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"Stretched Thin": Pregnancy and Motherhood in Clinical and Counseling Psychology Doctoral Programs

Abstract

Given that women now earn the majority of psychology doctoral degrees in the United States (Aud et al., 2012), there needs to be consideration of unique social and systemic difficulties that women may face during their studies. One particular issue of importance is women's choice to become pregnant and start families during their graduate education. Despite the challenges of becoming pregnant during a doctoral program and balancing the roles of mother and student, there has been limited research that examines this phenomenon. The purpose of this study was to understand the experiences of women who become pregnant during their time in a Clinical or Counseling Psychology Ph.D. program, with specific attention paid to the intersectionality of participants' identities and how these identities may impact the experience of pregnancy. Through a feminist phenomenological approach, 14 women across the country from diverse backgrounds were interviewed by phone about their experiences of becoming pregnant during their program. Seven themes were developed from their stories: *Pregnancy, Program Culture and Support, Institutional Resources, Outside Resources, Microaggressions, Identity, and Relationships between Mother and Student Roles*. This study explores the stigma and discrimination faced by student mothers, the larger systemic resources for and culture around parenting in academia, and the gendered experience of parenting and the role of intersectionality. Implications of the study include guidelines for psychology departments and institutions to best meet the needs of their pregnant students and what types of resources and support are necessary for student mothers. The experiences of these women bring voice to a marginalized population in academia and can help higher education understand how to better advocate for these students to create an inclusive learning environment for all.

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“Stretched Thin”: Pregnancy and Motherhood in Clinical and Counseling Psychology

Doctoral Programs

A Dissertation

Presented to

the Faculty of the Morgridge College of Education

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Kimberlee Yalango

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Advisor: Patton O. Garriott, Ph.D.
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ABSTRACT

Given that women now earn the majority of psychology doctoral degrees in the United States (Aud et al., 2012), there needs to be consideration of unique social and systemic difficulties that women may face during their studies. One particular issue of importance is women’s choice to become pregnant and start families during their graduate education. Despite the challenges of becoming pregnant during a doctoral program and balancing the roles of mother and student, there has been limited research that examines this phenomenon. The purpose of this study was to understand the experiences of women who become pregnant during their time in a Clinical or Counseling Psychology Ph.D. program, with specific attention paid to the intersectionality of participants’ identities and how these identities may impact the experience of pregnancy. Through a feminist phenomenological approach, 14 women across the country from diverse backgrounds were interviewed by phone about their experiences of becoming pregnant during their program. Seven themes were developed from their stories: *Pregnancy, Program Culture and Support, Institutional Resources, Outside Resources, Microaggressions, Identity, and Relationships between Mother and Student Roles*. This study explores the stigma and discrimination faced by student mothers, the larger systemic resources for and culture around parenting in academia, and the gendered experience of parenting and the role of intersectionality. Implications of the

study include guidelines for psychology departments and institutions to best meet the needs of their pregnant students and what types of resources and support are necessary for student mothers. The experiences of these women bring voice to a marginalized population in academia and can help higher education understand how to better advocate for these students to create an inclusive learning environment for all.

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CHAPTER ONE: INTRODUCTION

In the past decade, there has been a significant increase in individuals seeking out higher education degrees, especially among women. In 2009 to 2010, women earned about 52% of all doctoral degrees awarded, which was a 52% increase over the number awarded to women from 1999 to 2000 (Aud et al., 2012). Given increases in women's presence in higher education, there needs to be consideration of unique social and systemic difficulties that women may face during their studies.

A major concern for many women is their decision about pregnancy and childcare while in a graduate program (Holm, Prosek, & Weisberger, 2015). The Council of Graduate Students found that the average age of graduate students in 2007 was 32.4 years old (Bell, 2009). Since women are entering doctoral programs after their undergraduate education and potentially a Master's program, they are often at least in their mid-20s when entering doctoral studies (Holm et al., 2015). The U.S. Department of Health and Human Services (2012) has found that fertility rates for women rapidly decreases after age 30, and that by age 35, one-third of couples experience fertility issues. Thus, women who want to become mothers may feel a great deal of pressure related to childbirth when deciding on a graduate education. The threat of infertility can create significant tension for women in doctoral programs who are considering having a child and cause them to feel a time constraint with their "biological clock ticking."

Despite the biological push to become a mother at younger ages, women in doctoral programs must consider the feasibility of motherhood in graduate education and how they will balance both roles of mother and doctoral student. Becoming a mother and balancing a career or graduate work can be demanding and create significant role strain on these individuals. Playing both roles can be challenging and even feel impossible for some at times. White (2004) has written about the idea of the “leaking pipeline” in that women, especially those with children, tend to “leak” out of the system due to the unique barriers they face compared to men in their academic pursuits. White (2004) discovered barriers to higher education for women that included family responsibilities, lack of support from spouses, lack of childcare facilities, lack of support from departments, and family and community opposition to women completing higher education degrees.

These cultural and attitudinal influences described by White (2004) pose significant challenges for women to gain access to higher education and academic positions. Women who have children may have difficulty devoting their full attention to their academic or career pursuits due to their need to care for children, leading to greater time and financial deficits. Even if women choose to delay parenthood to have more successful higher education experiences, they may face challenges in having children post-education. For example, women who have children within the first five years of their academic careers are 20-24% less likely than their male counterparts to achieve tenure (Goulden, Mason, & Frasch, 2011). Many women have expressed concern about their ability to achieve tenure when they experience overt and covert discrimination in the field, especially related to their motherhood (Trepal & Stinchfield, 2012).

Mothers in Graduate School

While most research has focused on post-graduate mothers in their careers, there has been some research examining the experiences of mothers in graduate school.

Trepal, Stinchfield, and Haiyasoso (2014) conducted a qualitative study that explored the difficulties faced by women who were already mothers when entering doctoral programs in Counselor Education. These women identified inconsistency in support from their programs, as well as an overwhelming feeling of guilt in not being able to be fully present as either a mother or a doctoral student. Brown and Watson (2010) explored the experiences of female doctoral students from a variety of disciplinary backgrounds from south England and found that mothers' academic lives suffered because of the dual roles they experienced being a student and mother. Many of the women also waited for their children to be teenagers before starting a doctoral program.

Another study found that 23% of medical doctoral students delayed parenthood because of their studies and 77% indicated that studying medicine affects one's decision to become a parent (Khadjooi, Scott, & Jones, 2012). Students expressed concerns about taking time for a family because others might perceive their choice as a lack of commitment to their studies. When doctoral students did choose to have children either before or during their programs, they often felt unable to share in the same academic activities as their non-parent peers, which led to personal and professional disconnection. Thus, pregnancy before or during programs can lead to significant role strain, stigma, and isolation. Women appear to face a dilemma of when is the right time, if one even exists,

to have children, and how to balance motherhood and their professional goals and educational pursuits.

Institutional Support for Graduate Student Mothers

Research suggests that support for graduate student mothers is not structured or clear and many women have difficulty navigating the roles of both doctoral student and mother in their programs. At one university, 89% of students could not identify the support available to student parents (Khadjooi et al., 2012). Another study surveyed over 60 different sociology doctoral programs in the hopes that they would be exemplars of parental support because sociology programs have higher proportions of female students and faculty, as well as general awareness about gender and families (Springer, Parker, & Leviten-Reid, 2009). However, fewer than 20% of departments offered family-friendly spaces, dissertation support groups, childcare subsidies, faculty training on the unique issues faced by graduate student parents, or professional development opportunities for graduate student parents. Forty percent of departments did not know where lactation rooms or child-friendly spaces were available on campus. Department chairs were generally unable to identify the university services available to graduate student parents (Springer et al., 2009).

Without formal systems in place, mother students are forced to “ask for a favor” rather than lean on policies and resources. For example, one graduate student negotiated a paid maternity leave of 6 weeks with her advisor but then later had to make up those hours after the advisor changed their mind (Springer et al., 2009). Without a formal policy in place, the student was unable to challenge the change in this agreement. With

the lack of formal policies and difficulties in balancing both roles of mother and student, women have difficulty completing their degrees. Spaulding and Rockinson-Szapkiw (2012) noted that the birth of a child may impede progress towards a doctoral degree and the Council of Graduate Schools (2010) noted that women are more likely than men to withdraw or take longer to complete their degree.

Becoming Pregnant During Graduate School

Despite the apparent challenges of being a mother and doctoral student, as well as the general lack of institutional or departmental support, there has been limited research that seeks to understand the experiences of women who become pregnant during their doctoral program. A qualitative study examined the experiences of 10 women who became pregnant during a Counselor Education doctoral program (Holm, Prosek, & Weisberger, 2015). All of the women identified as heterosexual and married and the majority were European American. Results of the study identified the importance of protective factors for mothers, such as familial caregiving, work reductions, and mentor support. The women in the study also discussed the unexpected experiences of motherhood such as physical and mental health issues, as well as miscommunication within their departments. Many also had to delay their doctoral timeline and discussed their need for resources on campus such as lactation rooms, support groups, and on-campus childcare.

Research Limitations

In the limited amount of research that does exist on the topic of motherhood and education, most studies have examined how motherhood affects post-graduate women in

faculty positions or in their career (Goulden, Mason, & Frasch, 2011; Trepal & Stinchfield, 2012), with some research examining the experiences of women who were already mothers entering a program (Brown & Watson, 2010; Trepal, Stinchfield, & Haiyasoso, 2014), and one study examining the experience of becoming pregnant during a Counselor Education doctoral program (Holm, Prosek, & Weisberger, 2015). Despite the need for understanding these unique experiences of women who become pregnant during their doctoral education, there is limited research and no studies have been completed with women who become pregnant in Clinical or Counseling Psychology programs in recent years. The few studies that do examine the experience of pregnancy in doctoral programs examine students in Counselor Education programs, which are significantly different from Clinical and Counseling Psychology programs in their requirements. For example, Counselor Education programs do not require a year-long internship which often requires geographical relocation, have less emphasis on research, and tend to require less time to complete the program (Norcross & Sayette, 2014).

Including the Voice of Psychology Doctoral Student Mothers

With no studies examining the experience of pregnant women in Clinical and Counseling Psychology programs, psychology currently has no voice in this systemic issue despite the need for more support in place for this underrepresented population of students. Psychology is an especially important field to examine this phenomenon given that the field currently serves more female doctoral candidates. Women earn 73% of doctoral degrees in psychology fields (Aud et al., 2012), but there have been no studies that examine the experience of becoming pregnant in psychology programs.

It is particularly important to understand this phenomenon in psychology graduate programs given psychology graduate students face multiple demands while completing their degree, including academic coursework, research, clinical training, and financial constraints (Myers, Sweeney, Poick, Wesley, Bordfeld, & Fingerhut, 2012). They must balance various roles when switching among student, research assistant, practicum student, dissertation author, or teaching assistant, while also considering their other personal, familial, and social roles. One study found that Clinical Psychology graduate students rated coursework, dissertation work, time constraints, limited availability, the internship process, and finances as their highest stressors (Nelson, Dell'Oliver, Koch, & Buckler, 2001). In a survey conducted by the American Psychological Association of Graduate Students (APAGS) and APA's Advisory Committee on Colleague Assistance, seventy percent of psychology graduate students reported that their functioning was impaired by at least one stressful event (e.g. finances, academics, relationships, health; El-Ghoroury, 2011).

Among the various roles that psychology doctoral students hold, their role as a therapist in their clinical placements seems especially relevant in the context of pregnancy. Given that one's pregnancy is difficult to conceal, therapists must consider how to cope with their pregnancy when working with clients. Although there is a dearth of research that examines therapist pregnancy in general, there is some research that discusses pregnant therapists' intensified feelings of guilt and anxiety, as well as their feelings of professional inadequacy (Baum 2006; McCluskey, 2013). The physical and emotional changes that occur with pregnancy can be difficult to manage while engaging

in clinical work and pregnant therapists have reported feeling more vulnerable, anxious, maternally preoccupied, and in greater need of support and good supervision (Dyson & King, 2008). Yet, there is a lack of research that examines the experience of pregnancy for doctoral students in relation to their clinical work. This role as a therapist makes psychology doctoral programs especially unique and imperative to explore in the context of pregnancy.

A further concern is that there may be significant gender differences in stress with women reporting greater stress than men in psychology graduate programs (Cahir & Morris, 1991; Nelson et al., 2001). Neither of these studies specifically examined how familial roles for women may have influenced stress levels, but it is possible that the role of motherhood may create additional stress for women in these programs. The lack of current understanding as to why women may have greater stress than men in psychology graduate programs provides additional reason to carry out this study in order to assess whether motherhood is a significant stressor for female psychology doctoral students.

Among the various stressors students face, the finances for graduate students pose a significant challenge given that these programs are not always fully-funded for students. Within Clinical Psychology Ph.D. programs, Norcross, Ellis, and Sayette (2010) found that both a tuition waiver and assistantship were provided for students in 42% of practice-oriented programs, 54% for equal-emphasis programs, and 89% for research-oriented programs. Unless a student is in a research-oriented program, only half of the students will receive full funding in Clinical Psychology programs, meaning that many students will need to take out additional loans to afford their schooling. The

median amount of loan debt for Clinical Psychology Ph.D. programs is \$55,000 (Novotney, 2013). Currently, students in doctoral psychology programs have average final debt levels of \$129,717, not including any potential undergraduate debt (Doran, Kraha, Marks, Ameen, & El-Ghoroury, 2016).

Debt and financial concerns significantly relate to stress given that psychology graduate students report greater stress when their household income is insufficient compared with their cost of living (Myers, Sweeney, Popick, Wesley, Bordfeld, & Fingerhut, 2012). Since many students may not receive an assistantship or a tuition waiver and may need to subsist off student loans, it is apparent that their household income is deeply insufficient compared to their cost of daily living. Counseling Psychology graduate students report significant distress and decreased well-being because of their student debt and can experience strained or disconnected relationships because of their financial concerns (Olson-Garriott, Garriott, Rigali-Oiler, & Chao, 2014). In a study that examined over 1,200 psychology graduate students and early career psychologists, the majority of participants reported experiencing significant financial concerns related to their education or careers (Doran, Marks, Kraha, Ameen, & El-Ghoroury, 2016). Some participants indicated that their student loan debt led to significant mental health concerns such as stress, anxiety, depression, and hopelessness regarding their financial situation.

Financial strain may be especially pertinent to pregnant women in doctoral programs as they must figure out how to provide not only for themselves, but for their new child as well. The United States Department of Agriculture recently estimated that

the average cost of raising a child from birth to age 17 is \$233,610 (Lino, Kuczynski, Rodriguez, & Schap, 2017). With the annual average of raising a child costing anywhere between \$9,330 and \$23,380, it is difficult to imagine how a doctoral student would manage this tremendous additional financial stressor. Also, psychology doctoral students report that their financial debt delays their ability to plan for retirement, save money, or buy a house (Doran, Kraha, Marks, Ameen, & El-Ghoroury, 2016). These delays seem especially significant for parents who may feel unable to save for their child or provide a stable home. Finally, because women who become pregnant during doctoral programs may have to delay their time in the program (Holm, Prosek, & Weisberger, 2015; Spaulding & Rockinson-Szapkiw, 2012), they are at risk of increased debt. If students are not supported in their pregnancy and parenthood, they also may be at greater risk to drop out of their programs. This can lead to an increased financial burden as they may have a significant amount of debt without the doctoral degree that could advance their socioeconomic status. Overall, this could lead to a potential risk of poverty for unsupported women who become pregnant in doctoral programs. While psychology graduate students already face a great deal of financial burden, the amount of financial stress faced by a parent seems particularly exorbitant.

