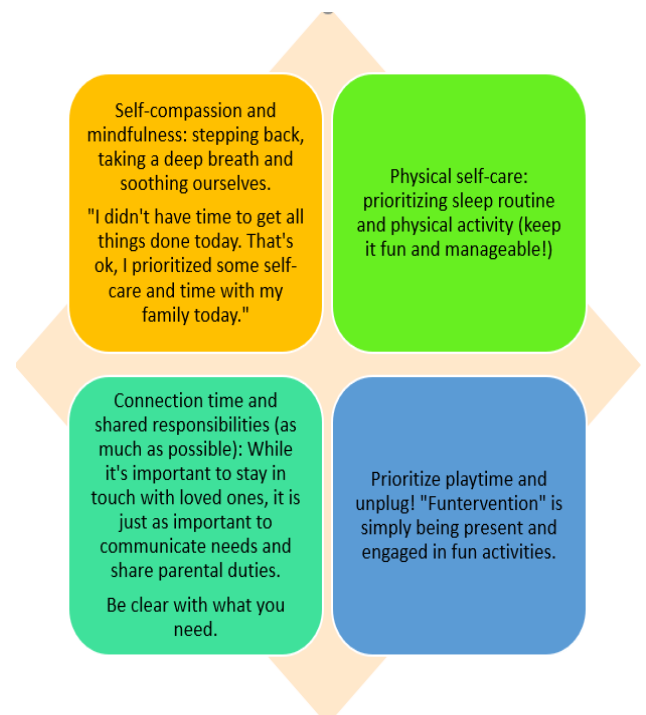
An Irish proverb says “A woman is like a tea bag – you never know how strong she is until she gets in hot water.” This, I feel, is the fierce strength that women have. When I think of this proverb, I feel empowered. And yet... the current pandemic has been quite a challenge in multitude of ways. From the challenges seen through social distancing and disruptions in relationships, to the inequities seen through socio-economic status and marginalized individuals. The current COVID-19 pandemic has presented unique challenges for parents, with financial stressors and lack of childcare being at the forefront; stressors that are exacerbated for those families with children with developmental disabilities (Chafouleas & Iovino, 2021). Importantly, while research in Canada during the pandemic (Shafer et al., 2020) has showed that the gendered division of household labor has become increasingly more equal (at least during the early period of quarantine and remote work and schooling), it is important to also note that mothers were found to be more likely to take on home-school support. In fact, since the beginning of the pandemic, mothers have been one-and-a-half times more likely to quit or lose their job (Andrew et al., 2020).

Not surprisingly, then, recent research by Racine and colleagues (2021) has found mothers to have significant struggles with mental health. Their research compared mothers’ mental health functioning prior to and during COVID-19, finding rates of depressive symptoms increasing from 19 per cent to 35 per cent during COVID-19 and rates of anxiety symptoms jumping from 18 per cent to 31 per cent. Notably, the majority of the mothers in this study (78%; N = 1017) indicated difficulty balancing home schooling with work and other responsibilities. I can wholeheartedly attest to these struggles.

There is significant research that indicates the well-being of mothers is critical for the optimal development of children and youth. While systemic changes are needed to create a more supportive environment for mothers to thrive, there are some things that we, as individuals, can

to build our resilience and help us not just survive but to thrive during this incessant pandemic. The model of optimal mental health functioning that I discuss below is based on the “Healthy Mind Platter” developed by Rock, Siegel, Poelman, and Payne (2012). Given the added stressors of the pandemic, the healthy mind “diet” can help support our physical and mental well-being. Below I expand on the mental health benefits of four key activities: (1) Time-in (self-compassion and mindfulness); (2) Physical self-care (sleep and physical activity time); (3) Connecting time (maintaining social connections and shared responsibilities); and (4) Playtime (having fun!). Summary of these activities may be found in Figure 1.

Figure 1. Four Ways to Support Maternal Mental Health During the Pandemic and Beyond



1. Time In: Self-compassion and Mindfulness

Self-Compassion. I recently read the “*Fierce Self-Compassion: How Women Can Harness Kindness to Speak Up, Claim Their Power, and Thrive*” book by Dr. Kristin Neff (2021). In this book, Neff notes that self-compassion “isn’t just a good idea” but it is something we can do. It is simply about making the choice of

building new habits and training our brain to respond to our pain and mistakes from a place of compassion. Moreover, she describes self-compassion as a concept of yin and yang; the yin is the tender self-compassion that involves support and reassurance, while the yang is the fierce part of self-compassion, where we set our limits and take the action that feels right for us. That one I struggle with the most, as many women do. It is difficult to say “no” when asked to help with something. In fact, as a mother who carries infinite guilt for not being present with my kids “all” of the time, while also not being able to do as much as I wish I could at work, setting boundaries are particularly difficult. Personally, I find myself volunteering to do more and still not feeling like I’ve done enough. Not surprisingly, decades of research support the notion that this feeling of not doing “enough” is normal, a particularly common feeling working mothers experience.

So, what can we do about it? How do mothers who juggle so much already develop self-compassion (both tender and fierce) toward themselves during COVID-19 pandemic and beyond? Formal and informal ways of practicing self-compassion can be helpful. Ideally, at least initially, it is helpful to carve out a bit of time each day (e.g., built into bedtime routine) to practice self-compassion through meditation (resources such as Dr. Kristin Neff’s website may help). However, mothers are also busy, particularly with the added duties during this pandemic. To be honest, I was unable to practice this formal meditation every day and, thus, informal ways can be quite helpful. For example, in a moment where something has not gone according to plan, we may pause and take a deep breath, place a hand on the heart (or another part of our body that feels soothing) and respond to ourselves with kindness, reminding ourselves of the common humanity (e.g., “Everyone makes mistakes”). By responding to ourselves from a place of compassion, we are cultivating a less reactive and more mindful way of being with ourselves. In the long run, this makes a difference. While I may still beat myself up and feel guilty, I do so to a lesser degree. That, in itself, is significant and shifts my mood and perspective. More importantly, self-compassion allows me to respond more gently to my mistakes, which has also extended to others in my life; the acceptance that we are all human and we

don’t always have to jump up and fix things immediately (as tempting as it may be).

Mindfulness. Building up from the place of self-compassion, there is growing evidence that mindfulness practice – the ability to be present - contributes to a better ability to plan, empathize, and emotionally regulate. Practicing mindfulness (formally and informally) each day has played an important role in my own ability to cope with all my duties as well as being able to better tune in to what I need and when I need it. This ability to take a pause and check in with myself (body and mind) has helped guide my own responses to others with more patience and empathy. That is not to say that practicing mindfulness has shifted everything for me, but the difference is noticeable in the way that I can tune in and respond from a more thoughtful place. Practicing mindfulness does not have to include a formal sit down as one may imagine. In fact, being a busy mother many times I focus my energy on more informal practice. For example, taking a deep breath in the moment and checking in with myself: What am I thinking? What am I feeling? Taking in our environment with all our senses when we take a walk is another great example of being present. Some days I enjoy being present with the silence (before my children awake or after they go to sleep). The pandemic has slowed the world a little, and some days it feels peaceful just to notice and bask in that quieter world. Finally, mindfulness has helped in my teaching in that I have grown to check in with students and slow my pace and focus based on the needs of the class.

2. Physical Self-Care

Sleep. Researchers have found reduced sleep increases risk of depression, as well as diabetes and other health problems. Importantly, sleep is considered to be an active state in that it contributes to better memory consolidation, learning, and coping with and processing emotions (Payne, 2011). Thus, prioritizing sleep can be quite helpful in boosting our mood as well as feeling more energized in general. Researchers recommend brief naps (i.e., 10 minutes) as an effective way to obtain these sleep benefits (Rock et al., 2012). I have attempted to make time for these brief naps, but they are not always feasible. Having a good bedtime routine has

helped, such as turning off electronic devices about an hour before bed and engaging in relaxing activities. I also find journaling to be quite helpful in processing the day and letting go of some of the “sticky” thoughts on my mind. In fact, journaling has been shown to help resolve challenging issues in our lives. At the end of the day, however, I always return to *self-compassion* because some days I will prioritize staying up later than I should. And that’s ok.

Physical Activity. Decades of research have now shown that exercise has an impact on our overall health and brain function. In fact, physical activity has been associated with brain plasticity throughout life (Alkadhi, 2018). With respect to how much exercise is beneficial, researchers suggest that while finding a balance of having moderate exercise is important, exercise becomes beneficial when it is regular. During the pandemic, there have been recommendations to engage in home-based exercises through online classes (Dwyer, Pasini, De Dominicis, & Righi, 2020).

At the same time, given the busy nature of being a working mother, physical activity is not typically at the forefront of priorities. My personal philosophy during the pandemic has been to do what works best for you. We want to keep physical activity as a positive association, and some of us are keener on physical activity than others. I am not much for formal exercise, for instance, but I do enjoy walks and hiking. Taking a moment out of our workday to move around enhances our mood and optimizes our brain functioning. For example, I have made efforts to take short walks outside as a small break during the day. Self-compassion is key here as well, since some days will be easier than others for physical activity. On the days that I am less active, I simply remind myself of all the things I had done while physically moving, such as lifting my baby and washing the dishes. That is still physical activity!

3. Connecting Time: Social Connections and Shared Responsibilities

There is no question that COVID-19 pandemic has disrupted family routines and social connections. These disruptions extend far and wide, from family celebrations (e.g., birthday parties) to larger community

gatherings (e.g., weddings, funerals, religious holidays). Of course, such disruptions are even more prevalent for families that have experienced COVID-19 diagnosis themselves and where loss and grief may be involved. Yet, research shows that the ability to develop some semblance of “normal,” while staying connected with family and support systems is an important protective factor in family well-being (Prime, Wade, & Browne, 2020). Being creative in staying connected during these challenging times is important. During lockdowns, for instance, virtual meet ups or sending a letter in the mail may help us feel connected. Random acts of kindness (e.g., bringing your neighbour some groceries or flowers) have been shown to increase our happiness and feelings of being connected to others. Another idea may be to join an online class or a support group to stay connected.

An important component of feeling supported is being able to share the various responsibilities related to home and schooling. Structural changes that promote paternal participation at home as well as increased availability of community-based care are very helpful with increases in shared housework and childcare. *Communication* with respect to sharing home and childcare responsibilities is also quite important. Researchers show that communicating about these topics and being able to hear each other’s needs is an important supportive factor that contributes to family well-being (Prime et al., 2020).

4. Playtime: Having Fun

An element that tired, overworked mothers may not typically think about is the idea of having fun. What does having fun even mean? It is the notion that we can allow ourselves to be silly, to play games with our children, and to laugh. Laughter and having fun not only boosts our mood in the moment, but it actually creates some fantastic physiological changes in our bodies, such as increasing our parasympathetic nervous system activity, which produces relaxation effects (Fujiwara & Okamura, 2018). Neuroscience research has shown that play is associated with release of dopamine, which contributes to a more positive mood, as well as to the development of increased creativity and learning (Rock et al., 2012).

Professor Laurie Santos, from Yale University, has argued that one of the best ways to optimize our mental health

is by having more fun in our lives, which she refers to as “funtervention.” Fun means being actively engaged in something. Watching television or scrolling social media is considered a passive activity. While this may have its place, true fun, according to Santos, is the ability to be present in an activity, such as being goofy with friends, making time for adventures and new experiences, and at the end of the day stepping out of our comfort zone to experience genuine excitement and laughter.

Realistically, making time for fun adventures is not always feasible given the busy days we typically have, particularly during the pandemic. At the same time, as Santos suggests, we can infuse fun in what she calls “microdoses” throughout our days. That is, finding opportunities throughout the day to smile and engage with others, reflect on what we value and try to take actions to get closer to these values. For instance, staying connected with colleagues has been challenging during the pandemic, so I have taken small steps to chat about fun things with them informally whenever we cross paths at work. I also make an effort to “unplug” and just sit and play with my children. While this play time may not be as long as I often wish it could be, it feels good. As the well-known play author, Stuart Brown, puts it: “Those who play rarely become brittle in the face of stress or lose the healing capacity for humor.”

Finally, I find that this idea of having fun has also been transposed into my teaching. For instance, not only do I have more fun coming up with creative lessons for my students, but the students have engaged with the material and appeared to enjoy the fun part of learning. This component of bringing fun into teaching has contributed to my own sense of confidence and enjoyment, despite the challenges of virtual education during the pandemic.

Conclusion

The pandemic has brought on much hardships and highlighted the many inequities in our lives, including the increasing workload for working mothers. Although systemic changes are clearly needed, this has also been a time for re-evaluation of values and a time to build on our strengths and resilience. Life can become more manageable when we take steps to remind ourselves of our shared humanity and find joy (big or small) in

everyday things. Routines, such as sleep and physical activity, *and* communication about shared responsibilities are important. At the same time, being mindful of what is manageable and enjoying “microdoses” of fun, sleep, exercise or meditation throughout our days are a powerful way to deal with life one moment at a time. Lastly, while this paper focused on supporting mothers’ mental health during the pandemic, it is important to note that these key actions will continue to be important in the mental well-being of parents’ post-pandemic.

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Commentary

A liberdade é a coisa mais cara da vida (freedom is the most expensive thing in life)

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This is an invited Commentary

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Abstract: A short story that came to life through the observation of an artwork by Sara & André, this text is a personal viewpoint on being a mother, an academic and an independent curator, during the current COVID-19 pandemic.

Resumo: Uma pequena história que nasceu através da observação de um trabalho da dupla de artistas Sara&André, este texto é um ponto de vista pessoal sobre ser, simultaneamente, mãe, investigadora, e curadora independente durante a pandemia global COVID-19.

Keywords: Mothering; Academia; Gender; Art; Family; COVID-19 Pandemic

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Disclaimer

For the International Network on Youth Integration (INYI)'s special issue, under the title "Mothering in the academia during a pandemic: Structural gender inequalities and family wellbeing", I thought I would contribute from my personal viewpoint - as a mother - rather than from my professional perspective - as an academic and an independent curator. There are many reasons for this decision but, ironically, the main one is the series of tasks that I have in my hands as a mother of three boys aged between 6 months and 4 years old. As such, I should tell you from the start that this is neither an academic essay nor an art critique. It is a short story that came to life through the observation of an artwork by Sara & André (Fig 1).

Bending without breaking

"A liberdade é a coisa mais cara da vida" (freedom is the most expensive thing in life) – or so Sara & André, an artists' duo from Portugal, say. This poster has been sitting in my living room since the second confinement, during the Covid-19 pandemic.

Every time I look at Sara & André's poster, I think of my freedom. I live in a three-bedroom apartment in the center of Lisbon with my partner and my three children, one of them born in the second confinement, on February 9th 2021. It's not too small apartment but, at times, during the confinement, it felt like a prison cell. Looking at this print always made me feel I had an imaginary window to look through, an extra space.

Both my partner and I work in academia – I'm an academic and an independent art curator while he works in the management of large-scale European scientific projects. I can work at the University, at home, in a museum or wherever I feel like, while he works in an office. My working hours are flexible while his are fixed, from 9am to 5pm. Of course, there is no such thing as fixed. During the pandemic, all of a sudden, all that was fixed had to be adjusted and flexibility and ability to adapt quickly became great skills; during the confinement and up until now, we both work from home in so-called flexible working hours. Before the pandemic I understood my – apparent – freedom of choosing to work wherever I feel appropriate and of working in whatever schedule I need to finish my tasks, as something that would naturally come with a bag filled with extra tasks that cannot be accommodated when you have a 9am to 5pm job. These extra tasks include most of the prosaic needs of a family that can't be all left to do over the weekends or that can't be done after regular working hours, from buying groceries to preparing meals for the different needs of the family members (a 2 years-old child has different needs from a 6-month baby), to cleaning, to making sure that the kids have enough clean clothes to wear the next day, and so many other small things. When children get sick, they need to stay at home and it's usually my job, as someone with flexible working hours and nomad office, to stay at home with them while working in my roles as an



Figure 1. Sara & André (Lisbon, 1980; Lisbon, 1979). A liberdade é a coisa mais cara da vida (2018-21). Print.

academic and an independent curator. During the lockdowns, which, unlike a cold or a viral disease common in childhood, lasted for several months, our children had to stay at home every day while we worked from home. Luckily, they are too young for homeschooling. Not so luckily, they are not independent enough to play on their own for more than 10 minutes, to use the toilet (or change diapers), or to eat without assistance. Throughout the pandemic, the workload kept on increasing: zoom meetings allowed the possibility to meet more people in less time because with virtual meetings we don't have to count on the time needed to move from one place to another; assignments for students increased because it was assumed they were at home and could use the time to work in the same way that, presumably, we, as their supervisors and professors, had the time to evaluate their work and meet with them over zoom; fundraising applications for research became a crucial task under the current crisis and the predictable financial crisis to come.

During the lockdowns, both my partner and I had flexible working hours and worked from home. However, and regardless of both of us wanting to share tasks in an equal manner, some tasks tend to fall on the shoulders of mothers mainly because that's the way it has systematically and systemically been. Possibly, because both women and men assume that women are great at multitasking - in my last participation in a PhD defense, before my maternity leave, one of the jury members told me about a colleague who used to breastfeed in meetings, as something to be praised. Maybe because the mother's parental leave is (in Portugal) 120 days while the parental leave for the father is 25 days of which 10 are "optional" (meaning, for your employer, - you better don't use them). It's urgent to ask how it is possible to do a proper job between two demanding full-time ones? How to manage the daily never-ending but always urgent tasks with not-so-flexible working deadlines and needs? How do we stay flexible and calm, bending without breaking?

Freedom is (the most expensive) dearest thing in life

Sara & André are a Portuguese artist duo and couple with a child. Most Portuguese families have one to two children. Having three children, as my partner and I do, is not very usual and is often seen as a privilege. I would say that we are lucky and free enough to make that choice. Sara & André's poster is inspired by – as all of their body of work – another artist's work, the "a alegria é a coisa mais séria da vida" (joy is the most serious thing in life), by Ernesto de Sousa. Conceived in 1971, under a dictatorship, which would fall three years later, this poster was a poignant reminder that humor is a powerful political tool. Four decades later, in a now democratic country that is assisting a worrying rise of racism and populism, Sara & André's work speaks about the freedom of not having a 9am to 5pm job and being an artist. With this freedom, comes a price: living under precariousness, as if for being free, they had to give (a possible) financial stability in exchange. However, it's – as the word "cara" in Portuguese implies ("cara" means expensive but also dear) – much more than money. The freedom of being artists, like Sara & André, or academics, like myself, relates more to the manifold of compromises and exercises that need to be done following the freedom of making whatever choice is dear to you, such as picking a job you love (or, in the case of parents, at least two jobs) than the money one has or doesn't have.