Within psychology, Clinical Psychology is the largest specialty and fastest-growing sector with Counseling Psychology being the second-largest specialty (Norcross & Sayette, 2014). While these two programs do have some subtle differences, Clinical and Counseling Psychology tend to have more similarities between them (Goodyear et al., 2008). For example, both fields follow similar accreditation standards set by the

American Psychological Association (APA) and their students apply to the same list of APA-accredited internship sites, are eligible for the same professional benefits, and devote similar percentages of their day to the same professional activities with the greatest percentage of time being spent in psychotherapy (Goodyear et al, 2008; Norcross & Sayette, 2014). Thus, for the purpose of this research, it seemed fitting to examine the experiences of pregnant women in both Counseling and Clinical Psychology programs given their comparable academic focus.

Despite the fact that Counseling and Clinical Psychology programs offer both Ph.D. and Psy.D. options, I solely focused on Ph.D. students given the significant differences between Ph.D. and Psy.D. programs. For example, Ph.D. programs place more emphasis on producing scientific research and require more research experience and courses (Norcross & Sayette, 2014), which would equate to greater role strain and added responsibilities. Ph.D. programs also take significantly longer than Psy.D. programs, with Ph.D. programs taking 1 to 1.5 years longer on average (Norcross, Castle, Sayette, & Mayne, 2004). Finally, Ph.D. programs have a smaller cohort of peers one enters the program with, averaging around 7 to 10 individuals, while a Psy.D. program has entering cohorts of 20 to 60 individuals (Norcross et al., 2004). This translates to significantly different training experiences with the varying class sizes. Also, Ph.D. students would have fewer peers to turn to for support given their smaller cohort sizes.

Oppression, Privilege, and Motherhood

In addition to the lack of focus on psychology graduate student mothers in the literature, there also are no studies that examine how various identities affect one's

experience of becoming pregnant during a doctoral program. It is imperative to examine how axes of oppression or privilege shape the experience of pregnancy and to explore women's identities such as their marital/relationship status, socioeconomic status, religion, race/ethnicity, sexual orientation, and ability status. The majority of studies have only examined the experiences of White heterosexual married women and those who experienced planned pregnancies that they discussed with their partner. While these studies have been very helpful starting points, it is crucial to examine how this experience may differ among varying identities and experiences.

Some studies have examined how race can significantly influence mothers in academic positions. Haskins et al. (2016) found that Counselor Educators felt excluded, isolated, marginalized, and unsupported as African American mothers in their departments and that they had to prove their competence at a level higher than their White counterparts. Due to these intersecting identities and complex cultural differences, it seemed imperative to examine how pregnancy and motherhood affect doctoral students depending on their background and identities, as well as their privileges and oppression. The experiences of mothers would greatly differ depending on one's social status and capital, as well as the potential discrimination and cultural barriers that may be in place.

Purpose of the Present Study

Given the lack of research examining the experiences of pregnant women in doctoral programs, the purpose of this study was to understand the experiences of women who become pregnant (planned or unplanned) during their time in a Clinical or Counseling Psychology Ph.D. program within the United States. I specifically paid

attention to the potential intersectionality of participants' identities and explored how identities and values may influence the experience of pregnancy for women doctoral students. This research is critical when considering the long-term impacts of not supporting women doctoral students who become mothers. Long-term impacts could include a continued shortage of women full-time faculty and leaders, loss of women faculty mentors for women students, failure to include the voice of women especially women of color in psychology, creating a culture of ignorance of and insensitivity to parenting and pregnancy, and increased risk of poverty for student mothers in unsupportive programs. By failing to provide support to or acknowledgment of pregnant women and mothers in doctoral programs, psychology is failing to get at a root issue of sexism in the field and going against their core values of "social justice, diversity, and inclusion" (APA, 2018b).

I used qualitative methods to understand the experiences of women in Clinical and Counseling Psychology Ph.D. programs since qualitative research allows one to unearth and understand a topic that has yet to be explored or examined (Creswell, 2003). Specifically, I implemented a phenomenological approach which "describes the common meaning for several individuals of their lived experiences of a phenomenon" (Creswell, 2003, p. 76). I worked from a feminist lens in order to empower women's voices, establish egalitarian research relationships, and promote social justice and change (Hesse-Biber, 2007). My primary research question was "What are the experiences of women who become pregnant in Clinical and Counseling Psychology doctoral programs?" Through this research process, I hoped to bring light to the hidden stories of women who

have become pregnant in Clinical and Counseling Psychology Ph.D. programs and allow their voices to come forth to bring greater understanding and knowledge to the field of psychology.

CHAPTER TWO: LITERATURE REVIEW

In order to understand the experience of having a child as a psychology graduate student, it is necessary to first review the laws, policies, and systemic issues that serve to support the hegemony of the student-mother experience. This trickle-down sexism stems from the systemic oppression of mothers in the workplace across disciplines and throughout their careers (Barreto, Ryan, & Schmitt, 2009). Because of the discriminatory and unjust policies that exist broadly in United States society, it is regrettably inevitable that women in graduate studies face similar barriers and challenges in embarking on motherhood.

The History and Current State of Policies for Pregnant Employees

In exploring the difficulties faced by women who become pregnant in doctoral programs, it is essential to understand the current cultural and systemic forms of oppression that women face in the workplace. The fight for equality for women in the workplace has been long documented in United States history, especially in relation to their role as mothers (McBride & Parry, 2016). In 1978, with the passage of the Pregnancy Discrimination Act, women were protected for the first time as employees as the act prohibited employment discrimination on the basis of pregnancy and childbirth. Despite the momentous forward movement with this act, one in six women were still unprotected under the law and continued to face the difficulties of holding both roles of mother and employee. Rights of pregnant employees continued to be pushed on the

political agenda. After almost a decade of attempting to pass the Family Medical Leave Act (FMLA) in the United States, the law was finally passed in 1993 and provides women with up to 12 weeks of unpaid leave for childbearing or family care. Although pregnant doctoral students are not afforded these rights through FMLA, it greatly informs how they are treated given the larger frame of sexism that women face in professional and vocational spaces.

Despite these policy changes in how our country handles pregnancy and employment, there are still a vast amount of concerns. There are many stipulations to using FMLA, such as needing to work for a public agency or private firm that employs at least 50 workers, work 1,250 hours in a year, and have worked at least 12 months for their current employer (Gault, Hartmann, Hegewisch, Milli, & Reichlin, 2014). Also, in 2013, almost two-thirds of families relied entirely or in part on a mother's income (Joint Economic Committee, 2014). Thus, many women cannot afford to take the full 12 weeks of unpaid leave after childbirth (Lerner, 2010). Today's women work longer into their pregnancy and begin working after their childbirth sooner than their counterparts in the 1960s (U.S. Census Bureau, 2011). Compared to 17% of women in the 1961-1965 time period who returned to work 3 months after their child's birth, 59% of women in the 2005-2007 time period returned to work 3 months after childbirth. Although new mothers may desire this precious time with their newborn child, social class and family income often dictate a woman's ability to have this experience (Lerner, 2010). Higher-paid employees are also more likely to be covered by FMLA than lower-paid employees (U.S. Department of Labor, 2000). While 74% of workers making more than \$100,000

were eligible for FMLA, only 39% of workers making less than \$20,000 a year were covered by the law.

Given that many women are unable to rely on FMLA, they must get creative about how to manage motherhood and support their family. Many women are strategic with their leave and try to combine vacation days, sick days, disability leave, and maternity leave to be able to meet their families' needs (McBride & Parry, 2016). In 2008, 41% of women received paid maternity leave, 36% received unpaid maternity leave, and 10% of women took disability leave (U.S. Census Bureau, 2011). It is important to keep in mind that "paid maternity leave" also includes the use of vacation or sick leave. Due to concerns about lack of coverage for pregnant workers, the National Partnership for Women and Families (NPWF) has led the movement to push states to adopt job protections that better meet the needs of families than is federally mandated (McBride & Parry, 2016). These protections include providing coverage for workplaces with fewer than 50 employees or providing job protection for longer periods of time. A handful of states have also adopted policies to provide paid leave for six weeks.

What is especially eye-opening in this fight for mother's rights is the lag of the United States' policies when compared to international policies. The United States falls markedly behind other countries in its treatment of and advocacy for pregnant workers and mothers. Out of 173 countries studied by the Institute for Health and Social Policy, the United States was one of five countries that did not guarantee leave with income to women in connection with childbirth (Heymann, Earle, & Hayes, 2007). Of the five countries listed, the United States was the only industrialized country to not guarantee

paid maternity leave. Ninety-eight of the countries studied offered 14 or more weeks of paid leave, compared to the United States meager 12 weeks of unpaid leave.

In addition to the gap in our progressive policies for pregnant employees, there is also a need for maternity leave given its many benefits for families. Longer maternity leaves are associated with better physical health and decreased depressive symptoms for mothers (Avendano, Berkman, Brugiavini, & Pasini, 2015; Dagher, McGovern, & Dowd, 2014). Longer maternity leaves also assist mothers with easier access to breastfeeding, which is especially important given that the American Academy of Pediatrics recommends exclusive breastfeeding for at least 6 months (2012). Parental leave has been found to have substantial positive effects on the health and developmental outcomes of children (Earle, Mokomane, & Heymann, 2011) and increasing paid maternal leave is associated with lower neonatal and infant mortality rates (Heymann, Raub, & Earle, 2011). Finally, providing paid maternity leave provides economic benefits since it helps employees stay in jobs that are a good match for them and where they have already developed skills, which increases workers' overall productivity (Gault, Hartmann, Hegewisch, Milli, & Reichlin, 2014).

Pregnant in the Workplace

Before women even consider or go on maternity leave, there often are barriers they must face in being pregnant in the workplace. In a qualitative study that examined the experiences of pregnant workers, many women discussed how they engaged in strategies such as taking on extra work or avoiding asking for accommodations in order to mitigate potential discrimination by their supervisors or fellow employees (Major,

2004). Many women hid their pregnancies for strategic purposes for as long as possible in order to continue to be perceived as a competent employee. These fears are not unfounded since every year, the Equal Employment Opportunity Commission (EEOC) fields thousands of pregnancy-related discrimination claims, which have increased substantially in the past decade (Shellenbarger, 2008). In 2013, 5,342 pregnancy-related discrimination charges were filed with the EEOC, compared to the 3,900 charges that were filed in 1997 (EEOC, 2015). The National Partnership for Women and Families (2008) discovered that pregnancy discrimination claims increased by 25% from 1996 to 2005; an especially important note to make is that pregnancy discrimination claims filed by women of color increased by 76% which brings to light how oppressed identities can face more barriers in the workplace and have to combat both sexism and racism. Women both anticipate and experience discrimination related to their pregnancy and the most common discriminatory experiences that women report are others viewing them as more emotional, employees thinking they will quit their job after giving birth, and employees viewing the pregnant women as less committed to their jobs (Fox & Quinn, 2015).

Another major concern for pregnant employees is their lack of security in receiving necessary accommodations related to their pregnancy (Karkowsky & Morris, 2016). Due to the inconsistencies and ambiguity in federal and state workplace pregnancy laws, pregnant women do not always receive such accommodations, especially in low-wage or physically demanding jobs. Accommodations can include sitting instead of standing, staying hydrated, taking more frequent breaks, modifying their work schedule, and refraining from potentially hazardous activities. Childbirth Connection

(2014) found in their annual survey of pregnant employees that more than a quarter million women were denied their requests for accommodations which poses significant health risks to the women and their babies. This does not include the many women surveyed who indicated they needed an accommodation but did not voice their needs to their employers for fear of repercussion or denial of their needs.

This failure to meet the needs of pregnant women is concerning as many women may need to quit their jobs to attend to their health and may have difficulty securing a new position after childbirth. Due to these concerns, the Pregnant Workers' Fairness Act was introduced in 2012 which would provide pregnant women in the U.S. with the right to receive work accommodations based on their primary care providers' recommendations (Karkowsky & Morris, 2016). Despite its failure to become law, there is hope that it can facilitate healthy pregnancies, help families retain their health insurance and jobs, and ensure that mothers have a job to return to after childbirth.

Effects of Childbirth on Career

Due to the many barriers that new mothers face, it follows that retention or advancement in careers can be a difficult process. The term "opt-out" was coined by Belkin in 2003 when discussing how many women choose to leave the paid workforce for full-time childcare. Williams, Manvell, and Bornstein (2006) challenged the idea of women "opting out" and questioned whether women were being pushed out instead. The authors describe the "maternal wall" – "the equivalent for mothers of the glass ceiling that all women face" (p. 29). The maternal wall is driven by workplace inflexibility, the lack of U.S. public policy to support working families, and bias against workers with

families. This maternal wall makes it difficult for women to stay in higher-tier positions or maintain their job stability. Thus, it makes sense that despite women making gains in every profession, women still are underrepresented at all levels of leadership (AAUW, 2016).

Interestingly, there are differences among fields in fertility rates and decisions to have children, which may be due to higher maternal walls in some fields. Specifically, women in academia may experience more difficulties balancing their career and children (Mason, Goulden, & Wolfinger, 2013). Women in fast-paced careers differ in their fertility patterns compared to the general population of women as these women may choose to sacrifice or delay having children for their career. However, within these advanced careers, women professors especially have fewer births within each age range than do doctors or lawyers (Mason et al., 2013). While doctors and lawyers experience the highest rates of pregnancy in their early thirties, professors tend to experience the highest rates of pregnancy in their mid- to late thirties. These fertility rates are especially concerning given that the U.S. Department of Health and Human Services (2012) has found that fertility rates for women rapidly decreases after age 30, and that by age 35, one-third of couples experience fertility issues. These professional differences may be due to an array of factors such as lawyers and doctors finishing their professional training at an earlier age, professors trying to “publish” and not “perish” in their drive to make tenure, and lawyers and doctors having higher salaries that make it easier to afford childcare.

Even after adjusting for age, race/ethnicity, and hours worked, women faculty are 41% less likely than women physicians to have a child (Mason et al., 2013). When adjusting for marital status, income, and spousal employment, faculty are still 22% less likely than medical doctors to have a baby. However, this statistic is not seen for men; when all of the previously described factors are controlled for, men professors and medical doctors have similar birth rates. This highlights the gender differences and discrimination occurring within the field of academia. Hewlett (2002) found that among all professions, academia presents the most challenges to women with children. Women faculty have the highest rates of childlessness of any profession at 43% without children. As Finkel and Olswang (1996) state, “A large number of women assistant professors who choose to remain childless do so because of the perceived impact of children on their success in achieving tenure” (p. 131).

Motherhood in Academia

I’ve yet to be on a campus where most women weren’t worrying about some aspect of combining marriage, children, and a career. I’ve yet to find one where many men were worrying about the same thing.

– Gloria Steinem, 1983

Given the high demands facing women who enter academia, it seems especially important to focus on the barriers and challenges within this field. Since 2009, women are earning more graduate degrees than men and in 2015, women earned 58% of master’s degrees and 51% of doctoral degrees (Council of Graduate Students, 2016). Despite these advancements and women’s greater presence in academia, they are often not

represented in higher tier positions. In 2015, 70% of full-time professors were men with only 30% of women achieving the same prestige (U.S. Department of Education, 2016). This is especially true for women of color, specifically Latina, African American, and Indigenous women, who are far less likely than their male counterparts to be tenured. Of the 30% of women in 2015 who were full-time faculty, 27% were White women, 2% were Asian/Pacific Islander women, 1% were African American women, and less than 1% were Hispanic or Native American women (U.S. Department of Education, 2016). It is imperative to take a closer look at the inequity in academia.