Being a white middle-class female academic with three children is a privilege that, to some extent, relates to my freedom: I was lucky enough to be free to choose my job and to be a mother of three, but I didn't choose my gender neither my race or having been born in a low-middle class family. And what I didn't choose frames my freedom as much as what I chose.

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Commentary

Academic mothers during the COVID-19 pandemic: Stressors, strains, and challenges in adapting to work-life enmeshment**Chang Su¹, Tsorng-Yeh Lee², Gordon L. Flett²**¹Department of Psychology, Brandon University, Manitoba, Canada²Faculty of Health, York University, Toronto Canada

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Abstract: The COVID-19 pandemic had numerous unexpected impacts on academic mothers around the world. In the current article, the challenges being faced by academic mothers during the pandemic are illustrated based on recently published peer-reviewed and grey articles. The enmeshment of work and family life and the lack of separation from work increases the possibilities of significant professional challenges and possible mental health and physical health problems. Specific themes are highlighted, including strains of learning new technologies for online teaching, increasing workload, and household chores, barriers to scholarly productivity, insufficient support from institutions, loneliness due to disconnection, and pursuing perfection. The need for adaptability is also highlighted. This article also provides some institutional recommendations designed to support various academic mothers in increasing their empowerment, adaptability, and resilience, when they are facing the enmeshment of work and life. Given that the pandemic is continuing and now clearly represents a prolonged stress sequence, it is essential that academic mothers develop and utilize positive resources in order to limit the impact on their personal and professional lives.

Keywords: Stress, Enmeshment, Strain, COVID-19, Adaptability, Perfection, Mothers, Professors

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Introduction

The Coronavirus Disease 2019 (COVID-19) pandemic has led to unprecedented changes worldwide and it has significant negative impacts on economic conditions as well as physical and mental health (Racine et al., 2021a). Parents have faced never seen before difficulties and challenges in parenting school-age children due to online schooling at home and care responsibilities for preschool children due to the closure of daycare, which generated tremendous pressure during this pandemic and resulted in massive shifts in family life due to work-at-home parenting formats (Racine et al., 2021a).

In the current article, we consider the stressors and challenges faced by academic mothers. Of course, academic mothers experience the challenges faced by all mothers, including taking care of loved ones (both children and perhaps aging parents), but they also have unique demands associated with the academic role. Below, we consider the issues facing academic mothers. Most notably, we discuss the need for adaptability and highlight some unique themes that can substantially complicate the dual roles of academic mothers, especially those with the enmeshment of their work and family lives. Various findings attest to the challenges being faced by mothers during the pandemic, especially work-at-home mothers. A recent longitudinal Canadian study found substantial increases in depression and anxiety among Canadian mothers (see Racine et al., 2021a). The greatest increases in distress were found among mothers who reported income disruptions, problems in accessing childcare, and problems due to needing to balance homeschooling with their work responsibilities.

Academic mothers faced similar challenges as other work-at-home mothers. However, besides their online teaching responsibilities, they also need to submit their manuscripts for publications, apply for research grants, and engage in departmental and university services. At the same time, they need to fulfill household responsibilities, such as childcare at home, and helping their children with virtual learning and chores (Donner, 2020; Kasymova et al., 2021; Rao, 2019). The toll taken is indicated by new research showing that women academics, relative to their male counterparts, have

been impacted disproportionately throughout the pandemic (see Deryugina, Schurchkov, & Stearns, 2021). Aspects of daily life are typically quite different for academic mothers, relative to male academics, and this extends to housework and childcare considerations (Yildirim & Eslen-Ziya, 2021). As we outline below, academic mothers face a set of complex and unique challenges and stressors.

Many academic mothers might have no choice but to devote less time and energy to research and academic productivity. A qualitative study revealed that the pressure on academic mothers is enormous since the beginning of the COVID-19 (Kasymova et al., 2021). Three major themes were found: (1) inability to meet institutional expectations; (2) juggling work and family life; and (3) proposed solutions during the pandemic to help academic mothers fulfill their job responsibilities. Many mothers indicated that they spent fewer hours researching and manuscript writing than they used to (Kasymova et al., 2021).

In this commentary, we consider what these changes have meant for academic mothers who have become a unique class of stay-at-home mothers. Academic mothers who are now working online at home have little separation between work and family life. To reflect this uniqueness, we (two professors from the psychology field and one professor from the nursing field) introduce the concept of “work-life enmeshment” to refer to those academics who feel a need to put some distance between their work and family lives yet feel their respective roles offer no separation, both objectively and subjectively, in terms of thoughts and feelings. The concept “enmeshed” refers typically to a relationship between two people; in this instance, we use it to refer to the relationship that one role-related part of the self has with another part of the self. The notion that people have a relationship with themselves offers a unique perspective that captures such issues as whether the person engages in self-care and whether the person engages in excessive self-silencing and self-sacrifice.

Stressors and Challenges Academic Mothers Experienced During the COVID-19 Pandemic

This segment of our commentary focuses on academic job-related issues and considerations, but first, we must briefly underscore the range of potential problems being faced by most if not all parents. Parenting stress increased substantially during COVID-19 (see Adams et al., 2020). The issues experienced by parents will be multiplied by the number of children they have, their ages and developmental levels, and how these children and adolescents are facing the challenges of the pandemic. The mental health problems among children and adolescents have essentially doubled during the pandemic according to meta-analysis results (Racine et al., 2021b). Relationship issues with partners also may be more problematic and involve significant relationship strains, assuming that the academic mother is not a single mother and there is a partner. In short, any attempt to represent the need for a work-life balance needs to consider that the life component of the equation potentially involves a vast array of challenges.

Specific work-related themes are now considered below. These themes reflect new emerging challenges and issues that now come with added complications.

a. Learning new technologies for online teaching.

Online teaching is different from traditional face-to-face teaching, which requires academic mothers to learn new technologies to fulfill their teaching assignments; for instance, pre-record lectures for asynchronous teaching, strategies to engage students in the class activities, and share screens for synchronous teaching, and breakout rooms for group discussion. These new technologies undoubtedly require considerable time and energy to become familiar with this new format and then use it to teach in an effective manner. These new changes might be overwhelming for some faculty members.

b. Maintaining the stability of the Internet and a quiet space for effective online teaching.

The quality of home internet is an essential factor for online teaching. A quiet and separate environment is also essential in order to reduce feelings of work-life enmeshment. Academic mothers are bound to be

interrupted by their children or pets while working from home. Academics engaged in virtual teaching need more dedicated space for videotaping their lectures. No matter whether it is virtual teaching or pre-recorded video, a clear background is needed (Kasymova et al., 2021). There are more challenges for some faculties who are living in an apartment with limited space for working and children’s playing during the day.

c. Increasing workload from academic responsibilities and household chores.

Usually, as noted above, academic mothers assume a disproportionate share of caregiving and household chore responsibilities. The lockdown due to COVID-19 and other protective but restrictive measures, including working from home and homeschooling, may exponentially increase their workload.

Academic mothers often have to contend with competing demands and needs due to their dual roles. For example, they might struggle between their online courses and those of their young children. It may become increasingly difficult for them to set up their online teaching environment because of the overly active children at home. The instability of the schooling system during this pandemic heightened these challenges.

Furthermore, due to the pandemic, there is usually no way for them to send their children out for childcare or hire service providers such as babysitters to their homes (Sharmaa & Vaishb, 2020). Some academic mothers might also need to take care of their elder parents at home due to the risk of long-term care outbreaks. As a result, it is easy to become drained and exhausted. Of course, other mothers may have to contend with not being able to see their elder parents due to physical distancing guidelines, and this represents another source of worry and stress.

d. Reducing research productivity.

Past studies showed female scholars with newborn children and the increasing number of children decreased their research productivity (Krapf et al., 2017; Schiebinger & Gilmartin, 2010). A recent study found that academic mothers in America who acknowledged their extra burdens from the larger household and

childcare workload might result in diminishing time and energy in maintaining their research productivity (Kasymova et al., 2021). It is very hard during the pandemic for scholars to collect in-person data, perhaps resulting in projects being put on hold (see Kasymova et al., 2021). The tendency for academic mothers to submit fewer journal manuscripts than male academics has increased as universities have gone virtual (Flaherty, 2020). Less productivity might delay academic mothers' promotions to tenure (Kasymova et al., 2021) and magnify existing gender inequities (Oleschuk, 2020).

e. Lacking support from institutions.

It is safe to assume that most academic mothers have not received sufficient support from their institutions due to abrupt transitions and being unable to access the campus when it is shut down. Meanwhile, they may have needed to attend many training programs for online teaching, research, and services (Kasymova et al., 2021), which increases mental and physical exhaustion. It is highly challenging for academic mothers to maintain the same quality of teaching with insufficient support from their institutions (see Drew & Marshall, 2020). Delaying tenure and promotion.

For junior faculty, pursuing tenure and promotion is one of the utmost goals in their career. The impact of the pandemic may have made it substantially more difficult to achieve this significant task. Research programs have also been restricted because of the shutdown of universities and colleges across Canada and around the world. Academics have not been able to use campus or community centres or engage in usual pursuits that involve face-to-face interaction or group activities. Obstacles that limit research progress will ultimately be reflected in fewer publications for those academics who cannot have long periods of uninterrupted work time. It may be the case that when there is time to work, it may be difficult for academic mothers to concentrate due to numerous worries and fears, including the fear of personally contracting COVID-19 or fear of a loved one becoming ill (for a discussion, see Lee et al., 2021).

f. Loneliness and disconnection.

One potentially positive element of working online from home is that it offers more ways to stay in touch with

students, colleagues, and friends. However, this will be limited by how much time is available to connect with others. It is also possible that the lack of social interaction in person will promote a profound sense of isolation and loneliness among some academic mothers. Reports of worker loneliness among academics during the pandemic have been documented (Stadtlander & Sichel, 2021). One proactive step at the institutional or department levels that would be highly beneficial is to facilitate opportunities for academics working from home to connect with each other and thereby have the chance to share their experiences.

g. Lack of sufficient amount of sleep.

The lack of a sufficient amount of restorative sleep is one overarching problem for academic mothers during the pandemic and it may signal a general lack of focus on self-care. Extensive evidence attests to how the pandemic has disrupted sleep and had a destructive impact that is quite pervasive. One systematic review and meta-analysis concluded that sleep difficulties have escalated with more than 1 in 3 people experiencing sleep problems during the pandemic (Jahrami et al., 2021). Sleep issues were featured in compelling personal accounts provided by five academics (4 women, and 1 man, Creely et al., 2021). Issues were presented in curated narratives based on personal experiences. Problems included lack of sleep, interrupted sleep, and sleeping and waking at work because of working at home. One academic noted waking up to immediately be thinking about work and feeling guilty. Sleep issues influence everyone, but they are especially problematic for academics when they impair concentration.

h. Academic mothers pursuing perfection.

Other stressors may come into play for women with certain personality characteristics. An overarching concern is that some women academics tend to go beyond being conscientious and instead aim for perfection or alternatively, feel they are expected to be perfect. Perfectionists may be especially at risk throughout the pandemic for myriad reasons (Flett & Hewitt, 2020) and this should certainly apply to academic mothers, as illustrated by the personal narratives of perfectionistic academic mothers coping with the pandemic (see Guy & Arthur, 2020). Meta-

analytic data gathered prior to the pandemic has firmly established links between burnout and certain perfectionism trait dimensions (Hill & Curran, 2016). While it is assumed that perfectionism boosts achievement, when it comes to professors, existing data suggest that perfectionism undermines academic productivity and the quality of the work produced (Sherry et al., 2010).

Recent research has extended the scope of inquiry by establishing links between trait perfectionism and parental burnout (Sorkkila & Aunola, 2019). The pressure to be perfect may be especially acute for mothers, including academic mothers. There have been extensive analyses of the perfect mother myth and the potential pitfalls awaiting mothers who have internalized this extreme ideal (Maushart, 1997). Qualitative analyses have established that the perfect mother myth is highly salient for many women, and it is a constant source of stress and distress (Nahas & Amasheh, 1999; Pun et al., 2004). Academic mothers who feel they must be perfect should find it difficult to cope with the many uncontrollable and uncertain aspects of the pandemic.

Adaptability and Other Positive Aspects

There are some vital individual differences factors that have not been studied empirically among academic mothers, but they nevertheless need to be considered when examining the stress and strain of the pandemic for academic mothers. Adaptability to the pandemic is one key individual difference variable. Adaptability has been described as "... the capacity to constructively regulate psycho-behavioral functions in response to new, changing, and/or uncertain circumstances, conditions, and situations" (Martin et al., 2013, p. 728). Adaptability shares some features but is distinguished from other positive tendencies such as grit and resilience (Martin, 2017). Adaptability is typically reflected in various ways, including emotional adaptability, cognitive adaptability, and behavioural adaptability.

Research on university students has shown that differences in self-reported adaptability are associated with lower levels of psychological distress and better psychosocial adjustment in terms of indices such as loneliness (Besser et al., 2020a). Moreover, this work has

found that students with higher reported levels of adaptability have a more positive orientation when required to make an abrupt transition to online learning (Besser et al., 2020b). These findings can be extrapolated to academic mothers. It is certain that there are salient individual differences among women academics in adaptability and women who are high in resilience and adaptability should cope better with working at home, including having lower work-life enmeshment.

When viewed within this context, adaptability is relevant in various ways, and it must be considered from a variety of perspectives. Adaptability is certainly required in terms of specific occupational demands such as sudden shifts to synchronous online learning. But more generally, there is a need to adapt to a new way of life and the new demands and approaches that are needed at a family level in the home.

Potential Benefits

The COVID-19 pandemic has changed the lifestyles of everyone in the world. Although it brought crisis and challenges to academic mothers, it also has benefits and creates opportunities. Saving transportation time and costs are two significant benefits. Academic mothers do not need to go back and forth between home and campus, which can save at least half-hour of traveling time, not to mention the expense of gas and parking. They can start learning Skype, Zoom, or Hangouts to deliver their lecture to students more efficiently, no matter whether the lecture is synchronous or asynchronous. Pre-recording lectures enable students to access the course material at a time of their comfort. Live online polling and surveys can capture students' feedback not only fast and conveniently but also anonymously. The breakout room option via Zoom makes group discussion assignments possible and calculates students' participation rate quickly. Academic mothers have opportunities to think creatively about using various informative teaching options and resources, such as videos and the Internet. Furthermore, subtitles can be added to the video content, making the video more understandable, especially for the students with English as their second language (Kalaimathi et al., 2020).

Other potential benefits include the accessibility of online meetings, which allow faculty to join meetings from any location of their choice. They can also participate in two Zoom meetings simultaneously, which is impossible in the past. The video-off option during meetings allows faculty to attend without the need of applying makeup, and picking out outfits, which saves a lot of time and money. Homeschooling requires academic mothers to spend more time with their children, this may be exhausting, but on the other hand, it is an opportunity to enhance their bond and create stronger and closer relationships. They can better understand their children's individual learning needs, interests and abilities. A more relaxed learning environment can be provided. Also, possible physical and psychological bullying can be avoided. Children can learn at their own pace, which is very suitable for children with learning differences. Mothers can set a schedule convenient for children to learn. Again, the time required to pick up and drop off children from school can be waived.

Coping with Challenges: Proposed Recommendations

Academic institutions need to make significant efforts to address the new challenges the pandemic created and come up with considerate solutions that adjust the expectations, requirements, and responsibilities of academic mothers (Kasymova et al., 2021). The following are our recommendations and suggestions:

a. Governments and school institutions need to provide stable financial income and job opportunities for academic mothers to help relieve their stress (Racine et al., 2021a).

b. Additional years should be granted to meet tenure and promotion requirements. Similarly, requirements for teaching and services could be more flexible, such as reducing the teaching and service loads (Kasymova et al., 2021). Workloads must be closely monitored for each individual and departments and faculties need to establish parameters to safeguard academic mothers who are taking on too much and being asked to take on too much.

c. Reconnecting with friends and colleagues via online platforms or phones to share experiences should be facilitated and this should include opportunities to participate in parent groups that can share the parenting skills to keep their children on the daily routine, helping their children online virtual learning, organizing virtual activities to make connections, managing children's problematic behaviors and learning to cope with stress, and anxiety skills. If they feel overwhelmed, they may need to meet a therapist virtually or through phone calls or access counselling services provided by their institution. School counseling services for academic mothers should be accessible given the evidence showing that anxiety and depression symptoms increased for mothers during COVID-19.

d. Scholars must have opportunities to voice their urgent concerns to their institutions for social support and support for efficacy and mattering. A sense of having a voice and being heard and seen is central to a feeling of mattering at work and mattering in general (see Flett, 2018, 2022) and this is particularly important for junior faculty members who are facing more challenges while adapting to the new job. Moreover, school institutions can provide more social support for single mothers with children, such as childcare facilities which can be flexible to academic mother's working schedules. Even small considerations that project seeing the academic mother as a person will increase a sense of mattering and enhance the ability to adapt and cope.

e. Facilitate setting clear boundaries. Academic mothers working from home may blur the lines with the home hours. Institutions could and should heighten awareness of the need to avoid work-life enmeshment, but measures can be implemented to provide assistance (e.g., implementing "no-email" Sundays).

f. It is imperative at the institutional level to proactively assist academic mothers to provide online workshop and coaching sessions designed to promote their adaptability and resilience to provide them with a solid sense of self, coping skills, and problem-solving skills (Guarino & Borden, 2017). Adaptability and resilience are fuelled by opportunities to develop a strong sense of self-efficacy and by learning to respond to setbacks with self-compassion rather than self-

criticism. Ideally, academic mothers are encouraged to be self-advocates who are willing to seek help when it is needed without any sort of self-stigma.

g. A strong system of mentorship needs to be created with expedited training for mentors and the development of a clear understanding of the mentoring role. Time spent with matters can enhance a sense of mattering for both the mentee and the mentor.

Summary and Conclusion

In the current article, the challenges facing academic mothers during the pandemic were illustrated. Several specific work-related themes were highlighted as well as issues involving broader factors. The lack of separation between work and home sets the stage for work-life enmeshment and significant professional problems and possible mental health and physical health problems.

Given that the pandemic is continuing and now clearly represents a stress sequence, it is vitally important that academic mothers develop and rely on positive resources to limit the costs and consequences of this global health pandemic. Self-care seems essential, perhaps now more than ever. Mothers who hold themselves to exceptionally high standards have a tendency to be exceptionally self-critical, but instead, they need to exercise self-compassion and be self-forgiving when they are not able to be all things to all people, both at home and at work. It is natural to feel responsible for everyone and everything, but the ultimate responsibility is to take care of oneself and find ways to lessen the stress and strain of daily life.