Within academia, tenure is viewed as the ultimate goal in achieving stability and success. However, tenure is often described as a pressure cooker and is a process that can last up to 10 years, requiring constant publications in peer-reviewed journals, positive evaluations from students, and citizenship and likeability within their departments (Mason & Ekman, 2007). Compared to their male counterparts, women faculty tend to receive significantly lower ratings in student evaluations of their teaching and are viewed as less knowledgeable and possessing less class leadership skills (Boring, 2017; Boring, Ottoboni, & Stark, 2016). This gender bias in student evaluations of teaching can significantly influence hiring and promotion decisions. Wagner, Rieger, and Voorvelt (2016) found that women are 11% less likely than men to attain the teaching evaluation cut-off for promotion to associate professor. Tenure can also be more challenging for women in general given that an often-cited barrier to women faculty's advancement is the "chilly climate" in academia for women (Sandler & Hall, 1986). Sandler and Hall noted that women faculty face exclusion, devaluation, and marginalization in their positions,

noting examples such as women faculty being more likely to be interrupted or ignored than men faculty or women faculty being praised for their appearance and their role as a mother rather than their academic and professional accomplishments.

This idea of the “chilly climate” received more public attention when Goldberg (1999) highlighted in *The New York Times* the discrimination faced by women faculty at Massachusetts Institute of Technology (MIT). Several women faculty at MIT discussed the barriers they faced such as exclusion from Ph.D. committees, group grants, and decision making (Hopkins, Bailyn, Gibson, & Hammonds, 2002). In a more recent study, Maranto and Griffin (2011) found that women faculty perceived greater exclusion from the informal networks of their academic departments than their male counterparts. Women faculty of color especially report feeling unwanted in academia and feel the need to prove they are equal to White faculty (Aquirre, 2000). They also report a lack of social acceptance from colleagues and students, leading to decreased self-efficacy and uncertainty about whether they can achieve tenure (Kelly & McCann, 2014). These findings convey how challenging it can be for women, especially women of color, to be considered welcome and valued in their respective academic departments, making it difficult to achieve tenure status.

Given women’s challenges in feeling accepted and included in their departments, it seems they would face difficulties in the “publish or perish” world of academia given their lack of support from their colleagues or exclusion from potential research opportunities, resources, and rewards. The non-stop push for publications and pressure to obtain external funding can be a time-consuming and brutal world for many, but

especially for women who are trying to have children. Philipsen (2012) states that “the ticking of the tenure clock and the simultaneous ticking of the biological clock force choices between careers and children that men typically do not have to make” (p. 206). New mothers need to be able to take time off for their childbirth and childcare, and are legally allowed to take these leaves through FMLA; however, by taking the necessary time out for children, women are left behind in the pursuit of tenure. As one faculty member said, “A year or two out of the grant race and there is no longer a place at the table,” (Mason & Ekman, 2007, p. 3).

The federal grant world does not consider the status of women who are choosing to become mothers and offers no accommodations (Mason & Ekman, 2007). One neurology professor called the National Institute of Health, her funding resource, to request if she could utilize some of her grant to help with childcare in order for the faculty member to present her data; she reports that she was laughed at and quickly rejected (Mason & Ekman, 2007). When women are consumed with pregnancy, childbirth, or childcare, they are unable to make it to conferences where they can network and attract the essential funding they need in order to produce publications. Despite the increase in egalitarian relationships in the United States, women tenure-track professors report providing more childcare than their male counterparts and the majority of academic women report that their partners are supportive of their career but are of little assistance with the housework and childcare (Ward & Wolf-Wendel, 2004). In a recent survey by the Pew Research Center (2013), women were three times more likely than men to report that being a working parent has made it harder for them to advance in their

job or career. Mothers also were more likely than fathers to report that in their careers, they had to reduce their hours or take a significant time off from work to take care of their family.

Women also report levels of hostility and judgment within their departments if they choose to have children. “Many female professors report that they felt like valued colleagues until they had children, and then they felt their colleagues’ assessment of their competence start to plummet” (Williams, 2002, p. 1). Conversely, this is not seen as true for men; rather, fatherhood is seen a mark of maturity while motherhood is seen as not taking one’s educational and career pursuits seriously (Mason & Ekman, 2007). Fathers who request flexible work arrangements for childcare reasons are more respected and liked and are perceived as more committed to their careers than women who make the same exact requests for the same reasons (Munsch, 2016).

Examples are abundant of women who have felt discriminated against in their path to tenure. For example, in June 2000 at the University of Oregon, an assistant professor sued after being denied tenure because she had taken two maternity leaves and was unable to teach classes or present papers at a conference while she was on leave (Williams, 2002). In *The Young Woman’s Guide to an Academic Career*, published in 1974, Farnsworth provided this advice to women:

After having obtained a position, you may decide to have a family. You may also entertain the idea of leaving the university for one or several years until your children are of school age, and then going back to your former position. If so, you are indulging in wishful thinking. You can never go back. Although maternity leave, usually unpaid, may be provided, you must return to your job almost immediately thereafter or forfeit your career as a serious academic professional. (p. 106)

It is astounding that her advice seems to ring true 40 years later.

When women are unable to achieve the lofty position of a tenured faculty member, they are forced to join the “second tier” which has become known as the “mommy track” of adjunct faculty (Mason & Ekman, 2007). While these positions are still important to the university, the jobs are unsecure, underpaid, undervalued, and provide no security or benefits. Mason et al. (2013) compare this demotion of women scholars to the second-tier to the feminization of poverty where mother-headed families are disproportionately more likely to be poor. They argue that their positions in the academy are treated like second-class citizens as evidenced by their lower income, lower likelihood of resources such as offices and computers, and their inability to advise students.

The implications for the lack of women leadership and women tenured faculty are vast. For one, without women in leadership positions or holding a place in departments to have their voices heard, training and education of students will continue to be taught from a male perspective (Mason & Ekman, 2007). Education will continue to fail to consider the point-of-view of women, especially women of color, and their experiences. Also, women who have worked equally as hard and as long in their schooling and training will fail to reap the benefits and challenges of these higher-tier positions they rightfully earned. They are unable to reach their full potential in the field by being in second-tier positions and fail to gain the status, security, and income they deserve. Without making it to tenure positions, women are then unable to advance into more formal leadership positions such as becoming deans, provosts, and presidents (AAUW,

2016). For the women who are able to achieve tenure, many state that they made it not because of institutional support, but despite it (Philipsen, 2012).

Postdoctoral Training

Another complex space in academia where women with children struggle is within postdoctoral training. Postdoctoral positions are becoming increasingly popular in the sciences and the number of postdoctoral positions has doubled between 1975 and 2007 (Mason et al., 2013). Postdoctoral training provides a unique situation for graduates as they are “in limbo” between their Ph.D. and a job. These positions often provide low salaries and few benefits and have more in common with graduate students than faculty in terms of their status. A significant challenge is that many women enter their postdoctoral period in their 30s which is considered women’s prime reproductive years. If they must delay their pregnancy during postdoctoral training because of the lack of policies in place and the lack of support, they then are pushed to have children in their academic career, which may also be problematic. Also, postdoctoral training programs usually last one year meaning that women who become pregnant on the job would not meet qualifications for FMLA.

Some attention has been paid to pregnant women in psychology by the Association of Psychological Postdoctoral and Internship Centers (APPIC). They created a document in 2004, *APPIC Guidance for Pregnancy and Family Care Issues during Internship and Postdoctoral Residency Training*, for programs to assist trainees who become pregnant on internship or in postdoctoral residency training (Ponce, Aosved, & Cornish, 2016). This was recently updated in 2015 and renamed as *APPIC Guidelines*

for Parental Leave during Internship and Postdoctoral Training. The guidelines emphasize the importance of both parties making mutually beneficial arrangements to support parenting trainees in balancing childcare while also meeting training requirements. They also provide advice for prospective and current trainees about how to inform sites of their pregnancies which can be an especially delicate and difficult process. While they suggest being creative and flexible in finding solutions that will benefit all parties, the guidelines lack clear direction and use vague language, which makes this document difficult for any parent to rely on. These guidelines are not a formal policy implemented by APPIC but are posed as suggestions and guidance for students, staff, faculty, and institutions. Therefore, there still lacks an official policy for trainees to lean on in these situations and there is no specification about paid versus unpaid leave.

The Rise of Women Psychologists

An especially important field to consider within academia is psychology with its growing majority of women graduates. In 2009, 71% of graduate students in psychology identified as women (APA, 2011). Despite their increase in the field, women early career psychologists (WECPs) report a median salary \$8,000 lower than their male counterparts. Furthermore, no woman has ever served as chief executive officer of the American Psychological Association (APA) and only 15 of the 124 APA presidents have been women (APA, 2017c). O'Shaughnessy and Burnes (2016) reported that there has been no empirical research examining the unique career adjustment needs and experiences of WECPs or graduates of Clinical and Counseling Psychology doctoral programs. Every WECP in their study either witnessed or experienced sexism in the field and many

highlighted the institutional sexism they faced through the underrepresentation of women in leadership roles.

A common example of sexism that many WECs experienced was related to motherhood and pregnancy (O'Shaughnessy & Burnes, 2016). Women shared how colleagues would tell them that pregnancy came at a cost to the institution and were warned to not have too many children since maternity leave would harm their careers. WECs also shared how they feared talking to their supervisors about their decisions around pregnancy and childcare and that qualifying for FMLA can be especially difficult when first entering the field and not having been established at a job long enough to qualify. These experiences of discrimination against women directly conflict with the APA's core values of "social justice, diversity, and inclusion" as well as its vision statement of being "an effective champion of the application of psychology to promote human rights, health, well-being, and dignity" (APA, 2018b). If APA is to hold true to its vision and values, we must give attention to and advocate for the significant amount of women psychologists and graduate students in the field.

Like Professor, Like Student

Given the current treatment of academic women who are mothers in the field, it is not surprising that these attitudes and discrimination have trickled down to students. The influence of professors in graduate school can greatly shape a student's experience and understanding of the field. Many doctoral students enter graduate school with aspirations of becoming professors; two-thirds of doctoral students that were surveyed across the University of California system stated that their objective in graduate school was to

become a professor (Mason et al., 2013). However, many change their minds after viewing the lives and experiences of their mentors and professors.

This is especially important given the current concerns about women in academia. Women doctoral students feel deterred from academia as they do not see enough role models of women faculty who successfully combine work and family (Mason, Goulden, & Frasch, 2009). Thus, the fewer women faculty with children they interact with, the less likely these women doctoral students who desire children will pursue academic careers themselves, which perpetuates this systemic issue. Across all disciplines, women graduate students identify the need to have a woman role model in their department in order to view academia as a family-friendly workplace (Mason et al., 2013). For minority women, this is especially important. African American graduate students reported a lack of available mentors that matched their gender and/or race and thus felt the need to create their own opportunities to succeed (Marie Evans & Waring, 2012).

The Fear of Parenthood in Graduate School

While attention is beginning to be paid to women faculty who choose motherhood, there has been an oversight of women students who choose motherhood and how universities respond to them. Students in graduate school seem to be well-aware of the challenges in having children during their education. In a study of more than 8,000 doctoral students, Mason et al. (2009) uncovered many fears and concerns of combining graduate education with parenting. Doctoral students list many deterrents to having children in graduate school, such as the demands of doctoral programs, their current household income, the perceived stress of raising a child while being a student, and their

concerns about the availability of affordable childcare, housing, and health insurance. Fifty-four percent of women indicated that they felt Ph.D. programs and caregiving were incompatible and 51% of women stated that if they had children, they would not progress adequately toward their degree (Mason et al., 2009). Women were also more likely to endorse fears and worries that advisors, employers, faculty, and peers would take their work less seriously if they were to have children in graduate school.

The fears of parenting in graduate school seem to be founded given that students without children spend approximately 75 hours a week on Ph.D. work, employment, housework, and caregiving, while student fathers spend about 90 hours a week on these activities and student mothers spend at least 100 hours a week on these activities (Mason et al., 2009). Graduate student mothers are also one of the highest risk groups for attrition in their education (National Center for Education Statistics, 2005). While many doctoral students do not believe they can have and raise children while pursuing Ph.D.'s, 64% of men and 65% of women indicated they plan to have or adopt children (Mason et al., 2009). While these students may be saved from the difficulties of being graduate student parents, they may instead face the stress of raising children while on the academic track of tenure.

Graduate Student Mothers

In a survey of doctoral students across the University of California system, 12% of women identified as parents (Mason et al., 2009). This represents a significant amount of the graduate student population given that just in this sample of graduate students alone, over 500 of the students identified as mothers. The challenges of graduate student

mothers are abundant and it can be especially difficult to balance both the demanding role of a student, as well as the stresses of motherhood. Lynch (2008) suggests that graduate student parents must take on the norms of academia as well as the cultural scripts of motherhood which push women to be child-centered, emotionally absorbed, and the main caretaker of their child. Graduate student mothers must deal with the insatiable and endless needs of the institution, as well as those of their children, and somehow manage to excel in both roles.

Lynch (2008) conducted a qualitative study with 30 women with children who were enrolled in doctoral programs from 18 different academic departments including business, art, and political science in the northeastern U.S. She had a diverse sample of women who identified as Asian, African-American, Latina, Indian, and White, as well as women who identified as divorced or single mothers. One major concern for these women was the lack of financial support provided by their institutions as the funding packages they received were designed for single or childless individuals and do not consider women with children. Many of them went part-time following the birth of their child, which ends up costing them their eligibility for current and future funding opportunities. One woman shared how she was passed over for funding opportunities and her advisor told her that they needed to put funds towards students who “will use them to finish their work in a timely manner” (p. 591).

Another major concern that women presented in this study was the lack of affordable childcare (Lynch, 2008). Funding and grants did not cover childcare costs and all women in the study paid childcare out-of-pocket. Women also reported how difficult

it was to find childcare that could meet their sporadic schedules as graduate students, such as taking night classes or meeting for group projects at all times of the day.

Although four of the five universities had on-site childcare facilities, the students indicated that it was extremely expensive for a graduate student budget and thus useless despite its convenience. These concerns about financial support and childcare can be summarized in this quote from a doctoral student mother from the book *Motherhood, the Elephant in the Lab*:

Student life means working longer hours and receiving little money for your efforts. Childrearing means working long hours and receiving no money for your efforts. Therefore, if you are busy in the lab and have little money, how can you pay the high costs of childcare? (Monosson, 2011, p. 22)

Student mothers also shared common strategies of downplaying their maternal role while in academic settings (maternal invisibility) and downplaying their student role in non-academic settings (academic invisibility), leading to a disintegration of these two major roles in their lives (Lynch, 2008). Women indicated that they used maternal invisibility in academic settings in order to be seen as “100% committed to their work 100% of the time” (p. 596). They also would avoid mentioning their maternal status to peers, faculty, and advisors so they would be taken seriously. A final major finding in this study (Lynch, 2008) was that the majority reported feeling emotionally unsupported by faculty. Those who were unsupported by faculty discussed how faculty and advisors never asked about their personal lives and were unsupportive of their decision to have children. One student reported when she first told her advisor that she was pregnant, he responded with, “What did you do that for?” (p. 600). For those who felt supported and encouraged by faculty, they expressed how they felt “lucky” and “unique” to have this

support. It seems disconcerting that these women would feel special just because they were treated with decency, respect, and encouragement for their personal life choices.

In another qualitative study by Pierce and Herlihy (2013), seven doctoral student mothers in Counselor Education programs from the Southeastern region of the U.S. reported themes of feeling overwhelmed and overworked in their multiple roles. They expressed guilt in not being able to succeed in all their roles and shared how their financial concerns felt overbearing. In a qualitative case study by Padula and Miller (1999), the researchers examined the experiences of four doctoral students in psychology at the same Midwestern university and their process of re-entering academia after childbirth. Thus, all four women already had children before entering the program and all identified as heterosexual and married. All four women reported similar difficulties as the women in Pierce and Herlihy's study (2013), such as feeling frustrated that no one understood their experiences, being overburdened and exhausted by the demands of school and motherhood, and the lack of mentoring from faculty.

Currently, only 13% of Association of American Universities schools, which are 61 top-ranked research universities, offer graduate students six weeks of paid maternity leave (Goulden, Frasc, & Mason, 2009). Few, if any, graduate students meet FMLA eligibility given that most graduate or teaching assistantships are 20 hours per week or less, which does not add up to the required 1,250 hours per year for FMLA (Mason et al., 2013). In a survey of Graduate Program Directors of 63 different sociology departments, Springer, Parker, and Leviten-Reid (2009) found that there were few formal institutional supports tailored to the needs of graduate student parents, faculty were unaware of

existing supports for graduate student parents, and the departments often accommodated students on a case-by-case basis, not following specific and formal guidelines.

Race and Class in Graduate School

An especially important consideration within graduate school is the role that varying identities play in the students' experiences. While women may experience pushback in academia, women who identify as racial minorities experience even greater challenges (AAUW, 2016). Racial and ethnic background can largely influence a student's experience in their educational career. For example, School Psychology graduate students who identified as racial minorities reported significantly more negative race-related experiences compared to their racial majority peers (Clark, Mercer, Zeigler-Hill, & Dufrene, 2012). These negative-race related experiences were associated with higher levels of emotional distress and lower perceptions of belongingness, which led to less academic engagement and poorer mental health. Levin, Jaeger, and Haley (2013) found that graduate students of color in research fields often rejected careers as faculty, with women students stating dilemmas such as balancing a family life or being a single mother.

For African American women graduate students, many feel challenged to create and maintain supportive networks, especially with the lack of peers and faculty that are similar to them in gender and/or race (Marie Evans & Waring, 2012). They not only face the gendered stereotypes within academia, but must also push past the racial stereotypes. African American graduate students in STEM fields at a predominantly White university reported experiencing racial microaggressions and stereotyping, feeling ignored or

invisible in their departments, and lacking institutional, faculty, and peer support (Alexander & Hermann, 2016). Torres, Driscoll, and Burrow (2010) found that African American doctoral students who experienced active or daily microaggressions experienced increased depressive symptoms and poorer mental health. Given these racially driven and discriminatory experiences, African American women may face additional barriers as mothers in graduate school given their intersecting identities. However, minimal research has examined this topic.

Asian American women also experience unique barriers in graduate school. Asian American women graduate students reported their difficulties in being able to speak up and ask questions with professors, especially males, as their culture highly values respect for elders (Wang, 2012). This might make it especially challenging for Asian American student mothers to ask for the support they need from their faculty. Additional barriers are posed for Asian international graduate student parents as they noted difficulties such as language difficulties, feeling ambivalent about their child's loyalties to U.S. culture versus their home culture, adjusting to the U.S. and its academic culture, and the lack of childcare options in the U.S. compared to their home country where they may lean on family or supportive communities to help raise children (Myers-Wall, Frias, Kwon, Meryl Ko, & Lu, 2011).

Social class also can play a role for graduate students in their educational experiences. White working-class graduate students in M.A. programs reported they felt they had to struggle harder than their middle-class counterparts to be accepted in the academic community (Miller, 2012). They discussed their major financial barriers

compared to their peers and how they often feel inferior and uncomfortable in the academic setting because of their class background. Given that poor and working-class students are more likely to struggle financially during graduate school, they are less likely to feel like they belong, which in turns leads them to be less interested in pursuing careers in academia (Ostrove, Stewart, & Curtin, 2011). This lack of belonging is essential to consider because lower social class faculty and graduate student parents in academia already feel like outsiders and thus may find it more difficult to advocate for themselves in pregnancy and childcare compared to their higher social class counterparts.

When Is a Good Time to Have a Baby?

After reviewing the current literature on the topic of motherhood, it seems incredible that many women are able to overcome the many obstacles of pregnancy and childcare to remain in graduate school or in their jobs. Mason dedicated her book *Do Babies Matter?* to the “many graduate students at UC Berkeley who have asked her, ‘When is a good time to have a baby?’” (2013, p. v). It seems a fair question given the struggles and challenges women face at every stage of their career from graduate school to postdoctoral training to faculty positions. It seems unsurprising that women faculty have the highest rates of childlessness of any profession (Hewlett, 2002) with how crunched and pressed they are throughout their training and career.

The answer to the question of “When is a good time to have a baby?” seems unclear. Faculty women experience endless difficulties and discrimination in balancing motherhood and tenure (Mason & Ekman, 2007; Ward & Wolf-Wendel, 2004; Williams, 2002), while postdoctoral positions provide no institutional support or benefits for

motherhood (Mason et al., 2013) and graduate student mothers are one of the highest risk groups for attrition in their education (National Center for Education Statistics, 2005). It seems even if women could pick an ideal time to have children, this does not factor in the difficulties of becoming pregnant in the first place. Not all women are able to successfully conceive and about 12% of women between the ages of 15 to 44 in the United States have difficulty getting pregnant or carrying a pregnancy to term (CDC, 2017). With fertility rates decreasing after age 30 (Health and Human Services, 2012), women must choose which “ticking clock” they will give into – their biological clock or their career clock.

Mothers in Clinical and Counseling Psychology Ph.D. Programs

Research has focused more on the experiences of mothers in their careers rather than their experiences in graduate school. Despite the challenges to pregnancy in graduate school, the phenomenon still does occur and is a necessary one to better understand. There have been limited studies that examine the experiences of pregnant women across disciplines (Brown & Watson, 2010; Lynch, 2008) which makes it difficult to understand the unique contributions of disciplinary background. Researchers have examined the experiences of women who entered a Counselor Education doctoral program as mothers (Trepal, Stinchfield, & Haiyasoso, 2014) and the experiences of women who became pregnant during a Counselor Education doctoral program (Holm, Prosek, & Weisberger, 2015).

There is only one study that has examined the experiences of doctoral students in psychology (Padula & Miller, 1999). However, this study is limited due to its small

sample size ($N=4$), drawing its sample from the same university, failing to describe what psychology programs the women were in, only including the experiences of heterosexual, married, middle-class women, and being conducted 17 years ago. There are numerous reasons why it is essential to study graduate students in psychology given their unique differences from Counselor Education and the distinctive demands placed on this population (Norcross & Sayette, 2014). Women are well-represented in the field of psychology (Aud et al., 2012) and psychology must meet the needs of these women and their choices around motherhood. In addition to psychology including its voice in this phenomenon of pregnancy, psychology also must hold up to its core values of social justice and critically analyze how experiences of pregnancy and motherhood differ based on social systems. Thus, the present study aimed to not only address the unexamined topic of pregnancy in psychology doctoral programs, but to also consider how pregnancy may be differently experienced based on one's axes of privilege and oppression.

CHAPTER THREE: METHOD

A qualitative approach seemed most fitting for researching and understanding pregnancy in doctoral programs given that qualitative research explores topics or problems that have not previously been researched (Camic, Rhodes, & Yardley, 2003). Using qualitative methods is imperative “when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study” (Creswell, 2013, p. 48). Given that women, especially mothers, have been historically marginalized in social, political, and legal ways (Ridgeway, 2011), it seemed particularly important to conduct this research in a way that allowed the women in this study to have power and exercise their voice.

Another strength of qualitative research is its ability to unearth information that may be missed in scales, indexes, and closed-ended interviews (Mareck, 2003). Qualitative researchers “take seriously what participants say; they leave the way open to hear what they did not expect” (p. 54). This was essential because I did not want to speak for women who may already feel unheard as a marginalized group. Therefore, allowing them to have a voice and share their experiences individually brought about information that otherwise may not have been captured.

Finally, using qualitative methods falls in line with the feminist framework in which I approached this study. Feminist research methods often encourage and advocate

for qualitative methods “as methods which permit women to express their experience fully and in their own terms” (Jayaratne & Stewart, 2008, p. 49). Some feminist researchers even believe that feminist social scientists must stay committed and loyal to solely qualitative methods (Oakley, 1998). While I believe feminists can provide a sense of empowerment and advancement for women through both qualitative and quantitative methods, I agree that there is great strength in qualitative methods by allowing individuals to speak for themselves and overcome traditional power dynamics in research.

Philosophical Assumptions & Framework

In conducting qualitative research, it is essential for researchers to reflect on the philosophical assumptions underlying their study (Creswell, 2013). As with most qualitative researchers, I fall into an interpretivist-constructivist understanding of reality in that “objective reality can never be fully understood...and there are many possible ways of looking at reality” (Wang, 2008, p.258). In understanding the realities of women who become pregnant in Ph.D. programs, I used a social justice interpretive framework in order to understand and bring to light the ways in which people are unfairly excluded or disadvantaged (Creswell, 2013). More specifically, I worked from a feminist theory lens where the major aim was to examine and rectify the invisibility and distortion of women’s experiences and to advocate for gender equality (Lather, 1991).

Feminist research is not only *about* women, but *for* women, in order to transform a sexist society (McHugh, 2014). Feminist research generally focuses on three main concerns: giving voice to women’s lives and experiences, overcoming gender inequities,

and improving women's opportunities and quality of life (Hesse-Biber & Leavy, 2008). This aligned well with the study, especially in giving voice to women's lived experiences and aiming to improve women's academic and professional opportunities.

I operated from the standpoint epistemological perspective which asserts that women know their reality differently than men given their outsider perspective as a marginalized group (McHugh, 2014). While McHugh (2014) only addresses the gender binary in standpoint theory, I also would like to give voice to the gender spectrum and the experiences of trans* and gender non-conforming individuals who know their reality different than cisgender individuals given their societal oppression. Standpoint epistemology is also referred to as women's experience epistemology, cultural feminism, and ecofeminism in the literature (Letherby, 2003). This perspective asserts that women are able to more directly observe and understand the patriarchal and sexist ways of society due to their experiences of oppression and ability to see their oppressors. Thus, reality exists but is understood in different ways depending on one's position within the social system. Standpoint perspective falls in line with qualitative research as it emphasizes that women deserve to have their own voice rather than have male researchers interpret and label their experiences. However, as Letherby (2003) states, "it is simplistic and inaccurate to suggest that shared gender can override all other differences between women" (p. 135). Therefore, despite personally identifying as a woman, my various identities differed from those of the women in my study and I strove to be mindful of power dynamics in our relationships. It was imperative to me that the

women in this study felt empowered in their voice and that I did not misinterpret or inaccurately convey their experiences, as science and research have traditionally done.

Standpoint epistemology extends beyond the woman identity to all historically marginalized populations and emphasizes that our standpoint is created through our various social positions with regard to gender, social class, racial or ethnic background, disability, etc. (Smith, 1987). Women must be considered as having multi-layered, sociopolitical identities (Lockhart & Danis, 2010) and standpoints are considered to be intersectional (Harding, 2009). Given feminism's history of often excluding the voices of women of color and disregarding other intersecting identities (hooks, 1981; Lorde, 1984; Martinez, 1996), it was imperative that all identities of an individual were included and given voice due to various forms of privilege and oppression. Within this study, I not only considered how gender affects one's reality, but how various intersecting identities may have impacted one's lived experience.

According to a recent content analysis of psychology studies that examined intersectionality, most current research fails to take social action and discusses intersectionality at a surface level without analyzing and critiquing the structures of power and inequality (Shin et al., 2017). Given psychology's history of failing to fully engage in social transformation and activism, this research aimed to engage in "transformative intersectionality" (Shin et al., 2017). This entailed critically analyzing the relationships between women's multiple social identities and the systems that perpetuate inequality, as well as advocating for social transformation through policy change and program culture. By engaging in transformative intersectionality, I hoped to

move beyond the “buzzword” of intersectionality and focus on how to actually implement social justice methods through the research process.

The guidelines for conducting intersectional research developed by Moradi and Grzanka (2017) were used in this study to promote social justice and action-oriented research. In discussing intersectionality, I incorporated terms about privilege, oppression, social systems, and inequality in order to move the focus from static identities to power dynamics and to make the activist goals of the research explicit. In understanding the women in the study, I viewed each of them as having intersecting, fluid identities that lay on axes of privilege and oppression that varied by context. I focused not only on how those with marginalized identities differed in their experiences, but also on the commonalities among the women and how privilege shaped their experiences as well. According to Cole (2009), we must not only look “downstream” for the effects of oppression but also turn our attention “upstream” towards the structures of power and privilege that perpetuate oppression. Finally, I strove to not only highlight the potential discrimination and oppression of marginalized identities, but to also showcase their strengths and resilience (Shin et al., 2017).

Feminist research emphasizes how values, biases, and assumptions of the researcher can impact the research (McHugh, 2014). Thus, the researcher must examine their own beliefs and values in order to reduce the chance of the participants’ experiences becoming neglected or devalued through the research process. Feminist research asserts that there cannot be an unbiased, objective position and that the researcher needs to report their personal related experiences and perspectives. Standpoint epistemology believes

that our personhood cannot be removed from the research process and views the use of reflexivity as a scientific necessity (Letherby, 2003; Stanley & Wise, 1993). One reflective approach that is often used in feminist research is for the researcher to provide an “intellectual autobiography” (Stanley & Wise, 1993) which allows the researcher to reflect on their interest in the topic as well as their decisions within the research. I have provided my own intellectual autobiography later in the Method chapter to highlight the identities and experiences I bring to this research.

Phenomenology

The qualitative approach utilized in this study was phenomenology which, “describes the common meaning for several individuals of their lived experiences of a phenomenon” (Creswell, 2003, p. 76). The word phenomenon comes from the Greek word *phaenesthai*, which means “to flare up, to show itself, to appear” (Moustaskas, 1994, p. 26). Thus, phenomenology seeks to uncover and to explain meanings of people’s everyday lives (van Manen, 1990, p. 11). Phenomenology pairs well with feminist research as they both may be used to create a space to hear women’s stories, especially those that have been marginalized or silenced (McHugh, 2008). Garko (1999) argues that phenomenology is especially useful to study the experiences of women because of its focus on description and understanding, openness to the life-world, and its celebration of experience and the individual. Phenomenology also allows us to elucidate overlooked and underappreciated phenomenon (Sokolowski, 2000).

Creswell (2013) suggests using phenomenology if it would be valuable to deeply understand several individuals’ common or shared experiences of a specific phenomenon

and to understand these experiences in order to develop new practices or policies. This study focused on understanding the shared experiences of various doctoral students in Clinical and Counseling Psychology who are mothers with goals of informing university practice and policy in working with pregnant doctoral students. This aspect of phenomenology paired well with feminist research given that the goal is to increase awareness of the social inequalities of gender in order to influence public policies and adapt unjust social systems (Weber & Castellow, 2012).

Phenomenology also can be described as a “wondering about the project of life, of living, of what it means to live a life” (van Manen, 1990, p. 12). This description implies that phenomenology is careful, thoughtful, and intentional in its application and represents a genuine curiosity of human life and experiences. I approached this project in a non-judgmental, curious manner in seeking to understand the very human experience of bringing life to the world and how that interacts with one’s educational and career pursuits. Transcendental phenomenology, which was originated by German philosopher Edmund Husserl, was implemented for this research undertaking. I also incorporated the phenomenology methodology proposed by Moustakas (1994) as well as various feminist phenomenologists (Allen-Collinson, 2011; Fisher, 2000; Levesque-Lopman, 2000).