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Commentary

**The Intersection of Motherhood and Academia During a Pandemic:
A Storytelling Approach to Narrative Oral History**

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Abstract: This paper takes a storytelling approach to narrative oral history using reflexivity as analysis, making meaning through social engagement between co-authors, friends, family, and colleagues. The story presents the first author's lived experience as a mother and academic, both journeys at their peak as the pandemic loomed closer to and arrived in Canada. These journeys and their intersection are presented in chronological order, detailing the stressors and struggles of mothering in academia during a pandemic. The second author played an integral role in telling this story, by drawing out the narrative through an open-ended interview. Reflexive thoughts, authentic accounts, and interview quotes are embedded throughout conveying lived experience, feelings, and concerns. The paper magnifies structural gender inequality in academia by sharing struggles, such as loss of opportunity for scholarly contributions, pregnancy secrecy and career advancement anxieties, the reality of maternity “leave” in academia, and accounts of personal support and lack of professional support. We hope this piece gives mothers in academia comfort in knowing they are not alone in work-life challenges, encourages women in similar positions to share their stories, opens the academic world to these lived realities, and inspires equity-informed change for the good of mothers and academia.

Keywords: Mothering, Academia, Storytelling, Reflexivity, Narrative Oral History

Résumé: Cet article adopte une approche narrative de l'histoire orale narrative en utilisant la réflexivité comme analyse, donnant du sens à travers l'engagement social entre les co-auteurs, les amis, la famille et les collègues. L'histoire présente l'expérience vécue de la première auteure en tant que mère et universitaire, deux parcours à leur apogée alors que la pandémie se rapprochait et arrivait au Canada. Ces parcours et leur intersection sont présentés dans l'ordre chronologique, détaillant les facteurs de stress et les difficultés de la maternité dans le milieu universitaire pendant une pandémie. Le deuxième auteur a joué un rôle essentiel dans la narration de cette histoire, en dessinant le récit à travers une entrevue ouverte. Des pensées réflexives, des récits authentiques et des citations de l'entrevue sont intégrés tout au long de la transmission d'expériences vécues, de sentiments et de préoccupations. L'article amplifie l'inégalité structurelle entre les sexes dans le milieu universitaire en partageant les luttes, telles que la perte d'opportunités pour les contributions savantes, le secret de la grossesse et les angoisses d'avancement professionnel, la réalité du « congé » de maternité dans le milieu universitaire et les récits de soutien personnel et le manque de soutien professionnel. Nous espérons que cet article rassure les mères universitaires en sachant qu'elles ne sont pas

seules face à des défis travail-vie personnelle, encourage les femmes occupant des postes similaires à partager leurs histoires, ouvre le monde universitaire à ces réalités vécues et inspire un changement fondé sur l'équité pour le bien des mères et du milieu universitaire.

Mots-clés: Maternage, milieu universitaire, narration, réflexivité, histoire orale narrative

Resumen: Este ensayo utiliza un enfoque narrativo para contar relatos orales utilizando la reflexión como análisis, generando significado a través de la participación social entre coautores, amigos, familiares y colegas de trabajo. Esta historia presenta la primera experiencia vivida por la autora en la cúspide de su trayectoria como madre y académica, mientras la pandemia se acercaba cada vez más a Canadá. Estas trayectorias y sus intersecciones son presentadas en orden cronológico, pormenorizando los factores de estrés y luchas de la maternidad en el entorno académico durante una pandemia. La segunda autora tuvo un papel preponderante en la narración de esta historia, extendiendo la narración a través de una entrevista abierta. Pensamientos reflexivos, relatos auténticos y citas de entrevistas están incluidas a lo largo del texto transmitiendo las experiencias vividas, sentimientos e inquietudes. Este ensayo amplifica la inequidad de género estructural existente en el ámbito académico compartiendo las luchas, como la pérdida de oportunidades de realizar aportaciones académicas, el secreto del embarazo, ansiedades en relación al desarrollo profesional, la realidad de la incapacidad por la maternidad en el medio académico y relatos de apoyo personal y falta de apoyo profesional. Esperamos que esta obra pueda brindar alivio a otras mujeres en el medio académico al saber que no están solas en los desafíos de la vida profesional, incentivar a las mujeres que se encuentran en una situación similar a compartir sus historias, abrir el mundo académico a estas realidades vividas e inspirar cambios fundamentados en la equidad para el bien de todas las madres y la academia.

Palabras Clave: Maternidad, medio académico, narración, reflexión, narración de historias orales.

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Introduction

A family member who knows my story well encouraged me to contribute to this special issue. Said person is a woman, has worked in the field of gender and equity-based analysis for 20 years, and presently serves as a federal senior policy analyst in mental health promotion for children and families; hence the concern for the mental health of a mother of two young children in academia during a pandemic. Though I was eager to delve into this paper to share my story—especially since I knew I was not alone in my experience and sharing it would be for the betterment of mothers (and families) in academia—I found myself hesitating and procrastinating. I put other projects first because I knew others were relying on me, whereas this paper was about me, as a woman and a mother.

Yet, I took any opportunity I had to engage friends and family about this piece I was planning to write. The hesitation persisted. I kept wondering, will readers think I am complaining? Will colleagues see me as weak? Will the academic community really listen and make equitable space for mothers in academia? After a few more weeks passed, a friend—and co-author of this paper—offered to conduct an interview to draw out my story. The offer was the perfect motivation. I felt supported and understood, opening the door to much more than I had anticipated.

In academia we strive to understand phenomena—but we cannot genuinely understand something unless we are fully immersed in it. Accordingly, I share with you my authentic experience to encourage other female voices and to embolden mothers in academia to contribute to the change needed to equalize women’s intellectual contributions to the academic world. Presented to the reader is a narrative oral history using a storytelling approach, recounting my lived experience of motherhood, academia, and how the two have intersected during the (presently ongoing) COVID-19 pandemic.

Situating the Storytellers

Author 1

At the time this paper was written, my son was 3.5 years old, my daughter was 14 months old, and I had started a tenure-track assistant professor position. Adding to these major events, the Province of Ontario, where I reside, was more than a year into the pandemic—restrictions began two weeks before my daughter was born.

To situate myself, I come from a place of privilege. I am a white, middle-class individual who identifies as a cisgender woman. My parents’ style was authoritative, and they supported me in all my life happenings and career undertakings. They encouraged me to voice my ideas, especially when it came to something I cared deeply about or believed should change. On a personal level, I have always been self-reflective, observant, and inquisitive. Specializing in early childhood education was a natural academic progression for me, fueled by a passion for social justice and equity for young families.

Author 2

When I was introduced to this paper and this project, it immediately resonated with me as a professional building a career while parenting a young child. I was reminded of my undergraduate studies in journalism and women’s and gender studies, which has led to a lifelong passion for telling stories that depict lived human experiences and contribute to the truth and fabric of our society.

I, too, come from a place of privilege as a white, middle-class person who identifies as a cisgender woman. Growing up, I was raised by a single mother who built a career while raising two children. Witnessing the sacrifices she had to make for her career, as well as her personal life, to be available for her family has certainly coloured my perspective on structural gender inequalities. I have always been keenly aware that women in particular feel an obligation to advance and succeed within systems and structures that were not built for our experience.

Telling My Story

To draw out the narrative account of my story, a supportive space was needed to break through anxiety and social acceptability that can mask sharing real experience. Author 2 initiated the process, prepared questions and conducted the interview (see Appendix 1 for questions). This provided a sense of freedom and trust to share events and feelings from my personal and professional life, consistent with a feminist approach to oral history research (Haynes, 2010). I felt my voice being heard and valued. During the interview, open-ended questions were used to extract details from my young academic career and overlapping journey into motherhood, whilst coping with a novel infectious disease that turned pandemic overnight. The audio-recorded interview lasted approximately two hours and was transcribed using an automated transcription program and checked for accuracy.

In addition to the content of the interview, other sources of “data” were my personal thoughts and ideas, as well as conversations with my life partner, friends, and colleagues. Each conversation brought up more stories from personal and third-party experiences. These contributed to unveiling issues related to being a mother in the academic world, what the pandemic revealed about women’s roles, and the longstanding challenge of work-life balance.

A Feminist Dilemma

While I am not a feminist scholar, using this research methodology elicited feminist issues. Westcott (1979) argued to understand (the lives of) women we must listen to their thoughts and feelings, not solely interpret their actions or activities. To this day, professional mothers conform to roles and behaviours that are expected or socially appropriate within the dominant society. Similarly, the imperative to succeed within the world of academia drove me to actions that did not match my feelings of discouragement and exhaustion.

Beyond the need to acknowledge the perspectives of mothers in academia is the inner conflict that follows us around. For instance, in writing this paper, I was uncomfortable sharing the content with the academic

world. I felt anxiety over how I might be perceived by my peers. Thus, I found myself in a feminist dilemma between researcher, in which “theoretical, conceptual and formal traditions...are located [in a] predominantly ‘public’ and ‘male-stream’” (Edwards & Ribbens, 1998, p. 2), and sharer of personal life experiences of motherhood. I attribute these negative feelings, later identified as shame, to structural gender inequalities (Mann, 2018). At the end of the process, I have come to appreciate the value of voice-as-empowerment through women speaking the truth of their lived realities, which tend to go unrecorded in mainstream research (Chamberlayne et al., 2000). Thus, “decentering the primacy of the Anglo-American realm in scientific knowledge production” (Bisaillon et al., 2020, p. 133) was a driving force behind producing this paper.

Methods

This reflexive narrative oral history brings together journeys into both motherhood and academia, along with the added challenges of a pandemic. Using a storytelling approach, a ‘sensemaking tool’ without connection to others’ thoughts or ideas (Rindfleish et al., 2009) intentionally advocates for decolonial research, where conversation and story are valued in and of themselves (Stanley Henry, personal communication, September 15th, 2021). This oral history comes from the perspective of a privileged white woman in a predominantly white man’s world, confronted by a system that does not account for her reality. In truth-telling, I connect with systemic biases within academia perpetuated by white men in dominant roles driving research based on their experiences, perspectives, and interests (Anderson et al., 1987). Presenting a young academic mother’s experience during a pandemic is one small step toward deconstructing gender bias in the academy; a system that continues to ignore the intersecting realities of groups outside of the dominant male norm.

As expressed by Kovach (2009), “[Stories] are both method and meaning. Stories spring forth from a holistic epistemology and are the relational glue in a socially interdependent knowledge system” (p. 108).

No scientific or methodological rigour was applied in the traditional sense, rather, an active reflexive process was maintained, and meaning was processed through social engagement between the co-authors, friends, family, and colleagues (Patnaik, 2013). As this research did not involve collecting data from third party participants, it did not require ethical approval and was confirmed exempt by Brock University’s Research Ethics Board (#21-269). With respect to the inclusion of contributing statements that informed the reflexive process, approval of identification and statement use was obtained. This paper shares an interpretation of my story with three aims: (a) to encourage mothers in academia to share their stories, (b) to contribute to deeper understanding of mothers’ experiences in academia, as well as the challenges and constraints amplified during a pandemic, and (c) to initiate research and bring about change to support young families and encourage women to enter and remain in academia (Edwards, 1990).

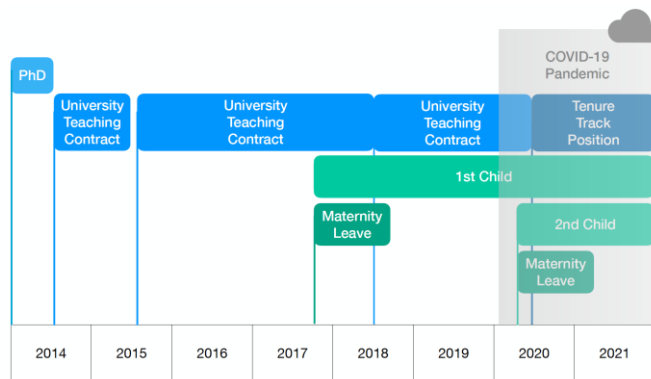
I recognize these experiences occurred in a space of relative privilege, being a white, middle-class, cisgender and able-bodied woman with a strong and stable support system. My own unique experience and perspective does not represent or equalize experiences among women of other typically discriminated groups (Kim, 2008). Thus, I implore readers to consider what such experiences may be like for mothers whose lived realities may include more layered and nuanced challenges and barriers (e.g., racialized, LGBTQS+, refugee, disabled mothers). Sharing stories such as this, through an oral account of experiences using reflexive practice, supports the need to reveal the multiple hidden realities of women in the academic world, challenging unconscious bias in all its forms.

Timeline

The timeline representing the intersection of my career path, journey into motherhood, and COVID-19 pandemic is presented in Figure 1. In brief, I graduated with my PhD in 2014, started as an assistant professor on teaching contracts in 2014, and in September 2017, my son was born and I began my first maternity leave. On March 14th, 2020, the COVID-19 pandemic forced

Ontario to go into lockdown. Two weeks later (April 1st), my daughter was born and I began my second leave. On July 1st, 2020, I signed my tenure-track offer.

Figure 1. Intersecting timelines: Career, motherhood, pandemic



Findings

Academic Career

I embarked on a career in academia with a passion for building and mobilizing knowledge in early childhood education and care; this was quickly dampened by concern I would not attain a position. I was entering not only a hyper-competitive market, but also a limited one that requires matching your area of specialization with an available posting. The result tends to be widening the job search to places outside the realm of your support system. If nothing comes of your search, you start to wonder if you should follow others who have changed career direction. My back-up plan was—*a Play Café*, incorporating the three most joyous aspects in my life: play, baked goods, and coffee!

I took on a full-time teaching contract in my search for a permanent position. In such positions, there is no guarantee of renewal. As I was striving for a tenure position, building my research program was crucial. On top of fulfilling the requirements of the contract (and doing it well), I was completing research projects, writing manuscripts, and applying and interviewing for permanent positions. Evenings and weekends were not allocated to taking breaks and having time for self-care.

Especially after my son was born, staying on track toward a tenure position became exhausting. Soon after, I decided if I did not get a permanent position by 2020, I would go back to the drawing board. I owed it to myself and my family to enjoy life and all the other amazing things it has to offer. In line with Bisailon et al.'s (2020) paper on women's experiences in academia, the stress of taking on contract jobs can have harmful effects on a person (e.g., burn out, acute illness).

Motherhood Secrecy in Academia

I never thought being a woman was debilitating in academia until I became pregnant with my first child. Only then did I understand the fear-instilling and anxiety-provoking advice from colleagues over the years. For example, "have children during your PhD because afterwards there will not be time", "plan to have your children outside of the academic year so you can plan good birthday parties" or listening to professors grumble when they hear or suspect someone pursuing a PhD or applying for an academic position is starting a family.

During my first pregnancy, I applied to renew a teaching contract. While I waited to learn the outcome of the competition, I concealed my pregnancy. I thought if the committee knew, it would potentially use this knowledge to inform its decision and I would be out of the running. Still, it felt as though I was cheating by not saying anything. After I learned I was successful, I felt uncomfortable sharing what was wonderful news, and further, felt guilty I had placed colleagues in a difficult position of having to complete the hiring process anew.

I also felt compelled to hide my second pregnancy during tenure-track interviews. Soon after my daughter was born, in preparation for a short-listed full day interview through video conference, I strategized to reduce the possibility of the committee hearing the baby cry and scheduled breastfeeding around breaks. I was concerned if the search committee learned I was on leave, it would be a disadvantage. I have heard stories of other women who lived the same experience, hiding pregnancies and hiding babies' cries during

interviews. We should never feel we must hide our pregnancies or caring for our babies because of guilt, or worse, diminished chances for advancement and success in academia.

Maternity Leave in Academia

The term "leave" legally means you are not able and technically should not be working, otherwise you are violating the requirements of the leave and not meeting the qualifications for Employment Insurance benefits (Government of Canada, 2021). As academics, however, we have responsibilities with advising and research. Otherwise, graduate students are sent to new advisors and colleagues' works and students' contributions to publications are delayed. If we are on leave, then we should cease all academic duties. I would predict most academics, if not all, who take maternity/parental leave complete work during this time and feel obligated to do so. I have, and I know of colleagues who have taken meetings, read manuscripts, advised graduate students, and contributed to papers while on leave. Where does this leave the mother (or parent)? They are recovering from giving birth and caring full-time for an infant—which as we know is already an around-the-clock job.

Though I specialize in early learning and development, I too made a "to do" list for while the baby was sleeping (eruption of laughter). As I used to say to students when teaching a class on parenting: you can never fully understand what it means to care for a child and/or engage in parent-child dynamics until you have a child of your own! Once I became a parent, I felt determined to include in my Annual Report that one of my "non-remunerated professional activities" was raising a child.

Maternity Leave #1

Career-wise, I missed out. For instance, a project one of my colleagues and I started was already pushed because of other commitments. When my colleague had time to dedicate to the paper, I—being in my third trimester—did not. My initial

feeling was I did not want to hold this person back in their scholarly production, so although this was a joint idea combining our specialties, I stepped away. I ended up coming back on board and significantly contributing during revision, however, the feeling of accomplishment and authorship was impacted.

During this leave, I also continued coding data for a project of my own and got on board with another project to build the research portion of my resumé. I worked during my son's naps and had meetings while he played in a baby-safe space (see Figure 2). That was a difficult time and I realize now that I put my son first, my career second, and myself last. I delayed showering, exercising, getting fresh air, and resting because I wanted to keep up with my research and be a competitive candidate for a tenure-track position. On top of this, I was jobless after my leave, thus, I spent time applying for post-doctoral fellowships and tenure-track positions. I applied for fifteen jobs and interviewed for seven.

Figure 2. My son keeping busy while I work



Transition: Maternity Leave to a Teaching Contract Position

I received an offer for a teaching contract position in another province on August 21st, 2018, for a September 1st start date. It was the last day of my leave and I was expected to start teaching three

courses as of September 5th. Due to the timing of the position, distance to travel between Québec and Ontario, and return from leave, the Chair advocated for a course release and the Dean agreed. I was extremely grateful. If it were not for this support, I would have certainly burnt out. I almost did as it was. This was one of the most stressful times in my career: traveling, leaving my son, and preparing courses in a short window of time. Though I was eager to take the position, something had to give. My partner left his job to care for our son and I was away from my family three days a week for a month and a half until we found a place to live.

Maternity Leave #2 During a Pandemic

My daughter was born two weeks before pandemic restrictions began in Ontario. Luckily my parents had arrived (from another province) a week before the lockdown and were able to provide support for a short while. My partner was holding down the fort taking care of our son (daycares were closed) and me as I healed and nursed our infant in what is appropriately called the fourth trimester. With the pandemic in full swing, not being able to take children anywhere indoors in the dead of the summer heat was difficult. We felt imprisoned in our own home. Days melded into each other with no events or activities to break them up. We spent significant time trying to provide novel experiences for our older child.