Feminist Transcendental Phenomenology

Transcendental phenomenology can be described as a scientific study of phenomena in which researchers attempt to transcend what they know in order to see the phenomenon “freshly, as for the first time” (Moustakas, 1994, p. 34) and to view it in its totality. There are three core processes to transcendental phenomenology, which include

epoche, phenomenological reduction, and imaginative variation. Epoche means in Greek, “to refrain from judgment, to abstain from the everyday way of perceiving things” (Moustaskas, 1994, p. 33). Therefore, epoche in phenomenology is the experience of bracketing, in which the investigator brings awareness to their current understandings and experiences of the phenomenon and attempts to “bracket out” these biases. Many have argued that bracketing in phenomenology is not intended to eliminate a researcher’s preconceptions, but rather to alert the researcher of the existence of such preconceptions to avoid biasing the data analysis process (Heidegger, 1962; Merleau-Ponty, 1962; Gadamer, 1976).

At this stage, I slightly departed from the traditional phenomenological epoche as had been suggested by Allen-Collinson (2011) in her feminist phenomenology approach. Tracy (2010) encourages the use of integrating paradigms to push the field forward. Feminist phenomenology is aware that complete bracketing is impossible, as we cannot stand outside our cultural frame of reference; however, we need to systematically reflect in order to bring awareness to our biases and standpoints especially in protecting our participants’ stories. In accordance with feminist standpoint theory, we cannot control for or eliminate the researcher, but rather must explore and articulate our own positionality throughout the process (Haraway, 1988). Bhavani (1993) encourages researchers to strive for “feminist objectivity” instead where the researcher clearly identifies their process and acknowledges their limitations. Later in this chapter, I have described my prior experiences with this phenomenon and what led me to become interested in this material. In order to be mindful of my experiences and biases during

the research process, I used stream-of-conscious journaling throughout the study to reflect on my research and the interviews I conducted. This journal was written in to explore personal experiences that could affect my analysis such as day-to-day interactions with peers and to generally reflect on the process and how it impacted me as a person and researcher. Extensive memoing was also integrated throughout the data collection and analysis, as described in later sections. I also attended regular meetings with my dissertation chair in order for him to supervise my experiences and to reflect on biases and values.

Rather than engaging in bracketing and purporting to eliminate all bias, feminist phenomenologist Levesque-Lopman (2000) encourages the “surrender-and-catch” technique. This entails surrendering our own practical concerns and interests in order to become immersed in listening and hearing the participants’ stories. By entering the interviews with a severance from my own knowledge about pregnancy and my understanding of the experience, I was able to be present with these women’s experiences and be attuned to their words and organization of ideas and to be aware of whether they were finished sharing their story or have much more to say. By allowing oneself to surrender, the researcher can then “catch” the true nature of the phenomena after one returns to their place in the everyday world and explore their “net” of what has been caught through data analysis.

Both feminist research and transcendental phenomenology encourage the researcher to expand on their values, beliefs, and biases before engaging in research. Although Moustakas (1994) indicates that bracketing is helpful to eliminate bias, feminist

research emphasizes this level of reflection in order to protect the participants in the study (McHugh, 2014). While objectivity in qualitative research is impossible, it is necessary for the researcher to engage in a level of reflection in which they report their personally related experiences and perspectives so the reader can understand the framework of the research. Both epoche in phenomenology and reflexivity in feminist research propose the idea that reflecting on bias and values allows the researcher to represent the phenomenon in the most appropriate, open, and non-judgmental way. Thus, this experience of sharing my biases and assumptions is critical, especially as a woman who has never experienced pregnancy, and I hope to bring to light the true and genuine stories of these women's experiences without my own predilections. This disclosure of values, attitudes, and biases in feminist research and the use of strong reflexivity is what allows the researcher to increase their objectivity although true objectivity is not the ultimate goal given its impossible attainment (Hesse-Biber, 2012).

The second step in phenomenology, phenomenological reduction, allows for the phenomenon to be examined and described in its entirety (Moustakas, 1994). This phase calls for a textural description of the meanings and themes created. The third phase, imaginative variation, focuses on developing a structural description of the phenomenon. In accordance with the feminist lens, the goal of phenomenology is to convey the lived experiences of individuals and to commit to analyzing the sociopolitical context in which these experiences are rooted (Cosgrove & McHugh, 2008). Both of these phases are further described in the data analysis section below.

Historically, feminism and phenomenology were not associated methods and phenomenology was seen as an exemplar of male philosophical observation (Baird & Mitchell, 2014). However, the integration of feminism and phenomenology can be traced back to the well-known feminist Simone De Beauvoir and her revolutionary text *The Second Sex* (1972). Fisher (2000) has proposed that it is not phenomenology and feminism that are incompatible, but rather it is more accurate to say that phenomenologists, particularly men, have overlooked the role of feminism in phenomenology. She also argues that traditional phenomenology has laid out a good basic framework which now must be understood from the experiences of different groups (i.e., women).

Fisher (2000) has suggested many possibilities for the relationship between feminism and phenomenology and feminist phenomenology has been well-utilized and represented in the literature, especially within recent years (Douglas, 2013; Folke, 2016; Hoover, 2016) and with marginalized populations such as transgender individuals (Benson, 2013) and pregnant women (Baird & Mitchell, 2014; Levesque-Lopman, 2000). Feminist phenomenological methods aim to understand individuals' lived experiences but emphasize that these experiences are intersubjective and are situated in a social context (Folke, 2016). Feminist phenomenology adds "a powerful analytic element to more 'traditional' phenomenology" (Allen-Collinson, 2011, p. 303) by recognizing the historical and socially constructed elements of human experience.

Intellectual Autobiography

In embarking on this topic for my dissertation, I was greatly influenced by various personal experiences and interactions with women who had become pregnant in my own doctoral program in Counseling Psychology. During my three years of training, I have witnessed five different women become pregnant in the program and grapple with various challenges and transitions in their lives. One of my closest friends in the program dropped out in her third year after delivering her baby due to her shift in priorities and lack of program support. During my doctoral studies, there have been some changes to provide support for mothers in the program. In this past year, our program finally added a nursing room to the college for new mothers; interestingly, during the course of my dissertation, this room ended up being converted to a meditation room rather than exclusive use for nursing mothers. There has been some increased awareness and sensitivity to motherhood in the program but I have remained in awe of my female peers and their ability to balance both of these challenging and consuming roles. I have felt genuinely humbled by the women I have watched become mothers.

Despite my uncertainty in having children of my own, I have often found myself moved by and deeply connected to the experiences of motherhood. I have always admired and respected mothers and the choices and sacrifices they make with their bodies, careers, relationships, and lived experiences. I would be remiss to not mention two key experiences in my life that have shaped my view of motherhood. First, my identity as a daughter has significantly shaped my views of motherhood as I have looked to my own mother as a role model my entire life. Her level of selflessness has always

astounded me and my understanding of gender roles and the sacrifices of women were largely informed by my observations of and interactions with her. Second, I began nannying during the data analysis phase of my dissertation for the daughter of my peer who dropped out of the program. This experience greatly increased my empathy and respect for mothers and allowed me to get a more personal view of the indescribable love and gratification of parenting, as well as the accompanying sleep deprivation, exhaustion, and sacrifice. After one day of babysitting, I would often feel ready to go to bed and I frequently reflected on what it would be like to do this job every day *and* finish my doctoral degree. This experience provided me with immense insight and understanding that I had not anticipated at the outset of this project.

I became interested in this phenomenon given that it had not received much attention in our program and similarly had not received much attention in the literature or field of psychology. I also was very interested in how different social identities may shape these experiences for pregnant women; for example, one White woman in my program experienced an unplanned pregnancy with a partner of color and was on Medicaid, while another woman planned her pregnancy with a spouse and had financial support. Beyond relationship status and social class, there are many other intersecting identities to consider that may influence this experience of motherhood and I hoped to critically analyze how privilege and oppression shape the experience of motherhood. In order to illuminate my own ‘standpoint’ in society, I identify as a cisgender woman who is White, able-bodied, working class, and partnered. It will be important for me to consider my own intersecting identities and how that will impact my understanding of the

women I work with and their respective identities. Given that I hold many privileged identities, it will be important for me to reflect often on how this shapes my understanding of women's stories and continually check-in with the women in the study to ensure I accurately convey their stories. I also strongly identify as a feminist and am dedicated to gender equality and women's advancement in society. Interestingly, and perhaps unsurprisingly, my first project in my doctoral program was on women in Counseling Psychology and their lack of leadership positions in the field. Thus, this topic of pregnant women in doctoral programs spoke to me as a way to share a hidden story in academia and give voice to a marginalized population through qualitative methods.

Recruitment of Co-researchers

Participants in the study are referred to as co-researchers (Co-Rs), as suggested by Lub (2015) to foster collaboration in these relationships and lessen power dynamics in the study. However, in recruitment e-mails and consent forms, the Co-Rs were referred to as participants to minimize confusion when recruiting individuals new to the study. Using participants as Co-Rs is a way to engage participants as joint contributors, validate their experiences, and view them as experts of their experiences (Boylorn, 2008). Despite the viewing of participants as Co-Rs, they did not assist with the actual writing of the dissertation. They were instead viewed as collaborators in the writing process and their opinions and expertise were requested in order to cross-check results and interpretations to ensure it was in line with their experiences.

While feminist participatory action research encourages individuals' participation in all stages of the research process (Frisby, Reid, Millar, & Hoeber, 2005), the women's

participation was primarily encouraged with data collection and analysis. In using this approach, I hoped to move away from what Fine (1992) describes as “ventriloquy” (p. 214) where the researcher presents as neutral and invisible and speaks over or for participants. Instead, I hoped to move closer to activist feminist research, which positions researchers as “self-conscious, critical, and participatory analysts, engaged with but still distinct from our informants” (p. 220). This allows researchers to facilitate voices of the community and create “disruptive feminist research” (p. 231) that advocates for social change.

The Co-Rs in the study are current doctoral students in Counseling Psychology or Clinical Psychology APA-accredited programs. Clinical and Counseling Psychology programs are comparable in that they place similar demands on their students through emphases on clinical work, classes, and research. By including APA-accredited programs, there was more consistency in the program content, as these programs must abide by APA standards to maintain accreditation status. Also, for both Clinical and Counseling psychology programs, students must complete a year-long internship at the end of their doctoral studies before graduation. This is a unique experience for these programs and can cause significant strain for students as they can be placed anywhere in the country. There is a general lack of control over the final placement of an individual and students are informed of their placement with only a few months to prepare for the transition. This is an especially unique challenge for mothers (as well as fathers) given their need to consider their families when choosing sites to apply to and how to account for childcare and school transitions.

To meet inclusion criteria for the study, Co-Rs needed to have become pregnant while in their program and their pregnancies could be either planned or unplanned. Exploring both planned and unplanned pregnancies allowed for an array of experiences to surface and highlighted differences among timing and planning decisions, as well as their effects on the transition to parenthood. Women had to become pregnant during the program, rather than entering programs as mothers, as this allowed me to explore the experience of pregnancy during a doctoral program. While being a mother before entering a doctoral program would pose its own unique set of challenges, it seems that carrying a life, delivering a baby, and adjusting to parenthood would be distinctly challenging as a doctoral student. The students recruited all had delivered their baby by the time of the interview and were still in their doctoral program at the time of the interview. This included mothers who were on internship at the time of interviews. In phenomenological research, it is suggested to recruit five to 25 individuals who have experienced the phenomenon (Creswell, 2013). During the recruitment phase, my goal was to continue interviewing women who had experienced the phenomenon until no new information was being provided in interviews and the data had been sufficiently saturated.

In recruiting Co-Rs, I implemented criterion sampling, which indicates that all Co-Rs must meet some criterion in order to be involved in the study (Creswell, 2013). All Co-Rs had to meet the following criteria: current enrollment in an APA-accredited Clinical or Counseling Psychology doctoral program, became pregnant in the program, and had already delivered their child. I also implemented snowball sampling by

obtaining referrals from training directors and students who personally knew other women who became pregnant in their programs. For a general timeline of the dissertation methodology and analysis, please see Appendix A. This timeline also provides a generalized overview of the audit trail for the study, in addition to Table 4 in the Data Analysis section. In order to increase the dependability of the study, I developed an audit trail, which includes the detailed steps throughout the research process (Rodgers & Cowles, 2007). I memoed throughout the data collection and analysis to document the methodological and theoretical decisions I was making. Having an audit trail allows the reader to view the data collection and analysis through a critical lens. By being clear and rigorous in the documentation of the audit trail and increasing the study's auditability, the study grows in its credibility and allows for an external person to replicate the steps if needed. My audit trail includes raw data (i.e. interviews and mementos), the products of data reduction and analysis (i.e. significant statements, meaning units, initial themes), process notes (i.e. memos and reflections on best methodological approaches), and the final product of data synthesis (i.e. structural and textural descriptions, essence; Lincoln & Guba, 1985; Toma, 2011).

The primary method of participant recruitment was through contacting APA-accredited programs and asking department chairs or training directors to share information about my study with their doctoral students (see Appendix B for a copy of the recruitment e-mail). I accessed contact information online through the APA-accredited programs directory (American Psychological Association, 2017a) and program websites and sent out research request e-mails to 239 programs. Eight programs denied

my request as they do not send research requests in mass e-mails to their listserv. In the research request sent out to students, I informed potential Co-Rs that the study would involve Skype/phone interviews to understand their experience of pregnancy in their doctoral program as well as the reviewing of transcripts and data analysis for accuracy. They were also informed that participants would receive a \$50 Amazon gift card for their involvement in the study. For those who were interested and met the criteria of the study, I provided a Qualtrics link to a screening survey that collected Co-R demographic and contact information as well as information about their pregnancy (see Appendix C for screening survey).

Selection of Co-researchers

After sending out all research requests, I received 52 responses in the Qualtrics survey of interested respondents. Thirteen women that completed the survey did not meet criteria for the study: two respondents had their children before entering their doctoral program, two respondents had already graduated and were on postdoctoral fellowships, two respondents did not fully complete the survey, and seven respondents had not yet had their child. I informed these women via e-mail that they would be unable to participate as they did not meet the selected criteria. I then selected 20 respondents from the survey who seemed to encompass a diverse participant pool. I based diversity on race/ethnicity, age, socioeconomic status, relationship status, sexual orientation, religion, year in the program they had their child, type of program (Clinical or Counseling), location of the university, career goals, and age of their child.

I sent participation invitations and consent forms to these 20 respondents and sent e-mails to the remaining 19 respondents asking for their permission to retain their contact information in case an opening appears for participation in the study. See Appendix D for a copy of the invitation request sent to all Co-Rs, as adapted from Moustakas (1994), and Appendix E for a copy of the consent form. After sending participation invitation requests and consent forms to the 20 initial respondents, interviews were scheduled with 14 total Co-Rs that expressed interest in the study, had availability for both interviews, and signed and returned the consent form.

Description of Co-researchers

The study's sample of 14 Co-Rs who became pregnant during their doctoral programs was diverse in various aspects. Nine women came from Counseling Psychology programs and five women came from Clinical Psychology programs; it is important to note that six women from Clinical Psychology programs were invited to take part in the study but did not respond to attempts at contact despite their initial interest in the study. The Co-Rs came from programs located all across the country including the Northeastern, Southern, Midwestern, and Western regions of the United States. At the time of the interview, they were at various stages in their doctoral program, ranging from their second to seventh years. The women also had varying career goals but primarily were interested in either clinical work or academia. See Table 1 for a detailed description of each Co-R's program, region of the university, year in the program at the time of interview, and career goals. Note that all names listed are pseudonyms that were provided by the Co-R, except for two women who preferred that I create the pseudonym.