Enduring the pandemic during this leave brought constant anxiety. I became anxious about small things and later wondered why I was so worked up. The concern to keep myself, my partner, and our children healthy and virus-free—as well as worrying about extended family—came with a heap of stress. Research during the first few months of the pandemic found a considerable increase in the likelihood of maternal anxiety, depression, insomnia, and other mental health concerns (e.g., feeling loss, sadness, irritability) (Davenport et al., 2020; Ollivier et al., 2021; Yan et al., 2020). Particularly in homes with children, women reported poorer mental health in

comparison to men (Johnston et al., 2020). Furthermore, because we had moved away from family and friends for my career, we were concerned about who would care for our children if we were to become ill (this was pre-vaccine availability). We adapted to this unusual way of living, though. We created new habits and got acquainted once again to life with a newborn, all while I was going through the roller coaster of hormones recovering from birth and breastfeeding. Becoming a second-time mom during the pandemic, like many other women, I was *not* okay.

It was only after my partner and I were vaccinated that I felt some sense of relief, not just for myself, but for my children because we were protecting them. One way we coped was by sharing what we could from our children’s lives through video calls and sending photos and videos to family and friends. As a new mom, one of the greatest joys is showing off the adorable baby you created and working hard to keep happy and healthy. Though we could not feel that in person, we did our best to spread joy to validate these feelings. It was not as satisfying as it would have been in person; giving others opportunity to hold the baby, simultaneously giving you a break while you eat a meal someone else cooked or enjoy some adult time—what a dream.

Just as I had done in the first maternity leave, but not as intensively, I had a list of academic tasks to accomplish. I revised a paper, reviewed a manuscript, supervised a research assistant’s tasks, and completed a video as a student resource in an undergraduate textbook. Though I could have refused to do these, timing in academia is not (that) flexible. If I did not contribute to the field, I would have missed out on those opportunities and would have had to find others at a later date. Somehow, I found the time and mental capacity to complete the tasks on my list—mostly thanks to my partner’s support, but also by working during my child’s naps and enduring late evenings. To complete these tasks on leave during a pandemic was challenging, to say the least. Thinking back, I wonder: how did I do it?

On top of this, a few weeks postpartum, I was invited to two tenure-track interviews. I was grateful for my partner, my parents and their support while I continued to strive for that academic position. Nursing my daughter and passing her along to someone else between her second and fourth week of life was not what I had in mind when I anticipated those first crucial weeks of motherhood. Though some may say I could have refused the interviews, I would argue such positions—especially ones that match your specialty—do not come along often in this field. I accepted a tenure-track position offer that June (see Figure 3).

Transition: Maternity Leave to a Tenure-Track Position During a Pandemic. Upon my return to work, delayed feelings of gratitude swept over me. What a great feeling to be able to drive my research program that started in my graduate years (2007). My research program was a teenager already! I also finally had a permanent position—at least if I continued providing evidence of high-quality academic work. Starting on probation after completing teaching, service, and research (without remuneration) for six years on contract feels offensive. Enter anxiety—again—of publishing, completing projects, and applying for funding!

Figure 3. Signing a tenure-track offer as a new mom



I was also grateful to be back during the spring; thank goodness my daughter was born in April. I am not sure how I would have found the time to prepare courses if I were to return during the academic year. Teaching requires preparation of content and planning of course proceedings. I have a colleague who was to return to work mid-September after an 8-month maternity leave but decided to go back earlier to start the course at the onset, rather than have someone else teach the first two weeks. Even if they returned when planned, they would have had to train the incoming instructor—which likely would have taken just as much time! This same colleague had another child, returned to work mid-February, and was not expected to teach that semester. As instructors, we have an obligation to students to follow through with our syllabus. Thus, being able to teach a course we prepared in its entirety is appropriate. Moreover, having a smoother transition not only helps the individual mentally prepare for teaching effectively—and in turn the students for learning effectively—but also positively impacts breastfeeding and bonding with a new child.

When I started back at work, it took time before I felt at my pre-leave (or at least pre-pregnancy) mental capacity. After everything that had happened in the past year, re-focusing on high-level work was not easy, especially not with the added pandemic anxiety. I had to figure out where I left off with research projects, go through a year's worth of emails, re-familiarize myself with the updated Learning Management System, learn new research protocols, apply for funding, and, oh yes, build my research program. I felt as though I needed time to recuperate from leave during a pandemic to be better prepared to return to academic work.

Thinking on these points reminds me of a clip from Stanley Tucci's series: *Searching for Italy* (2021), where he visits a family sharing a meal with three generations (29:00). The scene plays out as such:

Tucci (narrator): "As delicious as the food is, traditional cooking like this also tells you the story of a place: how they live, and what was important to them. For as long as anyone can remember, there's been a strict hierarchy to how the rabbit has been served."

Nonna: "So, the thigh is the most important part and it was given to the patriarch, the man." "Then, the children were very well respected as well because they were considered the future."

"Once there were the field workers, the ones who worked the land [would be the next ones fed]."

Tucci (narrator): "Sadly, in this traditional hierarchy, the mother of this family is left with the bony neck and skull."

So, the hierarchy is: patriarch, children, labourers, then finally, matriarch. This resonated with me in that it mirrored what I felt about being a mother in academia—getting what was left of the meal (the scraps). For example, missing funding deadlines due to leave and the interference of funding application completion due to daycare/school closures, delaying research productivity due to having to support the needs of two young children under five, and putting students' needs before my own research project tasks. In academia too, all the good stuff gets doled out along a hierarchy: the patriarch, the children, the students, and then the mother in academia.

Discussion

Growing a child in your womb, birthing, and raising happy, healthy children is one of the most beautiful experiences of my life. So why do I feel as though my career advancement has tainted this experience? The pressures of academia "I believe have taken away some of the joys of motherhood that I have experienced or had the opportunity to experience" (Part 1; 43:00). But would I change my decisions if I went back in time? Absolutely not. I would, however, change my perspective. It has always been family, career, then me and my partner—but should it continue to be?

As a woman in academia with young children, I wake up in the early hours, care for my children, help them get ready for the day, drop them off at daycare and school, go to work, and frantically get research,

teaching, and service tasks completed in the small window of time before daycare and school pick up. Once I get home, we eat and spend time together, and my partner and I put the children to bed, complete household chores, and finally, pass out from exhaustion—or at least I do while my partner preps the next day’s meals. Though my partner is fully supportive of my career and takes on many roles maintaining our home, I am the primary caregiver; the parent the children seek for comfort. So, when I get home from work, I switch hats and take on my other big life role: being a mom.

Yes, academic life can be flexible to a certain degree, but you still have to get your work done and done well. When you add a family and a pandemic to the list—wow. Though I am confident I can keep doing my job well while raising a family, let us be honest, things are not fine, as has been made ever-so-clear during the pandemic. The added anxiety and limitations to what makes us human—that social connection—impacts stress levels (Seppala et al., 2013). People say this is just the “new normal”, but it is *not* normal.

In my resumé, I do not indicate my maternity leaves because I want the years I would have served the university in a full-time faculty position to count. However, through the reflexive process, I now believe they should be included. Completing each maternity leave is the lived experience of nourishing the body and mind of a human being, which is directly relevant to my area of study. In fact, my professional capacity to conduct research with young children, to teach in early childhood education, and to understand families has greatly improved since I became a mother. I have gained rich first-hand experience of what it is like to parent, co-parent, and to raise siblings. Moreover, during the pandemic, I have become more creative, organized, and appreciative of the need for human connection and compassion.

Something’s Got to Give

“You can do anything, but something’s got to give. Is it going to be the kids? Is it going to be the partner? Is it going to be the job? Or is it going to be yourself?”

(Part 1, 31:18). Pursuing a career—especially as a woman—has its negative consequences, and I can recall occasions when I expressed that the situation was my fault. My fault for having a drive for an academic position; to pursue a research area I am passionate about and a field that I believe requires scholarly attention for positive change. My fault that my career took us (myself, my partner, and my children) away from our families and close friends. And my fault this career journey I chose sometimes takes me away from my family for longer than I would like.

As one example of many, when my son was 6-months old, I travelled seven hours away to interview for a position. It broke my heart to telephone home and hear my son call for me and I could not hug him or read him his bedtime story (see Figure 4). When you become a mother with a career, your career choices are no longer just about you; they impact your entire family. In balancing academia and dedication to family, your best-self may not be what is possible in either role. Women can (potentially) “do it all”, but at what expense; the family, the career, or the individual? Either way, we need support.

Figure 4. My son and I a few days before an out-of-town interview



Mothers Get Mothers in Academia

Throughout my time as a mother in academia, colleagues have provided words of support. Dr. Renée Kuchapski once commented, “all mothers who raise a child to adulthood deserve a PhD” (relayed by Elaine Inkster, personal communication, n.d.) and Dr. Mary-Louise Vanderlee who shared the sentiment, “thank goodness your daughter was born in April!”. Dr. Vanderlee also asked often how I *and* my children were and encouraged me to take summer vacation, while I was otherwise thinking I had just returned to work and felt I should not be entitled to one. Comments and encouragement like this remind us we are human beings, not machines.

Another significant comment was made by the Social Development journal editor, Dr. Gail Heyman, after I had asked for an extension on a paper indicating:

Our deadline to submit revisions is the end of August, however, I am presently on maternity leave and have a toddler at home during COVID-19 daycare closures. As such, I would like to request a month extension.

Her reply was “I can’t even imagine how challenging that must be. I am giving you a three-month extension so that you have a little more flexibility” (Dr. Gail Heyman, personal communication, July 7, 2020). When a male friend heard of this reply, he asked if the editor was being sarcastic. I remember feeling shocked and appalled by his question, but I laughed it off.

Notably, all the women who have provided meaningful, supportive comments are women with children—two each, in fact. Clearly, real-world experience has fostered deeper understanding and consideration of the challenges of being a mother and mothering in academia. Thus, the onus is on mothers to step forward to inform change—to re-invent the way the academic institution functions.

Faculty and University Support

In my experience working at two universities, I felt more connection and support at one over the other. Both departments were in education—a caring profession—but one set of colleagues seemed more

in touch. Was it because one was a smaller unit? Or because that unit was all women? I would predict the latter. When women come together, it is easier to share and support personal struggle, even professional for that matter, at least in my experience. In academia, the hyper-focus on individual research agendas and teaching and the constant battle for faculty lines and other limited resources does not leave much room for personal human connection and professional support.

I remember being invited to social events as a new instructor and wondered, “who has time for this?”—especially since I had a young child at home at the time and was teaching so many new courses (again). I felt pressured to attend (not explicitly relayed by colleagues) because I wanted to make a good impression. The culture is competitive rather than collaborative, even though we stress 21st century competencies (e.g., building interpersonal relationships, co-operation, active listening) in our education system (Government of Ontario, 2016). This provides context for the lack of support for families in academia.

When asked by the interviewer if I have ever felt misunderstood or unsupported by my peers or superiors in academia, my response was, “It’s hard to answer because I haven’t received...there’s just not much support. You’re so independent as an academic” (Part 2, 13:03). Universities recognize the need to support students now even more than pre-pandemic, however, similar changes and courtesy does not seem to be extended to faculty. Of course, it is all about students. Students are the ones who will move the field forward, needless to say, contribute to keeping us afloat monetarily. But how can we best support students if we are running on empty? The research is clear that if employees’ overall health and well-being are supported, they are more likely to be productive and at their best (Adams, 2019; Haddon, 2018). This point leads to a major issue with the structure of academia. It is not built to suit the needs of actively involved parents.

This antiquated structure was built in a time when family life looked a lot different than it does today.

And it hasn't changed. And now you're trying to still make it work, but it doesn't work anymore. It doesn't work, but we're forcing it to work and it's hard, and it's stressful (Interviewer, Part 2, 20:47).

Implications

Need for Change

During the pandemic, positive thoughts have floated around in my mind, searching for a silver lining. The pandemic revealed the reality of parents' additional responsibilities (e.g., caregiving, housework, enriching children's environments, and extra-curriculars), principally taken on by women (Leclerc, 2020; Moyser & Burlock, 2018). Moyser and Burlock (2018) further point out as women's time in paid work increased, men's time spent in unpaid work has not increased. This leaves women with additional paid but the same unpaid work, where they perform an "extra shift" at home after work. As reported by Johnston et al. (2020), during the pandemic the number of hours per week men have taken on for childcare has increased from 33 to 46. However, it has increased 2.5 times more for women, from 68 to 95 hours. The pandemic magnified this already entrenched reality and should serve as a trigger for change.

Interviewee: "I don't know what's going to change" (Part 2, 16:41).

Interviewer: "But that's why telling these stories is so important" (Part 2, 16: 17:11).

So here I am telling my story with hopes of encouraging others to share their stories and contribute or form committees to change how we understand and re-invent faculty support for mothers in academia.

Institutional Recommendations

Some universities in Canada have 12-month leave with supplemental benefits, while others offer less, for example, an 8-month leave with supplemental benefits, and in this situation the employee decides whether to have financial stability and return to work after 8-months or be home with their infant for a full year or longer (up to 18 months in Canada) and endure financial loss. This has implications not only on the

mother's health, but also that of the infant who may still be breastfeeding, forming attachment. There must be a policy where mothers do not have to choose between caring for themselves and their infants for that first crucial year of life and financial/job security. The choice should not be on the shoulders of individuals. Instead, women and parents' financial and mental well-being should be supported by the university they service and represent.

In addition, when returning to work from maternity leave, having a clear-cut policy on teaching expectations would be beneficial. For example, course release after leave or delayed teaching start if the return to work is during the semester. If someone is to return mid-semester, they should not be expected to jump into a course—there would be no preparation time, unless it is done on leave, which is inappropriate.

In terms of work completed during maternity and parental leave, articles in the collective agreement should be clearly outlined to support mothers and parents. Teaching and service would halt, but it is unclear what the procedures are for service to graduate students and dedication to ongoing research projects. Who takes over graduate student supervision? And what are scholarly contribution expectations? In academia, we are placed in difficult positions when it comes to supervision and research when on leave. I motion to add such a policy. Any seconders?

A recent piece from Inside Higher Ed (Flaherty, 2022) shared Stanford University's new policies for junior faculty with young children, offering an additional pre-tenure year or quarter research leave, plus childcare and research grants. Unless we follow suit with supports such as this, the structural gender inequalities will continue to divide, favouring those in privileged positions making strides in their careers during the pandemic, leaving young parents—especially mothers—in academia lagging in their own research agendas.

Implications are that universities should provide equitable opportunity for mothers to thrive in academia. The big question is: How can we meet the needs of women in academia so they can be at their

best to produce their highest quality work and contribute effectively to their field, students, and communities? Alternately, we should consider: what is the cost of not supporting families in additional ways? Who loses? I would argue that we all do—at the individual, family, institution, and scholarly level.

Conclusion

Themes of this paper connect to Bisailon et al.'s (2020) collective offering of seven women's experience with responsible, meaningful work and caregiving, identifying lack of fairness to women, tensions between tending to the profession and those dependent on us for care. My story and those of many others (e.g., Comer & Stites-Doe, 2006; Pitt et al., 2015; Willey, 2020; Williams, 2015) are proof of the disproportionate realities of women in academia.

In continuing the reflexive process, I contemplate and seek understanding as to how individuals marginalized by other identifying group factors may be impacted as mothers in academia. What is presented here is the story of my challenges, as a person structurally impacted by gender—but coming from a place of relative privilege. Others' experiences would undoubtedly render more complex intersections; for instance, Indigenous mothering tends to be described based on disturbing facts from colonial history, rather than by authentic maternal traditions (Brant, 2014) or as evidenced by the invisible, devalued, and silenced experiences of Black mothers in academia (Hinton-Johnson, 2011; Pitt et al., 2015). We must revive the voices of those who remain victims of systemic oppression, creating counter-narratives to understand lived realities to positively inform equitable systemic futures (Parker et al., 1998). Within the decolonialist methodology in which this paper situates itself, the need is even stronger to re-invent the white-male-created system dominated by "superior" ways of knowing by recognizing the needs of, listening to, and appreciating "Other(ed)" voices and stories in academia (Thambinathan & Kinsella, 2021).

My hopes for change with this paper are two-fold: One, I hope my story offers women in similar situations

some comfort in knowing they are not alone and motivates them to tell their stories. No, you are not complaining and yes, we want to hear what you are going through. If we do not share, we will not see a need for change. There *is* a need, so please *do* share. Two, I hope this paper provides the academic world a view into what it is like to be a mother in academia during a pandemic, but more importantly, during more "normal" times.

I hope this method of meaning translation through storytelling serves as an active agent, actively listened to, and utilized, to inform future inquiries for the good of women, mothers, *and* academia (Kovach, 2009). I have faith we can take what we have learned from the consciousness of mothers in academia during the pandemic and rebuild an institution that better supports the well-being and performance of its members.

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*The authors have no conflicts of interest to disclose.

Appendix 1.

Interview questions prepared and delivered by author 2

1. Let's talk about the development and trajectory of your career before children. Set a pace: what were your goals and expectations for yourself?
 - How did this change after your first child was born? How did this change again after your second child? Then the pandemic?

2. Since the start of the pandemic, have you ever found yourself getting caught up in just the day-to-day survival?

- Example?

3. Have you found yourself putting goals and further professional attainment on the side burner?

- Example? Anything you had to give up? Do less of? Felt you were not able to accomplish to your usual standard because of the new limitations placed on you?

4. How much more often were you putting your own personal fulfillment aside to focus on the needs of others (children, family, etc.)?

5. What additional personal sacrifices did you find yourself making during the pandemic?

- How did that impact your life? Your physical and mental wellbeing? And did any of these impacts further affect your professional life (ie. Stress, fear, exhaustion)?

6. Coping mechanisms. How did you handle the new stresses and requirements on you and your family during this time?

- What did you do to get by in work and in life?

7. The act of normalizing the struggle. Did you ever find yourself trying to work in a way that disregarded what you were going through at home/in the new world? (ie. Work late into the evening/early in the morning to try to get the same amount of work done, or maybe said ‘yes’ to things you normally would have, but in these times were actually impossible because of new restraints on your time and attention).

- Did you ever have to pretend things were fine/put on a professional face, even when things were not fine? How did that make you feel?

8. In what ways have you felt misunderstood, unsupported by your peers/superiors in academia during this time?

9. In what ways did you feel seen and supported by your peers/superiors in academia during this time?

10. Recognizing and legitimizing lost or robbed experiences and giving ourselves time to grieve it. What was lost for you during this pandemic time as a mother working in academia?

11. Did you step back/or did you feel like you should step back from your career at any point thus far in your mothering journey?

- During the pandemic specifically?

12. The pandemic is gendered. Would you say that has applied to you and your situation?

- How so?

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**Health promotion for immigrant mothers of children with developmental disabilities:
Towards a transformative approach**

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Abstract: Background: High societal expectations that involve idealized and labor-intensive mothering are a source of stress, anxiety, guilt and frustration for women. Immigrant mothers caring for children with developmental disabilities are disproportionately burdened with health inequities. Study goals: The overall goal of our study was to examine health promotion practices of immigrant mothers with children with developmental disabilities using the Health Promotion Activities Scale (HPAS). Methods: Twenty-eight mothers of children with developmental disabilities were interviewed using the HPAS. A grounded theory approach was utilized to analyze the qualitative data. Results: Immigrant mothers of children with developmental disabilities’ engagement in health promoting activities is influenced by their role as primary caregivers, the gendered nature of mothering, non-Western views on health promotion, mothers’ burden from inequities and structural barriers pertaining to funding, disability, and migration status. The responses on the HPAS also underscore motherhood as a social construct with embedded assumptions and social expectations related to role and responsibilities that requires them to be “good” mothers. Discussion and Conclusion: There is need to incorporate transformative health promotion approaches in research and practice that consider mothers’ multicultural contexts. The intersections of motherhood, disability, gendered role expectations and migration need to be taken into account.

Keywords: Mothers, Mothering, Developmental Disabilities, Health Promotion, Immigrant Women, Transformative Approaches

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Introduction

Motherhood is a central aspect of mothers' identities, experiences, gendered roles and societal gendered expectations. Mothers talk about the joys and sometimes challenges of their important role. However, idealized motherhood in contemporary societies may have negative physical and mental health outcomes for women (Henderson et al., 2016). Mothers of children with developmental disabilities have been reported to face increased health risks compared to mothers without children with developmental disabilities. They experience higher rates of poor physical and mental health. Statistics from the United States and Canada report higher levels of depressive symptoms, health issues and poorer access to health care for some caregivers of people with developmental disabilities compared to families of children without developmental disabilities (Heller et al., 2015; Statistics Canada, 2011). This is the result of the "profoundly gendered" caregiving demands on mothers of children with disabilities (Gee & Ford, 2011; Islam et al., 2014, Statistics Canada, 2013, 2011). Most day-to-day caregiving of children and young adults with developmental disabilities is carried out by women (Tabatabai, 2020). Mothers are expected to fulfil the role of the primary caregiver indefinitely (Brock, 2015), an expectation that can have important repercussions for the physical and mental health of mothers (Khanlou et al., 2017). Societal expectations are often higher for mothers caring for children with disabilities, because they are subjected to an observational gaze that judge and monitor them (Knight, 2012). Mothers of children with disabilities are more exposed than others to the gaze of institutions and health professionals that intensify and reaffirm social norms.

Gender, racial and ethnic differences in health are well documented (Calabrese et al., 2015; Gee & Ford, 2011; Hyman & Wray, 2013; Jennings et al., 2014; Khanlou et al., 2014; Mawani, 2014; Osypuk & Acevedo-Garcia, 2010). Racialization is a key element in producing inequities. Particularly, racialized mothers of children with developmental disabilities bear a disproportionate

burden of stress, illness and health inequities, which are the result of multiple intersections related to gender, disability, and migration status (Benbow et al., 2015; Bloome, 2014; Gee, 2016; Gee et al., 2012, Gee & Ford, 2011; Hankivsky et al. 2010; Harrell, et al. 2011; Heard-Garris et al., 2017; Mawani, 2014). Challenges faced by immigrant mothers caring for children with developmental disabilities may be further complicated due to stressors related to mothers' level of acculturation, as well as newcomer challenges such as learning to navigate complex educational, social and health sector systems (Brar, 2009; Khanlou, 2017; Ruiz-Casares, 2013).

Pederson, Greaves and Poole (2014) highlight the need to implement gender-transformative health promotion approaches which are key in any effort to advance the health of women. These approaches recognize gender as a social determinant of the health and critically examine how gender roles, norms, values, along with structural socioeconomic factors, disproportionately impact on physical and mental health of girls and women. Gender-transformative health promotion interventions should have twofold implications, improve the health of women and change gender norms that negatively impact women's health (Pederson et al., 2014). We recognize that gender-transformative health promotion is an important step towards equality, but a more specific framework tailored to the particular needs of racialized immigrant mothers of children with developmental disabilities is much needed.

This article builds on our context-specific model for the health promotion of immigrant mothers of children with developmental disabilities (Khanlou et al., 2017). The overall goal of our study was to examine health promotion practices of immigrant mothers of children with developmental disabilities using the *Health Promoting Activities Scale* (HPAS) (Bourek-Taylor, Law, Howie, & Pallant, 2013). In this article we report on qualitative and quantitative results of the HPAS. We analyze immigrant mothers' unique experiences to identify key components of a transformative health promotion for immigrant mothers caring for children with developmental disabilities. We hope to contribute

to the discussion of gender-transformative approaches in health research that take into account multiple intersectionalities of gender, race, ethnicity, class, disability, culture, and health access and use (Pederson et al. 2015; Simonsen, et al. 2017).

Methods

Our mixed methods study was conducted between April and October 2015. We received approval from York University's ethics review board prior to data gathering. A total of 28 immigrant mothers of children with DDs living in the Greater Toronto Area participated in the study. Mothers' demographic information is displayed in Table 1. The interview guide consisted of qualitative and quantitative questions divided in three sections: demographic information (e.g., age, education, employment status), the *Health Promoting Activities Scale* (HPAS) and questions on challenges, barriers, and enabling factors to health promotion for mothers. In this paper we specifically discuss the findings of the HPAS. For other findings of the same study on health promotion for immigrant mothers see Khanlou et al. (2017) where we discuss the socioeconomic challenges that mothers face related to financial, language, lack of social networks, lack of trust as a barrier to access services for their children, and stigma. We analyzed the meaning of health for mothers, and the health promotion strategies they said they practice promoting mothers' health and wellbeing.

The HPAS (Bourke-Taylor et al. 2012) was created in Australia for mothers of school-aged children with developmental disabilities, to explore mothers' participation in health promoting and recreational activities and to measure the frequency of such activities. It is an 8-items questionnaire that collects information on mothers' health promoting behaviours, particularly engagement in passive activities (such as healthy living, social enjoyment, and spiritual engagement) and active recreational pursuits either alone or with others (Bourke-Taylor et al. 2012). The HPAS asks mothers questions on: i) personal health care tasks such as planning and eating healthy and following an exercise program, ii) pursuit of physically activate recreation alone, iii) pursuit of physically activate recreation with others, iv) participation in rejuvenating

spiritual time, v) participation in social activities with supportive people, vi) time out for selfcare, vii) physically inactive leisure pursuit alone, and viii) physically inactive leisure pursuit with others. Frequency of activities were scored on a seven-point Likert scale, with the least score of 1 assigned to "never" and a maximum score of 7 assigned to "once or more every day". The HPAS uses quantitative methods to collect and analyze data. In our study we included open-ending questions (the qualitative component) to each HPAS item through which mothers could specify and explain the type of health promoting activities they pursued.

Analysis: We conducted a descriptive and code driven analysis. Quantitative data obtained from mothers' self-reported responses on the HPAS items were analyzed using descriptive statistics. Scores for responses (7-point Likert scale) on each HPAS item (8 items) were summed and summarized as frequency percentage of occurrence. Qualitative analysis was guided by Corbin and Strauss' (1990) grounded theory approach to ensure study rigor and trustworthiness. We applied inductive coding as well as the use of deductive analysis to compare with existing approaches and for positioning our findings in the extant literature (Mills, Bonner, & Francis, 2006). Interview coding was grounded in the mothers' narratives. Sub-coding, coding, and cross analysis of initial interviews was conducted, then we did the sub-coding and coding of remainder of interviews, and finally we identified emergent themes. We applied additional steps to enhance trustworthiness of findings. Triangulation was ensured as three coders (co-authors Khanlou, Vazquez, Mutafa) reviewed transcripts and mutually decided on emerging subcodes and codes. The three initial coders also conducted debriefing meetings to discuss any changes to codes and to identify emergent larger themes from the analysis. Furthermore, a member checking mechanism was implemented with members of the project's Advisory Committee.

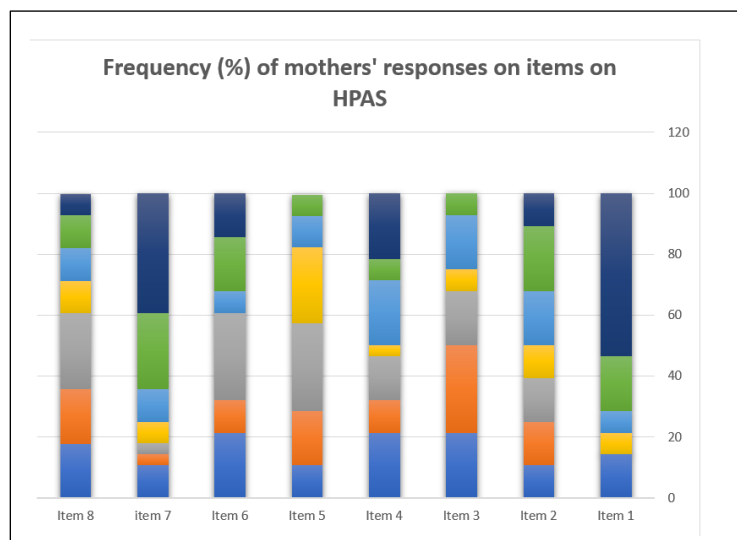
Results

The quantitative responses to the HPAS questions are presented in figure 1.

Table 1. Characteristics of Study Participants

| Demographics of Mothers | Mothers N=28 |
|--------------------------------------|---------------|
| Age in Years | |
| Mean | 42.2 years |
| Range | 35 – 55 years |
| Marital Status | |
| Currently married | 21 (75%) |
| Divorce, common law | 7 (25%) |
| Years lived in Canada | |
| Mean | 14.5 years |
| Range | 3-30 years |
| Region of Origin | |
| Asia | 16 |
| Europe | 7 |
| Latin America and the Caribbean | 5 |
| Number of Children per mother | |
| Mean | 1.8 |
| Range | 1-3 |
| Years lived in Canada | |
| Mean | 14.5 years |
| Range (years) | 3 – 30 years |

Figure 1: The quantitative responses to the Health Promoting Activities Scale



| HPAS items on graph | |
|---------------------|--|
| Item | Question |
| 1 | Personal health care tasks such as planning and eating healthy and following an exercise program |
| 2 | Pursuit of physically activate recreation alone |
| 3 | Pursuit of physically activate recreation with others |
| 4 | Participation in rejuvenating spiritual time |
| 5 | Participation in social activities with supportive people |
| 6 | Time out for selfcare |
| 7 | Physically inactive leisure pursuit alone |
| 8 | Physically inactive leisure pursuit with others |

In Figure 2 we summarize relevant qualitative narratives that point out the factors influencing on the mothers’ responses to some of the HPAS questions. These themes emerged from 4 items from the HPAS (1,2,3,5 and 6) which were the most relevant to our analysis.

Figure 2: Qualitative Narratives

| Activities/tasks | HPAS item # | Factors influencing on HPAS |
|--|-------------|---|
| Planning Health Care Tasks | 1 | <ul style="list-style-type: none"> ✓ Unpredictable nature of the mothers’ everyday life; ✓ Tasks driven for the sake of their children rather than for mothers ✓ Financial barriers and economic constraints |
| Physically Active Recreational Activities | 2, 3,5 | <ul style="list-style-type: none"> ✓ Individual activities vs group/family activities |
| Time for Selfcare | 6 | <ul style="list-style-type: none"> ✓ Gendered and multitask nature of care ✓ Financial constraints |

Planning Health Care Tasks

When mothers were asked if they purposefully planned health care tasks, such as preparing and eating healthy food and drinks, following an exercise program, or participating in other tasks for their own health, more than 50% of mothers reported engaging at least once (or more times) in health related tasks every day, 17.9% reported doing this 2-3 times a week, 7.1% did this once a week, and 7% stated they did this 2-3 times a month. One participant said:

I think that would be almost every day when I plan the meal. Like every day I put a dinner or lunch I intentionally... I don't measure but a certain proportion of protein, certain proportion of vegetables and fruits. So that's on the daily basis. So, it's a habit now. So, whenever I make a meal I make sure it's balanced (P15).

On analysis of the qualitative responses, we identified the following three themes that inform mothers' responses to the HPAS.

The Unpredictable Nature of Mothering a Child with Developmental Disabilities

Mothers interpreted the term "planning" as a systematic and organized activities. Participating mothers explained they had busy lives. They had to multitask to be able to meet the needs of their families while fulfilling the duty of a caregiver for their own parents, in laws, husbands, and children (with and without developmental disabilities). Although mothers frequently planned healthy meals, and activities, they often just did them without much planning, as planning these tasks was difficult. Their everyday schedule could not be completely planned. For example, mothers explained (several times) that they may suddenly receive a phone call from school asking them to pick up their child with DDs. This illustrates the unpredictable nature of mothering a child with DDs. The word "planning" was key in determining the responses we received.

I'm not very conscious about this I'm like a lot of people who are thinking about it like they go to stores and say oh this is healthy I'll buy this. I'm not consciously thinking about those... but I do you know

when I'm cooking or just you know for the day for everybody you know I have to especially my son my husband they kind of need energy they need wheat. So, we say okay... you have to include this not just vegetables... (P8).

Gendered Nature of Mothering

The mothers' key rationale to justify the relevance of cooking healthy foods was related to the health and wellbeing of their children. For example, one mother was concerned about her daughters' weight, and stressed that parents need to be more responsible in provide a healthy balanced meal to their child with DD.

Just recently I was out there biking with my children. And then uh...I start eating like salad with more veggie but not because of me, because of my daughter. She's 12 years old... So, I just happen to see on the TV when they say like, "60% of children now are overweight" and because of the parents. So, it's a wakeup call for me (P4).

Mothers explained that after a long exhausting day of caregiving, maintaining physical activity routine was not viable. The mothers who were able to have some physical activity, did so with their children.

I do sometimes dance at home... not too much because the physical work cleaning ahh cooking was pretty kind of exhausting like sometimes... that's a lot of physical and work and shopping. Umm, umm on weekend...umm my son because he needs outdoors so we usually take him out on long walks. Umm, yeah those things are already pretty...physically exhausting for me (P8).

I mean bringing him to the park you know, I try to walk around when he is playing or things like that because I know he loves being outdoors, so I do that as often as possible, so that's my time out as too. It's not as physical as I would like it to be but... (P23).

Financial Barriers, and Economic Constraints of Disability and Migration Status

The mothers' inability to actively plan healthy meals and/or exercise routine was related to financial barriers, and economic constraints. A good socioeconomic status or being a full-time caregiver was as enabling factors which allowed her to plan healthy meals in advance.

Yes. I am a neurotic that way. I do my menu for two weeks ahead. Literally a menu, I practice lunch and dinner. I've always been that way, but when it comes to these guys, eating healthy is a big thing for me. So I literally sit down, make a menu for the next couple of weeks, lunch and dinner, um including all the veggies and fruits and try to get all the carbs and fiber and all that in there. And go shopping accordingly for the two week period. People think I'm crazy, my husband thinks I'm nuts but it works for me and if I'm organized enough, I have three kids I don't have time to go shopping every other day you know? And the fact that I don't have to go to work right now it helps me to prepare stuff and get things done, and get it cooked every day, not every day but every other day I cook for sure (P7).

Mothers recognized that finances influenced their ability to plan healthy eating and to promote their health and wellbeing.

I would say when I do grocery shopping, I plan carefully, try to avoid those um kinds of unhealthy foods... I try to buy organic... financially though is another zone, because organic food are very expensive (P13).

... but I am not taking any leisure programs just for myself. I am not register just for myself. Maybe when [my children] be a little bit older and more independent when finally I be more stable ... I [will] have a little bit time for myself. Yeah. Maybe when I will try to manage the money better...maybe even from Special Services at Home but it's not like big big money that can cover my son and myself since they are not like huge amount. I just prefer to put everything on him and give him chance to develop (P2).

Physically Active Recreational Activities

When mothers were asked how often they practiced physically active recreational activities alone, 21.4% responded they did it 2-3 times a week, 17.9% reported once a week, 14.3% said once a month, and 14.3% did it 1-3 times a year. Roughly 11% of mothers said they did this 2-3 times a month and the same percentage said they never did this task. Active recreational activities mothers pursued as part of their daily physical activities were exercise (21.4%), walking (17.9%), shopping

(14.3%), preparing meals (17.9%) and washing clothes (3.6%).

When mothers were asked how often they engaged in physical activities with others, 28.6% of mothers did this 1-3 times a year, 21.4% never did this task, 18% did this once a month, 17.8% did it once a week, and 7.1% did this 2-3 times a month. Seven percent of mothers pursued physical activities with others about 2-3 times per week. None of the mothers engaged in physical activity on a daily basis. Walking (35.7%) and preparing meals with family (14.3%) were among the most frequent activities mothers did with others.

Qualitative analysis of open-ended responses showed a distinct cultural or lifestyle difference between Western and non-Western society in the type of recreational activities mothers engaged. The concept of individualism is deeply rooted to wellbeing in Western societies. In this regard most of the mothers did not envision themselves doing recreational activities by themselves, such as walking alone, or going to the park alone. Western lifestyle emphasizes individuality and the capacity of being alone as something positive. Immigrant mothers from different cultures did not find pleasure in doing leisure activities alone nor did they see this type of activity as something positive. Due to the lack of social networks and close family in Canada, mothers expressed their need and wish to do activities collectively. Mothers also expressed they were not able to engage in this activity as they are the main caregivers for their children, and therefore had no time alone to themselves.

No, it's always around them (children/family (P9).

Alone? Right now, I am going with my son everywhere (P19).

In response to this question, some mothers expressed strong feelings of social isolation.

Yeah, because I don't usually have any people to go with me (P7).

...two weekends ago umm his dad took the boys out and I stayed alone and I noticed I don't have any friends you know I do have friends with kids..but I wanted a friend that didn't have kids you know what I mean. Just to tell that friend hey lets go out for

coffee and I don't. So that made me feel like wow you know like I have...lost a lot a lot of contacts (P9).

One mother expressed feelings of fear and insecurity walking alone by herself on the streets in her neighborhood in order to pursue an active life.

Not alone. Because I don't feel comfortable being alone. I happen to have a very small frame. And I was an easy target. It happened to me, so that's why I am very scared to be out there alone. Like you know...I walked there once, I walk on the street once just to like crossing to my building and then there's a pickup truck and the guy keep asking me to come up to the truck (P4).

One mother said she did not engage in healthy physical recreational activities such as walking, gardening, swimming, jogging or cycling, but she was involved in more organized activities. She played on a team sport and had a gym membership. For another mother regular meet ups meetings with her motorcycle club buddies were an activity good for her wellbeing.