Table 1

Co-researchers' Academic Information

Co-R	Program	Region of University	Year in Program	Career Goals
Angelica	Counseling	West	2 nd	Clinical work (private practice)
Cassandra	Clinical	Northeast	2 nd	Hospital, private practice, or academia
Claire	Counseling	South	4 th	Academia/Clinical work
Dahlia	Clinical	Midwest	6 th	Clinical work
Lauren	Clinical	Northeast	3 rd	Clinical work
Madeline	Counseling	West	2 nd	Academia
Mandy	Counseling	Midwest	3 rd	Academia/Clinical work
Marie	Clinical	Midwest	3 rd	Clinical work (VA)
Maura	Counseling	Northeast	7 th	Academia/Clinical work
Natalie	Counseling	South	5 th	Clinical work
Pauline	Clinical	Northeast	7 th	Academia/Clinical work
Rachel	Counseling	South	5 th	Academia/Clinical work
Serena	Counseling	Northeast	5 th	Clinical work
Tanya	Counseling	Northeast	5 th	Clinical work

The Co-Rs also had varying experiences with becoming pregnant during their doctoral programs. For example, two women in the study became pregnant twice during their doctoral programs. Women varied in the year of the program that they became

pregnant with some becoming pregnant during their first year of doctoral study with a full course load and others becoming pregnant during their fourth year during internship applications and dissertation writing. Five women experienced unplanned pregnancies and all Co-Rs became pregnant between the ages of 25 to 37. While most women in the study were married, one woman (Cassandra) broke up with the father of her child and became engaged to another man who serves as her co-parent. Another woman (Serena) ended her relationship with the father of her child and remains single. See Table 2 for a detailed description of each Co-R's number of pregnancies, year in the program when pregnant, age when pregnant, planning of pregnancy, age of the child at interview, and current relationship status.

Table 2

Co-researchers' Pregnancy Information

Co-R	# of Times Pregnant	Year in Program Pregnant	Age when Pregnant	Planning of Pregnancy	Age of Child at Interview	Relationship Status
Angelica	1	2 nd	25	Unplanned	1.5 months	Married
Cassandra	1	1 st	37	Unplanned	9 months	Engaged
Claire	1	4 th	31	Planned	1 month	Married
Dahlia	1	4 th	28	Unplanned	9 months	Married
Lauren	1	1 st	26	Planned	1.5 years	Married
Madeline	1	1 st	30	Planned	3 weeks	Married
Mandy	1	2 nd	27	Planned	1 year	Married

Marie	1	3 rd	25	Planned	7 weeks	Married
Maura	1	3 rd	27	Planned	3 years	Married
Natalie	2	2 nd , 4 th	33, 35	Planned	1 & 3 years	Married
Pauline	2	3 rd , 6 th	30, 33	Planned / Unplanned	2.5 years & in utero	Married
Rachel	1	3 rd	29	Planned	22 months	Married
Serena	1	2 nd	27	Unplanned	1 year	Single
Tanya	1	4 th	33	Unplanned	7 months	Married

Finally, the Co-Rs of this study came from varying backgrounds and identities. There were six women of color and eight White women in the study, ranging in ages from 26 to 38. They came from varying socioeconomic statuses with some identifying as more financially stable in upper middle class and others with greater financial struggles in lower and working class. The socioeconomic statuses listed are self-descriptions. The majority of the women identified as heterosexual with two women identifying as bisexual; all of the partnered women in the study were with men-identified partners. The women also came from various religious backgrounds including Christian, Jewish, Catholic, Buddhist, and Latter-day Saints (LDS). Finally, the women were provided space to share any other relevant identities that were important to them. Several women expressed that their mother identity and woman identity were salient for them and another woman (Maura) expressed the importance of her military spouse identity. Also,

two women in this study identified as immigrants and one of the women (Tanya) came to the United States specifically for her doctoral program. See Table 3 for a detailed description of each Co-R's race/ethnicity, age, socioeconomic status, sexual orientation, religion, and other relevant identities.

Table 3

Co-researchers' Identities

Co-R	Race/Ethnicity	Age	SES	Sexual Orientation	Religion	Other Identities
Angelica	White	26	Middle	Heterosexual	LDS	N/A
Cassandra	African American	38	-	Heterosexual	Christian	N/A
Claire	Hispanic	32	Lower	Heterosexual	None	Woman
Dahlia	Asian	29	Middle	Heterosexual	Catholic	N/A
Lauren	White	28	Upper middle	Heterosexual	Jewish	N/A
Madeline	White	31	Middle/working	Heterosexual	Jewish	N/A
Mandy	Vietnamese American	29	Middle	Heterosexual	Buddhist	Mother, wife, female doing Ph.D., immigrant
Marie	White	26	Lower middle	Bisexual	Spiritual	N/A
Maura	White	31	Middle	Heterosexual	Catholic	Military spouse
Natalie	African	37	Middle	Heterosexual	Catholic	N/A
Pauline	White	33	Upper middle	Bisexual	Vaguely Christian	Mother

Rachel	White	32	Middle	Heterosexual	Christian	Female, feminist
Serena	African American	28	-	Heterosexual	Christian	Mother
Tanya	White	34	Lower middle	Heterosexual	Christian	International student

Pilot Study

To enhance my interview protocol, I conducted a pilot study with a woman from my Counseling Psychology doctoral program, who I have given the pseudonym, “Cara.” Cara is a 30-year-old White unmarried woman who had her child in her second year of the program. She was in her fourth year of the program at the time of the pilot study with a 2.5-year-old son and is in a lower socioeconomic position, currently on Medicaid. After she agreed to participate in the study via e-mail, I conducted two 1-hour semi-structured, in-depth interviews and audio recorded both sessions. For the original interview protocol that was conducted with Cara, see Appendix F. See Appendix G for a description of how each research question related to the literature and/or methodology.

For the pilot study, both interviews were audio recorded, transcribed, and sent to Cara to review and make edits. I coded the data and created themes from her interviews that were shared with Cara for editing and evaluation. At the end of each interview, we collaboratively discussed the interview questions and Cara provided feedback on questions to add or edit. For example, she suggested asking about people’s values and identities rather than their “cultural background,” exploring how one’s year in the program impacts their experience of pregnancy, and how becoming a parent influenced their career trajectory. Other important themes and topics that were raised in the pilot

study allowed for the development of questions around breastfeeding, childbirth, and maternity leave.

We also discussed the importance of adding questions that give more voice to Co-Rs such as asking them what advice they would give other mothers and what recommendations they have for programs to support student mothers. We also agreed to break the interview into two protocols for two interview sessions. Finally, through discussion with my dissertation committee, a strengths-based question was added that emphasizes women's resilience through their use of resources and navigation of systems.

Data Collection

Once the 14 Co-Rs for the study submitted their consent forms, interview times were scheduled that best fit their needs. Co-Rs scheduled the first interview through e-mail and then scheduled their second interview at the end of the first interview. The Co-Rs were provided the option to conduct the interviews via phone or Skype; all women elected to conduct phone interviews. Before commencing interviews with Co-Rs, it was critical, especially in using a feminist lens, to provide detailed and explicit informed consent. Although all women had already reviewed and signed the consent form independently, the consent form was reviewed together at the beginning of each initial interview to allow space and time for follow-up questions and clarification. All Co-Rs were informed that their confidentiality would be protected in the study and were requested to provide their own pseudonyms.

Another component that was explored before commencing the first interview was the purpose of the study, my feminist interviewing approach, and sharing about myself

and own personal background. Awareness of power dynamics and collaborative relationships are essential in feminist research (McHugh, 2014). Thus, it felt important to share some aspects of myself and make the process as transparent and comfortable as possible for all Co-Rs. See Appendix H for an introduction protocol that was followed at the beginning of each first interview. After thoroughly reviewing rights and consent and hearing Co-Rs' verbal consent to record the interview, I then began the audio recording for all sessions.

For both interviews, I conducted semi-structured, in-depth interviews and incorporated feminist theory through establishing collaborative and egalitarian relationships with the Co-Rs and encouraging them to add experiences and thoughts that may not be brought up by the interview questions in my protocol. I used feminist in-depth interviewing which seeks to understand the lived experiences of an individual (Hesse-Biber, 2007). Feminist in-depth interviewing encourages a conversation, rather than a simple question-answer format. It also encourages the co-creation of meaning, which implies that the researcher follows the lead of the interviewee rather than simply following their own agenda. The purpose of my research was to give these women the opportunity to describe their experiences in their own words as their stories have been largely overlooked and muted in academia.

My primary research question was very broad and open-ended: "What are the experiences of women who become pregnant in Clinical and Counseling Psychology doctoral programs?" The interview questions that explored the main research question were divided into two sections. The first interview focused on the story of becoming

pregnant, reactions in their program to the pregnancy, the experience of being pregnant while attending to doctoral studies, and transitioning back to school after childbirth. The second interview focused on the meaning of their roles as mother and doctoral student, relevant identities and values in their experience, their thoughts and feelings looking forward, advice for other student mothers, and suggestions for practice and policy to support mothers. As suggested by DeVault (1999), I began the first interview by encouraging women to share their story in an open-ended way. See below for the interview protocol for the first interview (see also Appendix I).

- (1) Tell me your story of becoming pregnant during your doctoral program.
- (2) What were some of your thoughts and feelings when you first found out you were pregnant?
- (3) How did your advisor respond to your pregnancy?
- (4) How did faculty members respond to your pregnancy?
- (5) How did peers respond to your pregnancy?
- (6) Tell me about your experience of being pregnant while attending to your doctoral studies.
 - a. Research, Therapy, Classes
- (7) Tell me about the day of your childbirth.
- (8) How much time were you able to take off after your delivery?
- (9) Tell me about your transition back to school after your pregnancy
- (10) Did you choose to breastfeed your child?
 - a. If so, what was your experience of breastfeeding at school/work?

The first interview lasted between 45 minutes to one-and-a-half hours. After completing the first few initial interviews with Co-Rs and noticing a theme of outside support and resources, I also added questions for Co-Rs to share about their financial situation as well as any received support from their partner (if they had one) and families in their parenting. This was accomplished through the following questions: “What role has your partner played during your pregnancy and motherhood?”, “What role has your family played in supporting you as an academic mother?”, and “What does your current financial situation look like?” For the few Co-Rs who were not asked these questions in their first interview, I circled back to these questions through follow-up e-mails or in our second interview.

At the end of each first interview, the Co-Rs were thanked again for their time and I then reviewed the mementos component of the study. I encouraged them to share any significant items related to their experience of pregnancy and motherhood in intersection with their academic careers. I provided examples of mementos such as photographs of their child, e-mail exchanges between faculty members about accommodations, or anything else that depicts their experience. Co-Rs were asked to send these mementos before the second interview so there would be time to review the mementos together in the second interview. All Co-Rs provided at least one memento in the study. The second interview was scheduled at the end of the first interview and a brief overview of the second interview’s focus was described to Co-Rs. Co-Rs were also informed that I would need to transcribe their first interview, send them the transcript to review, and receive their edits before the second interview. This process successfully occurred in the

majority of cases, except for two individuals who preferred to review both transcripts at the same time and reviewed the transcripts after the second interview. Co-Rs received their transcripts within one to two weeks of completing the interview and most were able to return transcripts with any edits within a one- to two-week period.

The purpose of providing transcripts for corrections and clarifications was to ensure Co-Rs' experiences were being told in an accurate manner and that they were comfortable with all of the information they shared. It also allowed them to further reflect on the interview and fill in any gaps to their stories. This collaborative process also enhanced the credibility of the study as it served as a form of validation (Lub, 2015). This process of member checking increased the dependability of my study as all Co-Rs verified the transcripts (Creswell, 2013). However, instead of using the terminology "member checking," I referred to this validation strategy as "member reflections" as suggested by Tracy (2010). Member reflections do not push for accuracy of a single truth, but rather provide space for additional data, reflection, and complexity. Member reflections allow for sharing and dialoguing about the data and allow the Co-Rs to ask questions, provide critiques or affirmations, and collaborate in the data analysis phase.

Immediately after each interview, I wrote a memo about the interview and my impressions of the Co-R. I jotted down any phrases that stood out to me during the interview as well. I then transcribed all interviews in Word documents by initially listening to the interview, then transcribing the interview in its entirety, and then listening to the audio recording again to check for accuracy in my transcription. The importance of transcription was emphasized in this study especially as it is "impossible to represent

the full complexity of human interaction on a transcript” (Bailey, 2008, p. 129).

However, by re-listening and re-reading transcripts for accuracy, the goal was to get closer to an accurate depiction of the women’s stories.

In transcribing, I honored women’s language and refrained from heavy editing or removal of hesitant language (e.g. “Uh huh”; DeVault, 1999). DeVault (1999) urges researchers to carefully listen to this halting and tentative language and be aware of not only what is said in interviews, but what is not said and what is muted. Given the great meaning behind how something is said in addition to what is said (Bailey, 2008), the transcripts also included nonverbal behavior and emotional responses (e.g. pauses, sighs, crying, laughing). This allowed for more accurate data analysis and interpretation, as well as more accurate representation of the women’s stories. It was important in the transcription process to respect women’s language and way of sharing their story. A final stage of the transcription process was to jot down any follow-up questions or clarifying points from the first interview to ask the Co-R in the second interview. I also wrote down additional thoughts or reflections in my memos about the Co-R. The finished transcripts were then sent to the Co-Rs to make edits. The transcripts were then amended to reflect the Co-Rs’ edits.

After receiving Co-Rs’ mementos and transcript edits, the second interview was conducted. Before the second interview, I would review the Co-Rs’ mementos, my memos from the first interview, and the transcript of the first interview. At the beginning of the second interview, I verbally checked in with them about the transcript and made sure they did not have any additional edits they wanted to be made. The mementos were

then reviewed together and explored to see if there was additional context in understanding the submitted documents or photographs. If there were any follow-up questions from the first interview, they were asked at the start of the second interview. Co-Rs were also given space at the start of the second interview to share any thoughts or reflections they had since the first interview. After these steps were taken, the following interview protocol was utilized for the second interview (see also Appendix J).

- (1) What does it mean to you to be a mother?
- (2) What does it mean to you to be a doctoral student?
- (3) What feelings come up for you when you reflect on the experience of being both a doctoral student and a mother?
- (4) What values or identities are important to you in relation to being a doctoral student and a mother? This can include your race/ethnicity, class, gender, ability, sexual orientation, religion, etc.
- (5) What thoughts or feelings come up for you when thinking about the rest of your time in your doctoral program? (e.g. internship)
- (6) How did becoming a parent influence your career trajectory?
- (7) What would you change about your experience in becoming pregnant during your doctoral program, if anything?
- (8) What advice would you give women who become pregnant in Ph.D. programs based on your experience?
- (9) How have you been able to successfully navigate your program as an academic mother?

- (10) What recommendations do you have for programs to support mothers?
- (11) What else might be significant to share about your experience of pregnancy and motherhood in your doctoral program?

After completion of the second interview, I again spent time writing memos about the interview and impressions of the Co-R and their experiences. Interviews were transcribed in the same format described earlier and Co-Rs were again sent a transcript of the interview and asked to review and edit the transcript as they saw fit. All transcripts but one (Cassandra Interview #2) were reviewed and returned; Cassandra had been unable to make time to finish reviewing the transcript due to increased work-life demands. All Co-Rs were e-mailed a \$50 Amazon gift card in October for their participation in the study. Co-Rs were also sent an e-mail in December, four months after their second interview, requesting any updates on their experiences if they wished to share. Six Co-Rs provided updates that were then incorporated into the final analysis.