Okay so just to be clear, I don't do swimming or martial arts, or I don't belong to a hiking club or anything like that... Oh I belong to a motorcycle club so we meet once a week and we meet in a pub. And we'll have a pop, and we'll go for rides... Okay umm I was confused by the question when you say recreational pursuits I'm thinking I don't swim, I don't jog but yeah, I was confused by the question. So yes, actually more than once a week. I'd say umm...tonight I'm meeting friends, Wednesday I'm going to the theatre, so this week is busy right (P10).

Mothers were asked how they spent time (or engaged in social activities) with important and supportive people in their lives or if they had social activities. Most of the mothers (28.6%) engaged in social activities once a month, 25% did this activity 2-3 times a month, around 10% did it once a week, and 18% socialized 1-3 times a year. Ten percent of mothers reported never spending leisure time with people important to them.

..go out for a movie or something like that shopping for something with friends. But yeah...that's like once in a blue moon (P5).

Even though the question did not refer directly to the family unit, mothers reported that social activities were done with their children (28.6%) and extended family (32.1%). Only 21% of mothers had social activities with friends.

I spend all the time with my children. My son. All the time! Like my life is like all around him. And my daughter (P4).

Initially mothers were confused about the term "supportive people". They explained that the important people they socialized with or spent time with, did not necessarily support them in caring for their child with developmental disabilities. Mothers also shared the difficulties they faced in finding supportive friends or family members. They said it was difficult to find a friend who may be able to provide the required support that they need.

Time for Selfcare

Mothers were asked if had time out for themselves, to spend as they wished. Mothers consistently explained how difficult it was to have selfcare time. The majority of the mothers reported this activity once a month (28.6%), 2-3 times per week (18%), 7 % had done it once a week, 10.7% had selfcare only once a year, and 21.4% never had this leisure activity. No mother reported having personal time every day.

The gendered and multitask nature of providing care impacted the amount of time mothers had for themselves.

I used to fulfil my daughter in-law's duty, and have kept her healthy

Thoughts about feeling guilty were also shared by the mothers.

Actually, my time is always dedicated to some work um I don't feel relaxed if I relax myself like I don't feel happy that if I'm sleeping or like listening to music... not doing any work so I'm very simple that I should be productive each time so it gives me pleasure too... I feel that um that just doing nothing is a wasting the time... because you feel guilty at times, it keeps me healthy (P1).

I'm starting to do it. Umm, in my mom's house that's where my mom come to support me. She's like "you have been like a mother hen always with her chicks never for her now you need to go out don't feel guilty that you're not taking the kids don't feel guilty about it (P9).

Financial constraints were a barrier to mothers wanting to do tasks/activities related to themselves such as having facials or going shopping. As one mother explained:

I would like to increase I guess that... I would love to be able to get you to know facials and stuff like that. Once again, is it a financial constraint? Because we try to use all the money that we have towards his [son] therapy (P22).

One of the mothers mentioned that in her own personal time she is searching for a job so she can have enough money to spend on her son:

Like sending the email... because right now I am just looking for job. I was, I wanted to have a part-time job whenever I have my own time, I can look for my client, right? So, it will be to spend money with my son. If I have extra money (P19).

Discussion: Gender, Disability, and Migration Status

Gender and migration status are intersecting factors influencing on the health and wellbeing of immigrant mothers. Our findings show that the gendered role in context, for example mothers performing this role in the context of a host or new country and environment, shape and limit their options and on the decisions, they take in regards to health tasks included in the HPAS.

A *family-centered view* of health was highlighted in the answers related to the question of planning health care tasks on the HPAS showed mothers' conflicting view on planning a healthy activity in the context multitasking and busy unpredictable lives of mothers. A healthy lifestyle for the sake of their children was the most common response of the majority of mothers. Drawing from their limited budgets mothers prioritized paying for services for their children with disabilities (e.g., enrolling them in recreational activities) over their own needs. In sum, "mothers' health was viewed as holistic and tied to family health" (Khanlou et al., 2017).

Non-Western views on health and collectivism was another topic that emerged from the findings. There may be cultural and lifestyle differences between Western and non-Western societies in relation to the practice of health promotion activities. Individualism "is characterized by valuing autonomy and placing one's personal goals above those of others, whereas collectivism champions the interests of one's in-groups (such as one's family or community) above those of oneself" (Lykes & Kemmelmeier, 2013, p. 3). Mothers did not perceive the HPAS question in regard to the activities done "alone" (e.g., walking in the park by themselves) as something appealing and promoting their health. Most mothers expressed a more collectivist view. Due to lack of social networks and close family in Canada, mothers expressed the desire to practice healthy activities in a group.

Furthermore, along with factors related to the immigration experience, the disability dimension in the mothers' lives limits the options of performing activities alone. Some of their children have complex caregiving needs which require all day care, some even require a 24/7 intensive care. And this is closely related to the criticism Manuel (2015) elaborates around individualization, as a Western value by which individuals have the power to have and exercise freedom of choice. In her study with mothers of children with disabilities Manuel (2015) found that freedom of choice is contingent to the availability of social support mothers need from family, extended family and the community. Furthermore, individualism is also a key axis of predominant neoliberal approaches to health promotion, that emphasizes lifestyle approaches to wellbeing (Ayo 2011, LeBesco 2011). Within these frameworks, healthy lifestyles are a matter and individual choice, overlooking structural socioeconomic constraints or cultural barriers that may determine people's health behaviors.

The responses on the HPAS also express *motherhood as a social construct* with embedded assumptions and social expectations related to role and responsibilities that requires them to be "good" mothers, to be dutiful and entirely dedicated to their children (Brock, 2015; Thurer, 1994). Intensive mothering is described in the literature as a category of motherhood that is child

centered and labor intensive, by which mothers “are expected to be self-consciously dedicated to their children” (Green, 2015, p. 198). Mothers are subjected to an observational gaze that judge and monitor them (Knight, 2012). Societal expectations are often higher for mothers caring for children with disabilities, and they are also more exposed than others to the gaze of institutions and health professionals that intensify and reaffirm social norms. Mothers of children with disabilities “are not only expected to be the primary caregivers, but they’re also expected to fulfil this role indefinitely” (Brock, 2015, p. 274), an expectation that can have repercussions on the physical and mental health of mothers (Khanlou et al. 2017).

When mothers were asked about how they felt about spending their time as they wished, many expressed feelings of guilt to take time out for themselves. The literature refers to the experience of mother self-blame and feelings of guilt in their task to fully accomplished the assigned societal expected role of being a good mother (Courcy and des Rivières 2017). In our study, mothers indicated that their roles correspond to the culture from where they came from. As they explained, they have multiple roles to play, for example the role of a daughter, daughter in law, sibling, spouse, mother, teacher, and support worker for their child(ren) with developmental disabilities, and it is expected from them to fulfil each. As indicated by one mother, this may also impact the type of decisions mothers make in relation to health promoting tasks. Social expectations may also be closely related to the way mothers think of their own health and wellbeing. For example, one of the mothers thought that spending time relaxing, resting or sleeping was a waste, she said that being productive was a way for her to stay healthy. Perceptions about what constitutes a healthy lifestyle are therefore determined by what mothers individually identify as health promoting choices.

The mothers expressed feelings of *social isolation* while engaging in certain health related activities. The lack of extended family and social networks may be one of the biggest barriers to health promoting activities for mothers of children with developmental disabilities in Canada. Due to absence of help from family members, and lack of close friends, mothers lacked respite care.

Furthermore, *stigma* around the developmental disability of their children made them distance themselves from family and friends. Mothers often felt misunderstood and judged. The majority of mothers stated that lack of extended family in Canada, and the amount of time needed to take care for a child(ren) with developmental disabilities it was difficult to have supportive people around them.

Disability as a ubiquitous influence was also relevant in mothers’ narratives. They for example highlighted the difficulty for friends or extended family to understand their children’s behaviours and health conditions. Supportive friends or family was related to their child’s disability. The degree of complexity and difficulty to take care of children with developmental disabilities, made it difficult for mothers to find supportive friends or family that not only understand the situation but who are also willing to help the mothers in a meaningful way. As stated before, health promotion strategies must consider the central role of disability in the mothers’ lives. type of disability and the age of their child (ren)/youth determined caregiving intensity of responsibilities and the challenges mothers face.

Our previous research has shown that immigration increases the barriers mothers face to achieve better health and wellbeing status, and this relates to difficulties faced due to language, economic constraints, navigation of the service systems, a lack of social networks, and social isolation (Jennings et al. 2014, Khanlou et al. 2015). Immigrant families face additional burdens due to the lack of disability funding for their children with developmental disabilities. In the interviews mothers highlighted economic constraints interconnected with their immigration status. Family caregivers are forced into precarious positions and often work multiple jobs to meet minimum out-of-pocket expenses or leave their job altogether. This often puts the health and wellbeing of their family unit at risk as well. In our previous research mothers had explained that they need to leave their jobs because of highly demanding caregiving responsibilities of their children with developmental disabilities (Khanlou et al., 2018; Khanlou et al., 2016). Furthermore, the type of developmental disability along with physical disabilities and other health related conditions, add to the financial

stress of paying for special services for their children with developmental disabilities. Economic constraints were raised by mothers when asked about preparing healthy meals and about having membership to a sport venue. The interconnection between disability-poverty is also highlighted in the Canadian literature. Reliable prevalence data for childhood disability in low-income families is currently unavailable; however, an estimated 30% of Canadian children and youth with disabilities live in poverty (Petrenchik, 2008).

In our study, mothers shared experiences of discrimination. After their interaction with service providers, they said they had feelings of being excluded, and of not deserving, because they felt that they might be using more resources than others from the government, due to the disability of their children. They said that being an immigrant they felt are not deserving these services:

Barriers, first when we came here... Or it's been my personality that I cannot express well. I told them [migration officials] even in my native language [that] I'm having hard time expressing myself so...that's the first thing. And the second thing is somehow you can still feel discrimination... especially when they are thinking that I have kids with special needs and why am I here in Canada? Actually, they are not questioning me, but you can feel it... if you're telling them that, "My son needs this", they are not going to provide and then you can feel that you are not... you are not worth to be here or whatever. Or you are draining their social services... (P11)

Research on mothers' experiences with the service sector shows racial discrimination from service providers against visible minorities, and the negative health and mental health impacts on this population (Edge & Newbold, 2013; Thomson et al., 2015).

Towards a transformative health promotion approach for immigrant mothers with children with developmental disabilities

It is critical to consider the intersecting factors of gender, disability, and migration status to better address racialized immigrant mothers' health promotion needs. Results show that immigrant mothers have a family-centered view that supports a more collectivist view of health promotion. The center is a collective entity, the

family, and the health and wellbeing of the family determines the mothers' health, and vice versa. Predominant Western health promotion approaches favour individualism, where the center is the individual (mother). Approaches that address the lives of the mothers as single individual leave aside important elements from the mothers' immediate network.

Recognizing the gendered nature of caregiving, along with the disability dimension is essential. Integrating mothers' multiple roles and identities will remove ableist assumptions that separate disability from mothers' everyday lives. An ableist view may separate the mother from the child with developmental disabilities, as if the impacts of the child's disability impact only one individual (the mother or the child) and not multiple individuals (i.e. the family unit). An ableist approach may also overlook the fact that a child's disability for some mothers may have a positive meaning that may promote mothers' health and wellbeing.

Mothers' financial precarious situation as part of their immigration status and also, as part of the disability of their children, needs to be recognized. This will allow us to de-emphasize lifestyles individualistic approaches to health promotion and to highlight the multiple structural conditions that influence mothers' health and wellbeing. Assumptions tied to socioeconomic status appear to be appropriate to middle-upper classes rather than to the conditions of immigrant individuals. In light of mothers' narratives about financial difficulties, we should be sensitive to racialized mothers' contexts.

In the context of multicultural societies such as the GTA in Canada, a transformative health promotion should be sensitive to non-Western cultures, lifestyles and views from diverse populations about what constitute wellbeing is important. Context-based health promotion strategies, that take into account racialized mothers' cultural norms and values, is an important step towards the promotion of their inclusion in health promotion strategies.

Impacts of the pandemic on racialized populations

Our study was conducted prior to the COVID-19 pandemic. However, it is necessary to recognize the differential impacts of the ongoing pandemic on mothers with children with developmental disabilities. Recent studies report that caregivers of children with Autism experience amplified challenges to support their children’s needs due to the pandemic, and as a result they experience stress, which have long-term negative consequences for caregivers’ mental health (Lee et al., 2021). In a study that assessed the mental health of parents of special needs children during the COVID-19 pandemic the researchers found that parenting distress was associated with having children with special needs (Chen, Chen, Li, & Ren, 2020).

Our studies have shown that the pandemic has gendered, migration, disability and racialization related impacts and implications for marginalized and vulnerable sectors of the population (Khanlou et al., 2020a). It has heightened gender inequalities in relation to employment, job security, working conditions, and income (Khanlou et al., 2021).

Migration status for example is a key social determinant of health. The pandemic has increased the marginalization and vulnerability of migrant women. Pathways of exclusion for example include the way women with precarious status are excluded from COVID-19 related government financial supports, access to assistance programs are dependent on the individuals’ legal residency status (Rezaee, 2020). Lack of access to income supports, such as Canada Emergency Response Benefits and Canada Child Benefit leaves, impact already-vulnerable sectors of the population (Abji, Pintin-Perez, & Bhuyan, 2020). The pandemic has intensified pre-existing structural socioeconomic issues such as low pay, poor working conditions, lack of benefits (e.g., paid sick leave) and other protections for non-status women working on the front-line (Khanlou et al., 2021). Other factors contributing to the increased risks and vulnerabilities for immigrants are the stress associated with the migration process and resettlement, the lack of social networks, lack of supports, and overall economic insecurity (Khanlou et al., 2020b).

Conclusion

Mothers’ narratives point for the need to implement a transformative health promotion for immigrant mothers of children with developmental disabilities in multicultural contexts. Research findings from the Health Promoting Activities Scale captures immigrant mothers’ views on their own health and health promotion needs, including the complex realities of their lives at the intersection of gender, disability, and migration status. We emphasize the need to consider a transformative approach to go beyond lifestyle health promotion approaches and to recognize structural impacts pertaining to finances, disability and the gendered nature of mothering children with developmental disabilities.

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Effects of Stress, Social Support, Feelings of Shame, and Loss of Face on Mental Health of Chinese Immigrant Mothers of Children with Developmental Disabilities in Canada

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Abstract: Social factors such as stress and social support impact mental health and might be associated with cultural factors such as feelings of shame and loss of face. **Methods:** This quantitative study examined sixty-five Chinese immigrant mothers of children with developmental disabilities (DDs) from the Great Toronto Area in Canada. Data was gathered through the following scales: Parental Stress Index-short Form, Oslo Social Support scale, Experience of Shame Scale, Loss of Face Questionnaire, Social Interaction Anxiety Scale and Social Phobia Scale, Center for Epidemiologic Studies Short Depression Scale, and General Self-efficacy Scale. **Findings:** Correlational analyses confirmed that shame was positively correlated significantly with loss of face ($r=.43^{**}$), social anxiety ($r=.62^{**}$), social phobia ($r=.38^{**}$), and depression ($r=.66^{**}$). Social support was negatively correlated significantly with depression ($r=-.28^{**}$), self-efficacy was negatively correlated with social phobia ($r=-.21^{**}$). Loss of face was positively correlated significantly with anxiety ($r=.36^{**}$) and depression ($r=.43^{**}$). Regression analyses indicated that shame ($Z= 4.44^{***}$) and loss of face ($Z= 2.36^*$) were the strongest mediators of effects of anxiety on mothers' depression. **Discussion:** Implications are discussed with regard to providing efficient services for the families with their specific cultural backgrounds and optimizing their mental health and well-being. **Conclusions:** These empirical findings confirmed that Chinese immigrant mothers of children with DDs experienced more depression, when they had more feelings of shame, loss of face, and anxieties. This study highlighted the impact of social and cultural factors on the mental health of Chinese immigrant mothers of children with DDs.

Keywords: Chinese Immigrant Mothers, Developmental Disabilities, Stress, Social Support, Shame, Depression.

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Introduction

Immigration to a new country impacts the social networks available for immigrant families. During pregnancy, intra-partum and post-partum periods, new immigrant families may experience barriers to adequate social support. Previous research has indicated that new immigrant mothers face more challenges and stressors in their lives during immigration and resettlement in Canada (Su & Hynie, 2011). For instance, cultural conflicts (Papp, 2017), new environmental adjustment, social isolation from family and friends (Johnson et al., 2017), discrimination (Nangia, 2013), less social support (Kilbride, 2000; Liamputtong, 2001), language barriers (Wright, 2014), a significant decline in occupational status (Hon, Sun, Suto, & Forwell, 2011), disposable income (Crossman, 2013), and poor housing (Wayland, 2007) create a multitude of post-migration challenges. Facing stressors may result in newcomers experiencing physical and mental illness (Lai & Hynie, 2010; Simich et al., 2004). Particularly, economic stress increases the risk for depression (Gjesfield et al., 2010).

Among immigrant families, some families are raising children with developmental disabilities (DDs). DDs constitute a significant portion of disabilities in children. DDs affect approximately 17% of children under the age of 18 years (Johnson, 2009). Persons with DDs have significant limitations in adaptive and cognitive functioning (Developmental Services Human Resource Strategy, 2008). This includes intellectual disabilities, sensory-related disabilities (e.g., related to hearing and vision), communication, and language disabilities. DDs include autism, intellectual disability, cerebral palsy, Down syndrome, and Rett syndrome (a rare genetic disease that causes developmental and nervous system problems) (Johnson, 2009). People with DDs require more help to learn, understand, and use information than others (Developmental Services Ontario, 2016). According to the population profile report from the Citizenship and Immigration Canada government website, prevalence of 0.8% is reported for “cognitive/behavior/nervous system disorder” (such as autism, behavior disorder) (Citizenship and Immigration Canada, 2015), but the number of DDs among the new immigrant families in Canada remains unknown. Structural barriers

faced by parents of children with DDs pose challenges to parents and their families (Khanlou et al., 2015). New immigrant families of children with DDs can further face more difficulties in a new country, these challenges may include learning a new language, cultural adaptation, new social rules, finding employment, and frustrations with the healthcare system (Riggio & Avalos, 2017). Recent studies showed that COVID-19 pandemic has exacerbated hardship and challenges for parents of children with disabilities because of reductions in services, school closures and challenges in caring for children, difficulties joining the therapy appointment and obtaining services, and difficulties socializing with their friends. As our study took place before the pandemic, we are unable to comment on the specific impacts of the pandemic on Chinese Canadian immigrants of families with DDs, the population of focus for our study. However, we surmise that additional stressors experienced by the families, particularly families of children with special needs might be facing more challenges during COVID-19.

Chinese Canadian Immigrants of Children with DDs in Canada

Chinese immigrants from Mainland China are the highest population of immigrants migrating to Canada every year since 2000 (Citizenship and Immigration Canada, 2002). Most of the Chinese migrants arriving in Canada in recent years were young, educated, skilled urban professionals (Hou et al., 2019). Cultural changes pose new challenges for family life, expression of distress, and individual identity (Bhugra, 2004). In our previous study, we found that many Chinese new immigrants experience less social support, low income and low social status, job insecurity, and poor social relations in Canada (Su & Hynie, 2011).

Chinese immigrant families raising children with disabilities face challenges, such as language barriers, adaptation to the new culture, and have different views about their child’s education (Lai & Ishiyama, 2004), long wait times to access specialty care, delays in diagnosis and treatment (Liddy et al., 2020), and occupational changes (Hon et al., 2011). In our qualitative study (Su, Khanlou, & Mustafa, 2018) we found that Chinese

immigrant mothers of children with DDs were experiencing a variety of stressors in Canada, including limited financial resources, excessive paperwork, long waiting times, lack of English-language proficiency, limited knowledge of social services, emotional strain, discrimination, transportation difficulties, and dispersed services, not enough funding from government, and mothers receiving blame. They also reported barriers of cultural stigma such as feelings of loss of face and avoiding talking about the family situation. Some mothers also reported the support they have received from government funding, public health, school, church, family, and friends.

Traditional Chinese Cultural Beliefs towards DDs

Culture shapes the expression and recognition of mental health problems (Kramer et al., 2002). Cultural factors such as social stigma, shame, and saving face often prevent Asians from seeking behavioural health care, diagnosis, and treatment of mental disorders (Kramer et al., 2002), and impact how parents of children with DDs deal with life stress, utilize available resources, and choose relevant coping strategies (DeLambo et al., 2011).

Experience of shame among Chinese immigrant mothers of children with DDs

Previous studies show that Chinese immigrant parents of children with DDs experience great feelings of shame from the larger community (Tews & Merali, 2008) with mothers being blamed by others for giving birth to a child with DDs. Experiencing shame is a very painful self-conscious human emotion and involves negative introspection and evaluation of self as a failure and a sense of worthlessness and powerlessness (Ho, Fu & Ng., 2004). Traditional Chinese culture places value on the avoidance of shame (Bedford & Hwang, 2003) and advocates social harmony and the ability to save face to preserve the public appearance of family and individual, so as to avoid exposure to personal weakness (Dowling & Dolan, 2001). Having children with disabilities, these parents might feel shameful that their children may not meet their general expectations for pursuing academic success in traditional Chinese culture and normal development standards (Tews & Merali, 2008); and parents are more susceptible to negative feelings such as

anxiety, fear, and psychological distress (Li, et al., 2005; Zhong, et al., 2003). Feeling shame is one of the reasons why Asians have stigma which can be characterized as a mark of disgrace to access professional therapists (Hechanova & Waelde, 2017). Furthermore, Chinese immigrant mothers of children with DDs may experience anti-Chinese stigma and discrimination in Canada under COVID-19 pandemic. Since the outbreak of COVID-19, some people of Chinese descent have been blamed and targeted in the public for being originators of the pandemic and experienced anti-Chinese discrimination globally, which elicits hostilities, physical violence, and hate crimes (Mamuji, 2021).

Loss of face among Chinese immigrant mothers of children with DDs

Past research has found that families of children with DDs experience shame and have the feeling of loss of face if they discuss their emotions or stress of having children with DDs in public (Holroyd, 2003; Kramer et al., 2002). A person with a disability is regarded as useless and a burden (Liu, 2001). Losing face (Lai, 2006) in a traditional Chinese culture that emphasizes the “face” and bringing honour and reputation to their family, and expecting children to excel (Holroyd, 2003). When a family has a child with DDs, parents face great pressure and may blame themselves for not giving good genes to their child (Fulgini & Pedersen, 2002). If parents cannot recover from the negative feeling of loss of face, in the long-term run, it can impact their health and mental health.

Stress and Social Support of New Immigrant Families of Children with DDs in Canada

Parenting a child with DDs is stressful for both parents (Weiss, 2002). Immigrant families of children with DDs face a variety of stressors and less social support in Canada (Emerson, 2003; Jennings, Khanlou, & Su, 2014; Khanlou et al., 2015, 2016; Su et al., 2018). Stress has been defined traditionally either as a stimulus (stressor) or as a response characterized by physiological arousal and negative affect, especially anxiety (Folkman, 2013). Parents of children with intellectual disabilities (ID) report higher levels of child-related stress and less subjective well-being than parents of normally developing offspring (Padden & James, 2017). Parenting

a child with DDs has its own set of additional challenges or difficulties related to the child's disability, which impact on parents' well-being (Quian, 2012). Compared to families of children without DDs, mothers of children with DDs are more likely to have higher levels of stress, anxiety, employment changes, more health problems (Dowling & Dolan, 2001), occupational changes (Hon et al., 2012), depression, and poorer physical health (Padden & James, 2017). These families also experience additional stressors such as poverty, limited knowledge to seek and access services, and feelings of belittlement by society (Jennings et al., 2014). Parents need support and services in order to provide their children and themselves a better personal and family life (Jennings et al., 2014; Wang, 2016), and flexible and timely support programs (Lee et al., 2021).

The negative effects of stress can be buffered by social support (Leinonen, 2002), which can enhance an individual's coping mechanisms (Bhugra, 2004). Simich and her colleagues (2005) found that social support plays an important role on health (physical/ mental well-being) and can alleviate the negative effects of stress among immigrants in Canada. In the past decade, researchers have examined social support and its effects on families of children with DDs (Canary, 2008; Dunst, Trivette, & Hamby, 2007; Su et al., 2018). For example, in the study by Lim and Zebrack (2008), social support mediated and predicted health and quality of life of mothers of children with disabilities. Receiving helpful social support might alleviate the high levels of stress for mothers of children with DDs, buffer family stress and promote coping. Wang's study (2016) found that parents of young children with autism spectrum disorder (ASD) are more likely to experience high parental stress compared to other parents, and social support buffers stress.

Anxiety, Depression, and Self-efficacy of Immigrant Mothers of Children with DDs

Parents of children with DDs experience depression, anxiety, and burnout (Weiss, 2002). Mothers usually take the most responsibility to take care of their children with DDs (Murphy et al., 2006). Mothers raising a child with disability experienced more anxiety and depression than mothers of children without disability

(Ramzan & Minhas, 2014). A high portion of parents of children with DDs have been diagnosed as severely anxious and two-thirds were clinically depressed (Bitsika & Sharpley, 2004). Parents worry about their child's future, their child's independence, and their acceptance in the community (Khanlou et al., 2015; Weiss, 2002).

Parents of children with ASD face unique challenges, affecting their self-efficacy (Dunn et al., 2001). Parents of children with ASD were found to have the lowest rates of parenting self-efficacy (Smart, 2016). Self-efficacy is the belief in one's competence to cope with stressful circumstances and to exert control over challenges (Luszczynska et al., 2005); it can promote one's success and development (Ardelt & Eccles, 2001). Bandura (1977) defined self-efficacy as the levels of confidence or belief individuals have in their ability that one can successfully perform certain behaviours that will produce expected outcomes to reach certain goals. While high self-efficacy can lead to more persistence in pursuing the goal and problem solving, low self-efficacy is linked with high levels of trait anxiety/neuroticism, social anxiety/anxiety disorders symptoms, and depressive symptoms (Bandura, 1997). Self-efficacy of parents is an important predictor influencing parents' involvement in their children's intervention and treatments of autism (Smart, 2016).

Effects of Social Factors, Cultural Beliefs, and Mental Health on Chinese Immigrant Mothers of Children with DDs in Canada

While a growing body of literature exists on experiences of native-born mothers, to date limited attention has been given to mental health and well-being concerns of immigrant mothers of children with DDs in their new country of resettlement in Canada through a quantitative lens. To our knowledge, no research exists to explore the relationship of all these connections between stress, the role of social support, the experience of shame, the feelings of loss of face, anxiety, depression, and self-efficacy on the mental health of Chinese immigrant mothers of children with DDs in Canada. To fill the gap, this quantitative research was conducted to examine these associations.

The major objective of this study was to provide a better understanding of the relationships among several

factors such as parental stress, social support, loss of face, the experience of shame, anxiety, depression, and self-efficacy among Chinese immigrant mothers of children with DDs. We predicted that stress, social support, self-efficacy, shame, loss of face, and anxiety would influence depression in this group of mothers in Canada.

On the basis of existing literature the following hypotheses were formulated:

Hypothesis 1: Chinese cultural beliefs such as the experience of shame and loss of face will be positively related to anxiety/phobia and depression and negatively with social support and self-efficacy of Chinese immigrant mothers.

Hypothesis 2: Stress will be positively related to the experience of shame, loss of face, anxiety/phobia, and depression and negatively with social support and self-efficacy in Chinese immigrant mothers of children with DDs in Canada. Social support will be positively related with self-efficacy and negatively related to the experience of shame, loss of face, anxiety/phobia and depression in Chinese immigrant mothers of children with DDs in Canada. Self-efficacy will be negatively related with anxiety, depression, shame, and loss of face.

Hypothesis 3: Cultural factors such as shame and loss of face will mediate the effects of anxiety on depression of Chinese immigrant mothers of children with DDs in Canada.

Methods

A quantitative approach using survey methodology was applied to conduct this research.

Participants

Total sixty-five Chinese immigrant mothers of children with DDs were recruited by the first author through flyers in three community organizations and in Great Toronto Area. Mothers had at least one child with developmental disabilities in their families. Mothers were tested on various measures which included demographic information [Table 1: Characteristics of participants]. All measures were translated into simplified Mandarin by the first author.

Table 1. Characteristics of Study Participants

| Characteristics | Mothers N =65 |
|-------------------------------|---------------|
| Age in Years | |
| Mean | 44.67 |
| Range | 28-69 |
| Marital Status | |
| Currently married | 57 |
| Divorced | 7 |
| Years lived in Canada | |
| Mean (years) | 14.80 |
| Range (years) | 2.5-43 |
| Number of children per family | |
| Mean | 1.92 |
| Range | 1-5 |
| Average of children | 1.05 |
| Gender of children with DDs | |
| Boys | 48 |
| Girls | 17 |

Measures

Demographic Information. Mothers completed a questionnaire about parents’ occupation, marital history, parental education, employment status and income, birth dates of children, and the number of persons in the household. We also asked mothers about the number of years living in Canada.

The Parental Stress Index-Short Form (PSI-SF) (Abidin, 1995). It is a 36-item five-point self-report measure designed to assess parents' feelings in the past week regarding their role as a parent. This instrument yields scores for several factors (Parent/Child dysfunctional Interactions, Parent Distress, and Difficult Child) in addition to a Total Stress score. In our sample, the PSI-SF had a coefficient alpha of .91.

Oslo Social Support Scale (OSSS) (Dowrick, 1998). This scale is a three-item rating scale for the measurement of social support. The three questions cover the reported number of close friends, how much concern you get, and how easy it is to get help from your neighbours. We also added three questions related to instrumental support and emotional support in this scale. One example is: How easy is it to get advice from neighbours (or relatives) if you should need it. Item 1 and Item 5 are rated on a 4-point scale, while Item 2 and Item

3 are rated on a 5-point scale. In our sample, the OSSS had a coefficient alpha of .76.

The Experience of Shame Scale (ESS) (Andrews et al., 2002; Qian et al., 2000). The ESS contains a total of 25 items and measures three areas of shame: characterological shame, behavioural shame (BES), and bodily shame (BOS). Questions in this scale relate to how often they felt shame in different conditions. Subjects were asked to rate each item from "1" (not at all) to "4" (often). Higher scores indicated higher levels of shame proneness. In our sample, the ESS had a coefficient alpha of .96.

Loss of Face Questionnaire (LOF) (Zane, 2000). It has been identified as a key and often-dominant interpersonal dynamic in Asian social relations (Sue & Morishima, 1982). It is defined as the threat or loss of one's social integrity. It has 21 items and is rated on a 7-point Likert scale, with 1 as strongly disagree to 7 as strongly agree. One item example: "I am more affected when someone criticizes me in public than when someone criticizes me in private." In our sample, the LOF had a coefficient alpha of .86.

Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS) (Mattick & Clarke, 1998). This set of companion scales is commonly used in self-report instruments for social anxiety. They assess the main fears of interaction with others and the fears of being observed while doing routine activities, and avoidance of social phobia, focusing respectively on interaction fears and more specific performance-based fears. Each scale consists of 20 items base on a Likert-type scale ranging from 0 (not at all) to 4 (extremely). In our sample, the SIAS had a coefficient alpha of .91, the SPS had a coefficient alpha of .95.

Center for Epidemiologic Studies Short Depression Scale (CES-D) (Radloff, 1977). The CES-D is one of the most common screening tests for helping an individual to determine his or her depression quotient during the past week. The 20-item self-administered scale measures the major components of depressive symptomatology on a 4-point scale ranging from 0 (rarely or none of the time) to 3 (most or all of the time), including depressive mood, feelings of guilt and worthlessness, psychomotor retardation, loss of

appetite, and sleep disturbance. Total scores can range from 0 to 60. In our sample, the CES-D had a coefficient alpha of .89.

General Self-efficacy Scale (GSES) (Schwarzer & Jerusalem, 1995). The General Self-Efficacy Scale is a 10-item psychometric scale that is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. It is 4-point Likert scale, with 1 is "Not at all true" to 4 is "Exactly true". A sample item is, "Thanks to my resourcefulness, I can handle unforeseen situations." In our sample, the GSES had a coefficient alpha of .91.

Procedure

This study was approved by the ethics committee York University. The first author administered all the surveys in three community centres. Participants voluntarily attended this study. It took mothers about 45 minutes to complete all the questions. After answering all the questions, participants received \$10, a written debriefing form, and supporting resource information. The survey was translated into Mandarin by the first author and back-translated by a second bilingual Mandarin speaker.

Data Analyses

We conducted descriptive analyses (e.g., Means, SDs) to establish the properties of these measures among Chinese immigrant mothers of children with DDs in Canada [Table 2: Means and standard deviations of stress, support, experience of shame, loss of face, anxiety, phobia, depression, and self-efficacy on participants]. We also conducted the correlation analyses on the key variables [Table 3: Correlations between stress, support, experience of shame, loss of face, anxiety, phobia, depression, and self-efficacy on participants]. Finally, hierarchical regression analyses were conducted to determine the unique predictive ability of key constructs and test possible interaction effects when seeking to predict levels of emotional adjustment [Table 4: Hierarchical regression analysis for the significant main effects of anxiety on depression by loss of face], [Table 5: Hierarchical regression analysis for the significant main effects of anxiety on depression by shame].

Table 2. Means and standard deviations of stress, support, experience of shame, loss of face, anxiety, phobia, depression, and self-efficacy on participants

| Characteristics | | Mothers <i>N</i> = 65 |
|---------------------|-----------|-----------------------|
| Stress | <i>M</i> | 83.28 |
| | <i>SD</i> | 15.35 |
| Support | <i>M</i> | 15.00 |
| | <i>SD</i> | 3.97 |
| Experience of shame | <i>M</i> | 48.66 |
| | <i>SD</i> | 15.94 |
| Loss of face | <i>M</i> | 87.82 |
| | <i>SD</i> | 15.30 |
| Anxiety | <i>M</i> | 23.00 |
| | <i>SD</i> | 11.27 |
| Phobia | <i>M</i> | 23.80 |
| | <i>SD</i> | 9.46 |
| Depression | <i>M</i> | 19.17 |
| | <i>SD</i> | 9.49 |
| Self-efficacy | <i>M</i> | 23.28 |
| | <i>SD</i> | 6.08 |

To test how loss of face, and experience of shame were related to depression of Chinese immigrant mothers of children with DDs, we performed a series of regression analyses. Standard multiple regressions were conducted with depression as the dependent variable, and anxiety, loss of face and experience of shame as the independent variables. Analyses were performed using SPSS REGRESSION for evaluation of assumptions. Data were screened and no outliers among the cases were found. All assumptions were met, and the data showed a normal distribution.

For all analyses, all the variables were centred prior to analyses to reduce multi-collinearity (Kraemer & Blasey, 2006). For the first regression check on the

relationship between loss of face, anxiety, and depression, centred anxiety was added in the first step. The second step included loss of face. The third step included the two-way interactions between anxiety and loss of face. For the second regression check on the relationship between loss of face, social support, and depression, centred loss of face was added in the first step. The second step included social support. The third step included the two-way interactions between loss of face and social support.

Findings

Descriptive Information

First, descriptive statistics were computed to examine the psychometric properties of the various measures. All the means and standard deviations of the variables were listed on Table 2. There were 22 out of 65 (34%) mothers’ scores on stress above 90 which are considered to be experiencing clinically significant parenting stress. There were 10 out of 65 (15%) mothers’ scores on depression were above 28 which are considered to be experiencing the depressed situation. There were 4 out of 65 (6%) mothers’ scores on social anxiety were above 43 which are considered to be experiencing social anxiety situation. There were 7 out of 65 (11%) mothers’ scores on phobia were above 34 which are considered to be experiencing social phobia situations. All of the measures had good acceptable levels of internal consistency (.79 to .96). Cronbach alphas were as follows: stress (.91), social support (.79), shame (.96), loss of face (.86), social anxiety (.91), social phobia (.84), depression (.89), and self-efficacy (.91).

Table 3. Correlations between social support, experience of shame, loss of face and mental health of Chinese immigrant mothers of DDs

| | stress | support | shame | loss of face | anxiety | phobia | depress | efficacy |
|--------------|--------|---------|--------|--------------|---------|--------|---------|----------|
| stress | 1 | 0.21 | -.02 | -.08 | .09 | -.06 | -.13 | .16 |
| support | 0.21 | 1 | -.21† | -.23† | .03 | .06 | -.28* | -.22 |
| shame | -.02 | -.21† | 1 | .43*** | .62*** | .38*** | .66*** | -.11 |
| loss of face | -.08 | -.23† | .43*** | 1 | .36*** | .21† | .43*** | .04 |
| anxiety | .09 | .04 | .62** | .36** | 1 | .71** | .40*** | -.20 |
| phobia | -.06 | .06 | .38** | .21† | .71** | 1 | .41*** | -.21† |
| depress | -.13 | -.28* | .66*** | .43*** | .40*** | .41*** | 1 | -.19 |
| efficacy | .16 | -.22 | -.11 | .04 | -.20 | -.21† | -.19 | 1 |

* p < .05. ** p < .01. ***p < .001. † .05 < p < .1

Correlations among all the variables on the Chinese immigrant mothers of children with DDs

Pearson correlations were calculated for each variable which included parental stress, social support, experience of shame, loss of face, anxiety, social phobia, depression, and self-efficacy [Table 3: Correlations between social support, experience of shame, loss of face and mental health of Chinese immigrant mothers of DDs]. Experience of shame was positively correlated with loss of face, anxiety, phobia, and depression (rs=.38 - .66, ps =.00). Loss of face was positively correlated with anxiety (r= .36, p=.00). Depression was positively correlated with social anxiety, loss of face, and social phobia (rs=.39-.43, p=.00), which was positively correlated with social Anxiety (r= .71, p=.00). Social support was significantly negatively correlated with depression (r=-.28, p=.03).