A final component of the data collection was to retrieve the Co-Rs' program handbooks and graduate student policies to learn more about the resources and leave policies available to student parents. Using these documents allowed for further validity in the study through the use of triangulation in examining multiple data sources from the women (Creswell, 2013). It also paired well with the feminist lens of the study and the end goals of advocacy and policy change (Weber & Castellow, 2012). Thus, it was necessary to understand current policy in order to inform future policy. Each Co-R's most recent program handbook was located online from their program website and

downloaded. All of the Co-Rs' university policies were also located via their university websites.

Data Analysis

After all of the interviews were conducted, transcribed, and returned with edits by Co-Rs, data analysis commenced. NVivo 11 Software (2018) was used for this study. The phases of the data analysis are described below in Table 4.

Table 4

Phases of Data Analysis

Analysis Phase	Objective	Brief Description
Phase 1	Data Organization	Download & learn NVivo; upload all documents to NVivo; classify all Co-Rs into attributes
Phase 2	Horizontalization	Re-read all transcripts, mementos, and e-mails; highlight significant statements among each Co-R's documents; memo about emerging themes; create individual textural descriptions/vignettes for each Co-R
Phase 3	Meaning Units	Delete irrelevant significant statements; develop meaning units for each remaining significant statement; memo about emerging themes
Phase 4	Axial Coding	Compile list of emerging themes from memos; run word frequency query for meaning units; run word frequency query for significant statements; compile lists for initial codes; divide and cluster codes
Phase 5	Selective Coding	Finalize themes; compare themes to relevant literature; re-code transcripts; send themes to Co-Rs for edits and feedback; create synthesized textural description

Phase 6	Imaginative Variation	Conduct comparing coding; policy analysis; develop structural description of the phenomenon
Phase 7	Synthesis	Integrate the textural and structural descriptions to create the final “essence” of the phenomenon

For Phase 1 of the data analysis, NVivo was utilized to organize the various sources of data. Each Co-R’s data was uploaded into NVivo including their edited transcripts, mementos, memos from interviews, and any relevant e-mail exchanges between myself and the Co-R. All Co-Rs were also coded by a set of attributes that included program (Clinical or Counseling), the year they became pregnant, planning of their pregnancy (planned or unplanned), race, region of the program, age when pregnant, and prevalence of pregnancy in the program. Phases 2 through 5 are considered steps in a larger phenomenological process known as phenomenological reduction (Moustaskas, 1994). This step involves constant reviewing and memoing to ensure all experiences are captured in order to achieve the end goal of reducing the text to themes (Moustaskas, 1994). For Phase 2 of the data analysis process, horizontalization, the transcripts and mementos were searched for significant statements (Creswell, 2013). Significant statements are statements that relate to how the individuals are experiencing the phenomenon and are all initially treated with equal value. In finding these statements, one must “look again and again and again” (Moustakas, 1994 p. 92). Therefore, this process required numerous readings and re-readings of the data to locate significant statements.

To complete this phase of the study, I went case by case with each Co-R. When working with multiple participants, it is helpful to analyze case by case in order to help influence and affect recoding (Saldana, 2009). I also purposely chose two contrasting cases for the first two cases to analyze as suggested by Bazeley (2007). By choosing two contrasting datasets, this maximizes the potential for a variety of concepts and themes to appear early on in the process. Thus, I chose Maura and Angelica as the first two cases because of differences in the planning of pregnancy, year pregnant, regularity of pregnancy in the program, ages of children, and reported sources of support academically and in the community.

After uploading a Co-R's data, I re-read their first interview in its entirety, wrote a memo about the re-reading of the transcript, re-read my initial memo about the first interview, and added any initial thoughts to the memo. This process of reviewing and recording impressions through memos is encouraged in the beginning stages of data analysis (Lichthman, 2013). I then highlighted all significant statements in their first interview. After highlighting all significant statements in the first interview, I then wrote a memo about the significant statements for the Co-R and any themes I noticed among the statements. I then followed the same process for the Co-Rs' second interview in which I re-read the second interview in its entirety, wrote a memo about the re-reading, re-read my initial memo about the second interview, and added any additional thoughts to the memo. I then highlighted all significant statements in the second interview and then wrote a memo about the significant statements and any themes I noticed through the process.

The Co-R's mementos were then reviewed and highlighted for any significant statements (if they were documents or e-mails). I wrote memos about the mementos as well to record any of my initial thoughts and impressions. I then reviewed any e-mail exchanges between myself and the Co-R for either significant statements or to write further memos about the Co-R. The final step of this process for each Co-R was to write a textural description (Moustaskas, 1994) or brief vignette of the Co-R based on their data. I wrote these immediately after in-depth reviews of their data as I was most immersed in each Co-R at the time and could more accurately portray their story. These vignettes provide a brief overview of each Co-R's story and can be found in the Results chapter. These individual textural descriptions were synthesized to create the final textural description described in Phase 5.

In order to provide an overview of how many significant statements were gleaned from the transcripts of each Co-R, see Table 5. This lists the percentage of the interview that was considered "significant statements" for both interview 1 and 2, the number of significant statements gleaned from each interview, and the number of significant statements gleaned from the mementos or e-mail exchanges. The percentage and number of significant statements were monitored for each Co-R in order to stay attuned to potential biases and explore differences in numbers of significant statements per Co-R. Generally, Co-Rs with a larger number of significant statements had longer transcripts with more text.

Table 5

Significant Statements (SS) by Co-researcher

Co-R	Interview #1 SS		Interview #2 SS		Other SS	Total Number of SS
	%	N	%	N		
Angelica	60%	75	58%	48	7	130
Cassandra	79%	64	61%	34	6	104
Claire	54%	66	61%	30	2	98
Dahlia	55%	61	63%	53	0	114
Lauren	76%	72	74%	70	0	142
Madeline	65%	63	68%	56	0	119
Mandy	64%	96	68%	33	1	130
Marie	68%	63	67%	30	7	100
Maura	41%	68	40%	67	6	141
Natalie	79%	117	67%	43	0	160
Pauline	74%	73	69%	42	14	129
Rachel	65%	92	65%	76	3	171
Serena	59%	94	63%	55	1	150
Tanya	47%	42	51%	35	1	78

For Phase 3 of the study, a table was created to represent the 1,766 significant statements pulled from the Co-Rs' datasets (the table of significant statements is available upon request). Statements were then discarded that were irrelevant to the topic, which left the horizons or textural meanings (Moustakas, 1994). While initially each statement was viewed as equally valuable, the searching for horizons placed value on certain statements that were more clearly related to the phenomenon. Through this process, 63 original significant statements were discarded due to their lack of relevance to the phenomenon. See below for an example of a significant statement that was removed:

She had asked, uh, my child's father a question and of course, he took it the wrong way which led to him and I getting into an argument and it got into an argument in our room and it got physical so my mom walked in on it. Actually walked in on me and him actually fighting. Up until then, she had only kind of speculated that that something was there, but I had never actually told her that. But like actually we were sitting and I was like wow you're disrespecting me AND my mom. It's one thing for you and me to have our disagreements and our fights when it's just you and me in the house, but now my mom is here and you still can't hold your temper? Um, so that ultimately, that kind of solidified me leaving.

This statement was very important to the Co-Rs' personal story and life experiences but did not end up being as relevant to the phenomenon of becoming pregnant in a doctoral program especially in understanding pregnancy across experiences.

The next step of Phase 3 was to code each significant statement with a meaning unit. This process is also considered a form of open coding in which small segments of data (i.e. significant statements) are compared and several codes are created to define the statements (Silver & Lewins, 2014). To ease this open coding process and allow for breaks in the coding process to collect group themes, the Co-Rs were broken into three groups that were purposefully diverse in identities and experiences. Group 1 included Angelica, Maura, Mandy, Tanya, and Serena; Group 2 included Rachel, Claire, Natalie, Lauren, and Madeline; and Group 3 included Pauline, Dahlia, Marie, and Cassandra.

With each group, I first re-read all of the transcripts of group members to ensure all significant statements were gleaned from the texts. I then wrote memos about any missed significant statements, hesitations about coding, and any awareness of biases based on missed significant statements. I then went through each Co-R's significant statements in the group and developed meaning units for each statement. After meaning units were developed for each significant statement of the group members, I then reviewed the meaning units for the groups and wrote a memo about any emerging themes, such as "support" or "identity."

After meaning units for significant statements were developed for each group, the analysis then entered Phase 4, which focused on axial coding (Silver & Lewins, 2014). Axial coding is the second coding phase in which the codes (i.e. meaning units) created through the first phase (open coding) are reexamined and merged as appropriate. This allows the meaning units to be combined into clusters of meaning (Creswell, 2013) where codes can be combined together and separated into different categories. To begin this process, all of the memos were reviewed to compile a list of emerging themes that were noted throughout the process. See Table 6 for a list of the 47 themes that were developed through memos.

Table 6

Emerging Themes from Memos

Acceptance	Accommodations	Adjustment	Assumptions
Balance	Breastfeeding	Client Reactions	Cohort
Conflict	Faculty	Falling Behind	Fear
Flexibility	Gender Roles	Guilt	Identity
Identity Conflict	Independence	Internship	Isolation
Judgment	Lack of Support	Loss of Self	Lucky/ Fortunate

Miscarriage	Others' Reactions	Pacing of Program	Perceptions of Pregnancy
Planning of Pregnancy	Policy	Pregnancy Symptoms	Pride
Prioritizing	Privilege	Recommendations	Relationship
Resources	Role Models	Self-care	Stigma
Support	Therapy	Timing	Transparency
Trauma			

All significant statements (without personally developed meaning units) were then placed into one document and a word frequency query was run in NVivo to discover the most common words utilized among the Co-Rs' significant statements. Utilizing the word frequency tools in NVivo is considered a form of "first wave coding" that allows for a broad overview of the frequency of words used among individuals (Silver & Lewins, 2014). This also helped to remove any potential biases from the themes I created as the words in the search were all words that Co-Rs had used to describe their experiences. See Table 7 for a list of the most frequently used 35 words, the number of times it was utilized, and similar words that were included in the query. The query only included words with a minimum length of 4 characters and the following words were not included: little, much, good, take, experience, look, happen.

Table 7

Word Frequency among Significant Statements

Word	Count	Similar Words
1. Timing	697	Time, timed, timely, times
2. Pregnant	539	Pregnancy
3. Want	501	Wanted, wanting, wants

4. Works	454	Works, worked, working
5. Program	435	Programs
6. Baby	366	Babies
7. Needs	333	Need, needed, needing
8. Schools	308	Schooling, school
9. Child	287	Kid, kids
10. Students	259	Student
11. Supportive	254	Support, supported, supporting
12. Help	251	Helped, helpful, helping, helps
13. First	223	
14. Trying	197	Tried, tries
15. Hard	194	
16. Class	181	Classes
17. Able	174	
18. Family	157	Families
19. Feeling	151	Feels, feelings
20. Life	145	
21. Hours	143	Hour, hourly
22. Differently	142	Difference, different, differs
23. Done	135	
24. Husband	130	
25. Mother	129	Mothered, mothering, motherly

26. Home	124	
27. Advisor	121	
28. Parents	119	Parent, parental, parenting
29. Giving	110	Give, gives
30. Leave	104	Leaves, leaving
31. Change	99	Changed, changes, changing
32. Internship	95	Internships
33. Faculty	94	
34. Pump	94	Pumping, pumped
35. Important	94	Importance, importantly

All meaning units that I personally developed from the significant statements were then placed into one document and word frequency query was run in NVivo to discover the most common words utilized. See Table 8 for a list of words that were used at least 25 times among meaning units, the number of times it was utilized through all meaning units, and similar words that were included in the query.

Table 8

Word Frequency among Meaning Units

Word	Count	Similar Words
1. Support	270	Supportive
2. Pregnancy	204	Pregnant
3. Mom	81	Moms, Mother, Mothers

4. Identity	76	Identities
5. Faculty	67	
6. Timing	66	Time
7. Advisor	63	
8. Resources	59	
9. Role	55	Roles
10. Student	46	Students
11. Financial	42	
12. Lack	41	
13. Reaction	41	Reactions
14. Balance	38	Balancing
15. Relationship	38	Relationships
16. Self	38	
17. Family	34	
18. Differences	33	Different, differently
19. Partner	33	
20. Stress	33	
21. Accommodation	32	Accommodations
22. Fear	31	
23. Parenting	31	Parent, parental, parents
24. Breastfeeding	30	
25. Campus	30	

26. Symptoms	30	
27. Plans	29	Plan, planned, planning
28. Program	29	
29. Peer	28	Peers
30. Client	26	Clients
31. Conflict	26	
32. Leave	26	Leaving

Finally, based on these lists of words and codes, a list was created that compiled all three of the lists to serve as the initial codes from the open coding phase of the coding process. The codes were examined and clustered together in categories known as themes. Themes are the categories created for data that help provide a deeper meaning for the phenomenon (Saldana, 2009). By developing themes, the phenomenon can be captured and better understood (van Manen, 1990). The themes developed were then compared to themes found in relevant literature and from the pilot study to see if there were commonalities or potential areas needing to be further examined. The themes in a phenomenological study on Counselor Education doctoral student mothers (Trepal, Stinchfield, & Haiyasoso, 2014) included guilt, professional goals, faculty response and messages about parenting, parallels between parenting and the profession, gender roles, and children as a barrier to degree completion.

The themes from a phenomenological study on Counselor Education doctoral students who become pregnant during their program were also examined for comparison

(Holm, Prosek, & Weisberger, 2015). The themes of this study were protective factors (i.e. mentors, family, work reductions), evolving identity (i.e. student identity, influence of family values, mother identity), and hindrances (i.e. unexpected experiences, timeline delays, managing resources). Finally, the themes developed through the pilot study were examined to cross-check the initial themes. The pilot study themes included negative responses from the system, support and motivation, the balancing act, identities, personal reactions to motherhood and school, and injustice. The themes were then discussed with my dissertation advisor to check in about potential biases or missed codes. By the end of Phase 4 of the analysis, a list of themes was complete.

The next phase of analysis, Phase 5, utilized selective coding in which the data and codes were revisited to identify the most illustrative themes, concepts, and relationships (Silver & Lewins, 2014). Once the initial themes were developed, all transcripts were re-coded to match the new codes and themes. At this point, the Co-Rs were sent the developed themes as well as the quotes chosen to describe each theme. Co-Rs were encouraged to provide feedback and consent based on the themes that were developed. Nine of the 14 Co-Rs returned minor edits to the quotes and themes I developed. After reviewing the Co-Rs' feedback, I selected quotes for each theme to showcase in the results. After the themes were finalized, I organized them into a coherent textural description of the phenomenon with the assistance of the individual textural descriptions developed in Phase 2. The textural description is an integration of the individual experiences that provides an overview of "what" the participants experienced (Moustaskas, 1994).

For Phase 6, I entered the final phase of phenomenological methodology, imaginative variation (Moustaskas, 1994). The goal of imaginative variation is to explore potential meanings of the data through altering the frame of reference and examining polarities in the data. This exploration leads to a structural description of the phenomenon. While the textural description is considered the “what” of the phenomenon, the structural description is considered the “how” of the phenomenon. The textural description focuses more on the experiences and what happened while the structural description examines the setting and context in which the phenomenon is experienced (Creswell, 2013). The structural description includes “the underlying and precipitating factors that account for what is being experienced” (p. 98).