Regression Analyses on Depression and Anxiety

To check if loss of face mediated the relationship between anxiety and depression Table 4 displays the F ratio, degrees of freedom, standardized regression coefficients (β), and R2. The first step of the regression revealed a significant positive prediction of anxiety for depression, R2adj = .15, F (1, 63) = 12.32, p = .00. Anxiety of Chinese mothers (β = .40, p =.00) increased their depression.

When loss of face was added in the second step, the equation model significantly improved, R2ch = .09. Fch (1, 62) = 7.49, p = .01. Anxiety (β = .29, p=.02) still increased depression. Loss of face was associated with increased depression (β = .32, p = .01). Both factors explained 33% variance in depression (R2 = .25; R2adj = .23). But the interaction of the two did not significantly predict depression, R2ch = .02. Fch (1, 61) = 1.07, p = .31.

When controlling for loss of face, anxiety variable ($\beta = .40, p = .00$) was still significant ($\beta = .29, p = .02$). We therefore examined whether loss of face was a mediator of the relationship between anxiety variable and depression. Using the procedures suggested by Baron and Kenny (1986), a series of regressions are used to test the significance of the paths from the predictor to the mediator, the mediator to the dependent variable, and the predictor to the dependent variable. We tested the relationship between anxiety and depression; the relationship between anxiety and loss of face; and the relationship between loss of face and depression. Full mediation occurs when the path from the predictor to the dependent variable drops to non-significance when the path through the mediator is included. Partial mediation occurs when the direct path from the predictor to the dependent variable is significantly reduced by the inclusion of the indirect path.

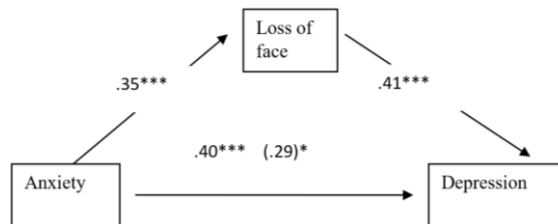
Table 4. Hierarchical regression analysis for the significant main effects of anxiety on depression by loss of face

| Predictor | F | df1 | df2 | R square | β |
|----------------------|----------|-----|-----|----------|---------|
| <i>Step one</i> | | | | | |
| Anxiety | | | | | .40* |
| Total Model | 11.79*** | 1 | 63 | .16 | |
| <i>Step two</i> | | | | | |
| Anxiety | | | | | .2 |
| Loss of Face | | | | | .3 |
| Anxiety*Loss of Face | | | | | .1 |
| Total Model | 7.05** | 1 | 62 | .24 | |

* $p < .05$, ** $p < .01$, *** $p < .001$

As can be seen in Figure 1, the relationship between anxiety and depression drops from $\beta = .40$ ($p = .00$) to still significant $\beta = .29$ ($p = .02$), when the loss of face was included in the equation. The relationship between anxiety and loss of face was significant ($\beta = .36, p = .00$) and the relationship between loss of face and depression was also significant ($\beta = .43, p = .00$). A Sobel Test on the drop in the predictive power of anxiety confirmed that loss of face significantly partially mediated the effect of anxiety on depression, $Z = 2.36, p = .02$.

Figure 1. Mediation of Relationship between Anxiety and Depression by Loss of Face



Notes: .40*** is the standardized coefficient of anxiety; .29 is the standardized coefficient of anxiety when controlling loss of face. .35*** and .45*** are the standardized coefficients

To check if the experience of shame mediated the relationship between anxiety and depression, the same procedures included the first step for regression analysis was entered depression as dependent variable and anxiety was independent variable; the second step included anxiety and experience of shame both are independent variables, and the two-way interaction of shame and anxiety was the third step. Table 5 displays the F ratio, degrees of freedom, standardized regression coefficients (β), and R2. The first step revealed a positive prediction of anxiety increased their depression ($\beta = .40, p = .00$), $R^2_{adj} = .15, F(1, 63) = 12.32, p = .00$. With the experience of shame was added in the second step, the equation model was significantly improved, $R^2_{ch} = .27, F_{ch}(1, 62) = 28.89, p = .00$. The prediction of anxiety dropped to be not significantly linked to depression ($\beta = .00, NS$). Experience of shame was found to be associated with increased depression ($\beta = .65, p = .00$). Both factors explained 27% variance in depression ($R^2 = .43; R^2_{adj} = .41, F(1, 62) = 28.89, p = .00$). The interaction of the two was not significantly related to depression, $R^2_{ch} = .05, F_{ch}(1, 61) = 3.53, p = .07$. These results suggest that Chinese immigrant mothers who have more anxiety and more experience of shame might be more likely to have depression symptoms.

When controlling for experience of shame, anxiety variable was not significant ($\beta = .00, p = .99$). We therefore examined whether shame was a full mediator of the relationship between anxiety variable and depression. Using the same checking procedures suggested by Baron and Kenny (1986), the relationship between anxiety and depression, the relationship between anxiety and shame; and the relationship

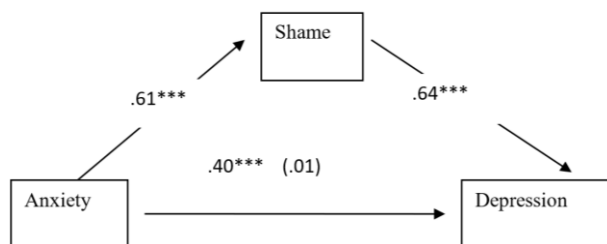
between shame and depression were tested. Full mediation occurs when the path from the predictor to the dependent variable drops to non-significance when the path through the mediator is included. As can be seen in Figure 2, the relationship between anxiety and depression drops from $\beta = .40$ ($p = .00$) to non-significant, $\beta = .01$ ($p > .05$), when shame was included in the equation. The relationship between anxiety and shame was significant ($\beta = .62$, $p = .00$) and the relationship between shame and depression was also significant ($\beta = .66$, $p = .00$). A Sobel Test on the drop in the predictive power of anxiety confirmed that experience of shame significantly fully mediated the effect of anxiety on depression, $Z = 4.44$, $p = .00$.

Table 5. Hierarchical regression analysis for the significant main effects of anxiety on depression by shame

| Predictor | F | df1 | df2 | R square | β |
|-------------------|----------|-----|-----|----------|---------|
| <i>Step one</i> | | | | | |
| Anxiety | | | | | .40*** |
| Total Model | 11.79*** | 1 | 63 | .16 | |
| <i>Step two</i> | | | | | |
| Anxiety | | | | | .01 |
| Shame | | | | | .64*** |
| Total Model | 26.95** | 1 | 62 | .26 | |
| <i>Step three</i> | | | | | |
| Anxiety | | | | | -.07 |
| Shame | | | | | .57*** |
| Anxiety * Shame | | | | | .25* |
| Total Model | 5.45* | 1 | 62 | .24 | |

* $p < .05$, ** $p < .01$, *** $p < .001$

Figure 2. Mediation of Relationship between Anxiety and Depression by Experience of Shame



Notes: .40*** is the standardized coefficient of anxiety. .01 is the standardized coefficient of anxiety when controlling shame. .61*** and .64*** are the standardized coefficients

Discussion

The findings of this study provide novel information on the experiences of Chinese immigrant mothers of children with DDs in Canada, which we discuss in further details below.

Cultural Beliefs about Experiences of Shame and Loss of Face. The results suggest that traditional Chinese cultural beliefs such as the experience of shame and loss of face influence the mental health of Chinese immigrant mothers of children with DDs. Cultural beliefs including experiences of shame and loss of face were positively associated with anxiety, phobia, and depression of the mothers and accounts for some degree of the relationship between anxiety and depression. The more feelings of shame and loss of face mothers experienced, the more anxiety, social phobia, and depression they were reporting. These findings also concur with our previous qualitative research (Su, Khanlou, & Mustafa, 2018) indicating that the loss of face and shame are important cultural context factors and have impacts on the psychological adjustment and well-being of Chinese immigrant mothers of children with DDs (Su et al., 2018). Cultural factors which include cultural values and beliefs embedded into contextual settings may be stressors that affect adaptations of immigrants (Ghosh & Magana, 2009).

Past study showed that Chinese cultural stigma which is defined as negative attitudes (prejudice) and negative behaviour (discrimination) toward people with mental health problems towards DDs also increases parental feelings of loss of face and shame (Yin et al., 2020). Knowing a child is diagnosed with DDs is a family crisis for parents and brings negative emotions, stress and anxieties based on the cultural perspectives on disabilities. These include feelings of out-of-control, powerless, self-blame, sadness, not fulfilling societal anticipation for giving a birth of healthy child, and saving family face in the community (Huang et al., 2010). These negative thoughts have an impact on mothers' thoughts, behaviors, and emotions. For example, some mothers are so distressed and anxious that they do not want to attend social parties. Families of children with DDs experience social rejection and discrimination from neighbours, schools, and strangers (McCabe, 2007).

Chinese immigrant mothers of children with DDs reported more depression when they experienced more

experiences of shame and anxiety, and reported more depression when they experienced more loss of face and anxiety. Rezendes and Scarpa (2011) found that parents of children with autism spectrum disorders (ASDs) experience increases in stress, anxiety and depression, which are also associated with child behaviour problems related to ASDs. This result can be extrapolated to other East Asian cultures. Asian parents may rely on love withdrawal, shaming, and guilt induction more so than European American parents (Wu et al., 2002). Shame plays a core role in influencing the development of social anxiety (Zhong et al., 2008).

Stress and Social Support. In this study, social support was associated with decreased depression. The more social support that Chinese immigrant mothers of children with DDs had, the less depressed they were. This is consistent with previous study that high levels of social support are associated with lower levels of depressive symptoms (Surkan et al., 2006). New immigrant mothers may experience mental health problems and depressive symptoms which are associated with social isolation, and limited access to appropriate social support (Ahmed et al., 2008). Our qualitative study (Su et al., 2018) found that some mothers reported that they quit their regular jobs in order to have flexible time to look after their children with special needs. Some mothers received support from a spouse/partner, parents, and other friends, however, they hoped to receive sufficient financial and emotional support. Our study also found that some mothers were willing to learn about developmental disabilities in order to help increase their children's social and living skills, but they experienced accessibility barriers such as support services, and language barriers. It is essential for the mothers to receive more social support to reduce their stress and remove access barriers, such as English proficiency (Khanlou et al., 2014, 2017; Su et al., 2018).

Our findings also showed that social support was marginally associated with decreased level of loss of face and experience of shame. This is consistent with our qualitative study (Su et al., 2018) in which cultural stigma had a very negative impact on the perception of social support for Chinese immigrant mothers of children with DDs in Canada. Negative thoughts and stigma might give rise to parental stress, complications in marriage, increased feelings of loss of face, and less motivation to seek support from different resources (Su et al., 2018). Research shows that emotional support is a basic

provision of close personal relationships and is an important determinant of satisfaction among these relationships (Cunnigham & Barbee, 2000). Although our study did not find a relationship between stress, cultural beliefs, and mental health, we found a relationship between social support, cultural beliefs, and the mental health of mothers. This is consistent with some past research that highlights social support as a buffer to mental health that alleviates the negative effects of stress (Hernandez-Plaze et al., 2006; Su & Hynie, 2011). Receiving proper social support might alleviate high levels of stress for the mothers of children with DDs, buffer family stress, promote coping, and reduce potential negative impacts on developmental outcomes (Armstrong, et al., 2005).

Anxiety, Depression, and Self-efficacy. Mothers of children with DDs experience more depression than men; and single mothers experience more than married mothers (Small, 2010). Parents, particularly mothers, experience a heavy burden and health and mental health problems, such as depressive symptoms and poor physical health (Allik et al., 2006; Smith & Grzywacz, 2014). We found that anxiety in Chinese immigrant mothers of children with DDs was significantly associated with shame, loss of face, phobia, and depression. The findings also confirmed that mental health outcomes such as social anxiety, phobia, and depression were associated with each other and were linked with increased feelings of shame and loss of face significantly with increased levels of depression, social anxiety, and social phobia. Moreover, social support is linked with decreased depression and marginally associated with the decreased loss of face. More self-efficacy decreased the level of social phobia. This is consistent with previous study (Smart, 2016). Parents of children with ASD may be at risk for lower self-efficacy which is related to high risk of poor treatment outcomes (Smart, 2016). Self-efficacy is linked to challenges which families of children with DDs experience and to hardiness (more sense of control over the life events). Previous research has shown inconsistent results for the self-efficacy of parents of children with ASD. For instance, Fields (2006) did not find a relationship between depression and the self-efficacy of parents in parents of children with ASD. One study showed parenting self-efficacy was negatively correlated with depressive symptoms (Heerman et al., 2017). These inconsistent results might be due to sampling sizes,

range of children's ages, and comparison groups (Fields, 2006; Heerman et al., 2017; Meirsschaut et al., 2010; Rutgers et al., 2007).

Limitations of the Study and Directions for Future Research

Our quantitative study yielded several novel findings and had several limitations which we outline here. First, this study only focused on Chinese immigrant mothers of children with DDs. Fathers also play an important role in raising and educating their children in their families. Fathers should be recruited in a quantitative study in the future. Fathers' involvement with their children contributes to the well-being of their children (Lamb, 2010). Immigrant fathers (Khanlou et al., 2015) of children with DDs experience economic challenges, social and cultural influences, and barriers to accessing health services in the post-migration setting (Khanlou et al., 2015). Fathers are regarded as significant powerful figures and leaders of the family in East Asian cultures such as China which is influenced by Confucian ideology (Dinh & Nguyen, 2006). A second limitation is related to the recruitment region of mothers. All the immigrant mothers were recruited from a large urban city Toronto, where mothers might be more likely to have social support and available services. Recruiting mothers from across regions should be considered in the future. A third limitation is the set of self-report measures that were used in this study might show the participants' response biases. However, all the surveys were made understandable and anonymous, the administrator double-checked if the answers kept consistent, in this study had good reliability. The last limitation is the cross-sectional design of our study since it cannot indicate causal relationships rather than predict the associations. Future research could focus on longitudinal or experimental study designs to examine the impacts of coping strategies on stress and adjustment outcomes of immigrant mothers of children with DDs.

Implications for Immigrant Mothers of Children with Developmental Disabilities

Social support is regarded as a protective factor to alleviate pressures from traditional cultural beliefs and depression among families of children with DDs as well as increasing families' resilience when people are exposed to significant traumatic events (Grote et al.,

2007), although parenting children with DDs brings adjustment challenges (Naseef, 2001), and increases emotional distress (Su et al., 2018). Mothers need long-term social support from their families, their friends, neighbors, professionals, and communities. Social networks can maintain the social connections with others to avoid social isolation and loneliness, and help parents seek useful social services for their children with DDs during resettlement in Canada. Families, social workers, and school professionals need to collaborate to provide appropriate services and resources to help support families of children with DDs.

Our results point toward self-efficacy having a negative impact on social phobia. Past research found that lower parenting self-efficacy was related to feeling anxious, depressed, frustrated, perceived less social support, less improvement in children's psychotherapy, as well as higher levels of stress (Shumow & Lomax, 2002), and poor treatment involvement and outcomes (Warren et al., 2011). It is important to increase parents' self-efficacy through parenting practices, experience sharing, and successful coping strategies (Smart, 2016). Also, perceived social or partner support can influence parenting self-efficacy. It is important for therapists to be aware of this in order to increase parents' self-efficacy for success in therapy since some mothers' experience depression and have lower self-efficacy.

We found that Chinese cultural beliefs such as shame and loss of face impact the mental health of mothers of children with DDs. It is important for parents to be supported to hold positive cultural beliefs to avoid parents' anxiety, phobia, and depression. Thus, developmental service providers, community service workers, mental health workers, and other professionals can help address cultural stigma through culturally sensitive education and social support.

Conclusion

Our empirical findings highlight the impact of social and cultural factors on the mental health of Chinese immigrant mothers of children with developmental disabilities in Canada. Experiences of social support, self-efficacy, and traditional Chinese beliefs such as feelings of shame and loss of face all appear to be important constructs in how Chinese immigrant mothers experience life challenges and difficulties in a settlement in Canada. This study

documents the relations between social support, self-efficacy, traditional cultural beliefs, stress, and mental health (social anxiety and depression) in immigrant mothers of children with developmental disabilities. It provides a better understanding of immigrant mother's experiences of themselves and their families, mental health and well-being, particularly, it helps to understand the impact of cultural beliefs and stigma on their mental health of raising children with developmental disabilities. It is essential for community and service providers to provide social support and appropriate services, promote social acceptance, increase self-efficacy and resilience, and advocate community belonging in families of children with developmental disabilities. It will be helpful to reduce the cultural stigma and decrease the subjective feelings of shame and loss of face toward raising children with developmental disabilities. Some language-specific workshops for parents and appropriate training programs for children about receiving education and seeking services and resources are needed to help reduce mothers' stress and cultural stigma, and to make use of the support system in the treatment process. Findings from it can be used by community organizers, program planners, school board leaders, and policymakers as a resource across sectors to support culturally sensitive and family-oriented services.

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Office Affiliate's Recent Accomplishments

Nasteho Hasan



Nasteho Hasan, RN, is a Master's Thesis student in her final year in the School of Nursing, Faculty of Health, at York University. She completed a BSc in Psychology from the University of Toronto and a BScN from Trent University. Nasteho has worked as a Public Health Nurse for nearly six years, mostly working with school-age children and youth. She is in the final stages of completing her Master's thesis which studies Asian Canadian adolescents' experiences with COVID-19 related stigma during the pandemic.

Additionally, Nasteho has also supported the Office of Women's Health Research Chair in Mental Health to conduct other research projects including *Asian Canadian youth identities in a pandemic era: Arts-based research* as well as *Equity-informed intersectoral KMB to address pandemic health disparities experienced by racialized families with developmental disabilities*. In July 2022, Nasteho presented an abstract poster at the 6th Lillian Meighen Wright conference and in May of 2023, Nasteho co-presented with Dr. Luz Maria Vazquez at the Canadian South Asian Studies Association Congress Annual Meeting, at York University.

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