The writing of the structural description was aided through the comparing coding process (Silver & Lewins, 2014). Themes were compared among Co-Rs to see how women from different social identities and backgrounds may experience the phenomenon and how various structures impacted the “how” of the experience. This was performed through NVivo where I queried coded data according to the attributes that were established for each Co-R (e.g. race/ethnicity, planning of pregnancy, year in the program became pregnant). This allowed for deeper analysis and exploration in understanding if some themes and experiences were more common for one group than another. At this phase, I also integrated the policy analysis from their program handbooks and university graduate student leave policies. Each Co-R’s most recent program handbook had been searched for any attention paid to student parents, resources for student parents, or leave policies. University graduate student leave policies were also examined to understand the

clarity of the policy, if there was a length of time listed for leave, and potential consequences of taking a leave. Co-Rs' themes were examined based on the policies associated with their program and university. I also explored how lack of institutional support (e.g. unclear policies, consequences of leave) affected each woman's experience of pregnancy and how the institutional support aligned with their story.

The final phase in the analysis, Phase 7, was to integrate both the textural and structural descriptions into "a unified statement of the essences of the experience of the phenomenon as a whole" (Moustakas, 1994, p. 100). The essence of the phenomenon is that which is common to all women in their experiences of pregnancy in Clinical and Counseling Psychology doctoral programs. The textural and structural descriptions and the essence of the phenomenon can be found in the Results chapter.

Meeting Criteria for Quality Qualitative Research

In reflecting on the quality of this project, I utilized criteria proposed by Tracy (2010) of high-quality qualitative methodological research. It is difficult to apply traditional quantitative criteria to qualitative research given their vast differences; Guba and Lincoln (2005) have compared the process of applying traditional quantitative criteria like objectivity and generalizability to qualitative research to "Catholic questions directed to a Methodist audience" (p. 202). Tracy (2010) describes eight criteria for quality qualitative research including worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence. As discussed in Chapters One and Two, this topic is clearly relevant and significant and addresses a

“little-known phenomena” (Tracy, 2010, p. 841). To achieve rich rigor, I have clearly and descriptively explained my theoretical constructs, contexts, and samples.

For sincerity, I implemented the validity strategy Lub (2015) suggests of reflexivity. This was an imperative aspect of the study as it allows readers to see how personal beliefs or dispositions might have influenced the investigation since I was strongly and intimately involved with the Co-Rs and the data they shared. Elliot et al. (1999) recommend describing one’s theoretical, methodological, or personal orientations as relevant to the research (i.e. feminist), their personal experiences or training relevant to the subject matter (i.e. personal relationships and interactions with my pregnant peers), and their initial beliefs about the phenomenon they are studying (i.e. there may be significant barriers in place for pregnant women in doctoral studies). I achieved credibility in this study through my use of thick description in my data analysis, as well as the use of triangulation by including multiple data sources from the women by collecting mementos and analyzing program and graduate student policies (Creswell, 2013). Credibility was also enhanced through the use of an audit trail, allowing the study to be easily examined and replicated as needed (Rodgers & Cowles, 2007).

To further enhance the credibility of the study, I also used collaboration as a form of validation (Lub, 2015). This entailed viewing participants as Co-Rs, rather than participants, as discussed earlier, and my continual checking in with them during data analyses. I used member reflections to increase the dependability of my study by having all Co-Rs verify the transcripts and provide feedback on my interpretations and data analysis (Creswell, 2013). To achieve resonance in my research, I strove to meet criteria

for aesthetic merit (Tracy, 2010) in my results section in order to present the data in a “beautiful, evocative, and artistic way” (p. 845). My hope is that through this project, as well as future publications, I will be able to make a significant contribution to knowledge, practice, and politics in relation to pregnancy in graduate school. This idea of providing a significant contribution and impacting policies and practices perfectly aligns with feminist methods as described earlier (Weber & Castellow, 2012). In considering ethics for my research, I adhered to the Institutional Review Board guidelines, was mindful of the relationships I created in terms of my fidelity, collaboration, and caring, and understood how best to “leave the scene and share the results” (Tracy, 2010, p. 847). Finally, in relation to developing meaningful coherence in the study, I achieved my stated purpose, followed my methodology, and interconnected my design, data collection, and analysis with my theoretical framework (Tracy, 2010).

Creswell (2013) suggests various questions to assess the quality of a phenomenological study including:

- (1) Does the author convey an understanding of the philosophical tenets of phenomenology?
- (2) Does the author use procedures of data analysis in phenomenology such as the procedures recommended by Moustakas (1994)?
- (3) Does the author convey the overall essence of the experience of the participants?
- (4) Is the author reflexive throughout the study? (p. 260)

There are all aspects I have reflected on in being clear about my philosophical framework and description of phenomenology, using the methodology proposed by Moustakas

(1994), conveying the essence of the experience in my analysis, and providing reflections on my personal role as the researcher.

Other ways to assess the quality and validity of a phenomenology include assessing if the interviewer influenced contents of the participants' descriptions in which they do not reflect their actual experiences, if there are other possible conclusions from the transcripts that the researcher did not identify or explore, and if it is easy to connect the structural and textural descriptions from the transcripts (Polkinghorne, 1989). In order to be mindful of my influence or if there are other possible conclusions to be drawn, I continually reflected on my biases through journaling and regularly checked in with my dissertation chair in order to reflect on my experiences and interpret my data.

A final element that demonstrates the quality and rigor of the study is through catalytic validity. Catalytic validity is often used in qualitative research to determine whether research that intends to incite change actually does inspire personal and social transformation (Bailey, 2010). While it is difficult at this point to see whether this research will lead to policy, practice, or social changes, there were definitely effects on the Co-Rs themselves based on their participation in the study. Several women shared feeling validated in their experiences and excited that someone was actually interested in this often ignored topic. Women shared feeling more hopeful for potential changes which was shown through their encouragement of my study. For example, two Co-Rs shared with me call for articles in journals they thought my study was worth publishing in. I also provided an invitation to all Co-Rs to connect with one another based on their stated interest in doing so during our interviews. I connected five of the women in the

study to one another in order to enhance their support networks and encourage further validation of their experiences and incitement of change.

Through my awareness of creating quality research, adherence to my methodology, investment to the study and my Co-Rs, and my use of reflexivity, I strove to capture the lived experiences of women who become pregnant in Clinical and Counseling Psychology doctoral programs and share their stories in an authentic, rich, and empowering way

CHAPTER FOUR: RESULTS

The results of this study include several components: individual textural descriptions or vignettes of each co-researcher (Co-R), the analysis of program handbook and graduate student policies, themes uncovered through the analysis and member reflections from Co-Rs, a synthesized textural description of what the women experienced, a structural description of how the women experienced the phenomenon, and finally the essence of the phenomenon created through both the textural and structural description of the phenomenon. These various components of the study sought to address the main research question of the study, “What are the experiences of women who become pregnant in Clinical and Counseling Psychology doctoral programs?” I also paid specific attention to Co-Rs’ identities and explored how their varying backgrounds may have influenced the experience of pregnancy for women doctoral students.

Vignettes

Brief vignettes for each Co-R are provided below to provide an individual textural description of each woman and their experiences. Creating individual textural descriptions helped to synthesize the data into a final textural description that describes all women’s experiences (Moustakas, 1994). Each vignette was shared with the respective Co-R and edited as they saw fit.

Co-researcher #1: Angelica

Angelica seems to defy many gender and religious stereotypes; for example, rather than immediate excitement about becoming pregnant as a married Mormon woman, her response to her pregnancy was feeling “horrified” and her first thoughts were “what the heck am I gonna do?” Her honesty is humbling especially in her sharing that she initially was lost with parenting as she had “never really been around babies before.” Her drive is apparent through the completion of her dissertation by her second year in the program. She feels confident in knowing what she deserves and not being afraid to ask for the accommodations she needs, despite the lack of guidance or direction along the way. For example, in her first semester back to school, she asked permission to bring her son to classes and her professors honored that request. She took four weeks leave after she gave birth and is currently in her third year of a Counseling Psychology program.

Co-researcher #2: Cassandra

Cassandra seems to be an extremely determined woman. She began her Ph.D. program pregnant which is astounding given she had not completed any graduate work prior to her Ph.D. and was thus commencing two new roles at the same time in her life - a Ph.D. student and a mother. Yet she seemed to do both with grace and poise. Originally, I thought perhaps her experience was easy based on how she described the fluidity of her day-to-day life, but she made it clear to me that “it’s a struggle – it’s HARD!” to have a newborn and balance a full-time Ph.D. workload. She has chosen to not divert any energy to speculating how others perceive her as an African American mother who was single at the time of her daughter’s birth. At the end of the day, her focus and priority is on her daughter as was reiterated throughout our interviews. She did not take time off, as

she was still enrolled and taking classes after giving birth. Instead, Cassandra completed assignments and readings from home for a few weeks before returning back to campus. She is currently in her second year of a Clinical Psychology program.

Co-researcher #3: Claire

Claire's excitement for her new journey into motherhood was apparent throughout our interviews. She seemed nervous about how she would manage both roles but has an immense amount of love and adoration for her daughter. Despite the stress of the year ahead with internship applications, she shared her enthusiasm in ensuring her daughter "does wear a cute little costume" for Halloween and her family has "a fun super Christmas-y Christmas." Her womanhood has been salient to her throughout the experience, as she navigates what it means to be a woman who is not a stay-at-home mom given her family's traditional Hispanic values. Her identity as a first-generation college student is also salient as she brings down educational barriers that no one in her family has overcome before. She desires more transparency and guidance in the process of being a mother and student given her lack of role models. Claire timed her birth for the summer so that she could have the summer as leave from academic obligations, but worked minimally on dissertation and internship applications during that time. She is currently in her fifth year of a Counseling Psychology program.

Co-researcher #4: Dahlia

Dahlia comes across as a thoughtful and introspective woman who seemed to be very genuine and in the moment with her sharing. She appeared honest and vulnerable in our interviews especially about the self-blame and guilt she experiences as a student mother. Her story is different given her new marriage, the unexpectedness of the baby,

and the higher feelings of guilt compared to other women. For example, when sharing her experience of holding both roles, she stated, she feels “a lot of negative feelings, a lot of self-blame I guess. A lot of guilt. That sounds terrible, doesn’t it? (laughs).” Her Catholic faith, Asian American identity, and influence of her mother seemed especially salient for her in her experiences. Dahlia ended up taking four months leave for her pregnancy and is currently in her sixth year of a Clinical Psychology program.

Co-researcher #5: Lauren

Lauren appeared very warm and open in interviews and seemed to have really struggled to balance her roles of student and mother. She often mentions the demands of each and how challenging it is to feel like you cannot quite give enough to either role. She referenced the culture of women “leaning in” and her fears that “Sheryl Sandberg would be disappointed” given Lauren’s difficulty in finding a balance between these two demanding roles. With time, she has been more gracious to herself and accepting that she is enough and it is okay to not always be 100% in both roles. It takes a great deal of courage and vulnerability to share the challenges of being a student mother, but her story seemed to speak candidly about the experience. An important component of her story is the traumatic loss she experienced and subsequent emotional and physical challenges after a miscarriage in her first year of the program. Lauren took maternity leave for a year and then re-entered the program the following year. She is currently in her third year of a Clinical Psychology program.

Co-researcher #6: Madeline

Madeline seems to have fallen somewhat seamlessly into her role as a new mother. She appears to have had one of the most positive experiences of the women I

interviewed in feeling supported by faculty and her peers, having a supportive and egalitarian relationship with her husband, and receiving a great deal of emotional and financial support from her family. For example, she shared how her father-in-law told her that “people will be fighting over like who’s gonna pay for her [daughter’s] daycare.” She also had a very well-timed pregnancy, was fortunate with her fertility, and knew the climate and atmosphere of her program given she completed her MA there. Her identity as a White, upper-class married woman seems to have helped her succeed given that it was "typical" for her to have a child. Madeline timed her pregnancy so that she could take the summer as maternity leave. She is currently in her second year of a Counseling Psychology program.

Co-researcher #7: Mandy

Mandy was very energizing and fiery to speak with and she seemed unafraid to assert her opinions and demand better policy and accommodations for women who choose to become pregnant. She has unique experiences as a Vietnamese immigrant married to a Canadian immigrant when she compares United States policy and the culture of women and pregnancy to other countries. She seems disappointed in U.S. policies that she believes seem stagnant. She also shared her disappointment in academia when stating, “Academia is supposed to be like sort of on the frontier of knowledge...I’m very surprised at how conservative they are to creating like support for people who want to have a family.” She seems to have come to a place of greater acceptance with her educational trajectory in recognizing she will take longer than her peers and needed to remove herself from the competitive environment to focus on her and her family's needs.

Mandy took two months of maternity leave as she had her son during the summer. She is currently in her fourth year of a Counseling Psychology program.

Co-researcher #8: Marie

Marie is a bit of a pioneer woman in her program by being the first to become pregnant during their Ph.D. (that she is aware of). She had a lot of uncertainty and fear around how her program would respond but seemed to be pleasantly surprised by the support she received. She also is the only Co-R to have had twins. She and her husband experienced fertility difficulties and Marie was one of the few women in the study who went through fertility treatments and utilized intrauterine insemination (IUI) for conception. Among all Co-Rs, she seemed to have one of the most supportive experiences with faculty providing various resources such as information about hospitals and books and granting accommodations for work and courses. She mentioned that her transparency through the process proved to be an asset in the experience and that many faculty expressed appreciation that she kept them updated throughout her pregnancy. She was one of the only women to share her pregnancy very early on (within the first trimester). Marie took the summer as her maternity leave as she had her twins in May. She is currently in her fourth year of a Clinical Psychology program.

Co-researcher #9: Maura

Maura came across in our interviews as feisty and determined. She often used the phrase "come hell or high water" in referring to her perseverance and it is very believable that "come hell or high water" she *will* get it done. Despite the challenges and trauma she faced in her doctoral career and through her childbirth, she seems determined to maintain a brave face and keep moving ahead. She seems to have a reputation in her program that

as a force to be reckoned with, which was clearly conveyed in our two interviews. She told me with pride that her advisor told her that “if anyone was gonna do it” she would be the one to be “a pioneer woman, going out into the field and giving birth to a child and going back to work the next day.” Many of her identities and values seem very salient, such as being Catholic, being raised by a single working mother, and valuing independence, specifically financial independence. Her essence seems so perfectly captured in a photo she shared with me where she has her Mac computer in her lap working on her dissertation while simultaneously breastfeeding her son, all with a look of pleased determination on her face. Maura took six weeks of maternity leave. She is currently on internship and will be graduating this year from a Counseling Psychology program.

Co-researcher #10: Natalie

Natalie's peers often call her superwoman and that seems true in her description of her life. She had two children in her program, continued a Ph.D. program full-time, owns her own business, and tried to work a full-time government job during her time in school. Despite pushback from her faculty and judgments on her life choices, she remained resilient and steadfast in her ambitions and dreams for herself and her family. This sentiment is captured in the following quote: “But it was really hard to get people to see that I’m not giving up. Like I don’t care what other people have done, Natalie’s NOT giving up! I have to finish this program!” She aspires to be a role model for her two daughters on how to break through barriers and reach your goals. Natalie returned to school two weeks after her first child and almost immediately after delivering her second baby because of her determination to finish. She took her comprehensive exams two

weeks after delivering her second child. She is currently in her sixth year of a Counseling Psychology program.

Co-researcher #11: Pauline

Of all the Co-Rs, Pauline seemed the most invested in this study and provided very thorough feedback, transcript reviews, and mementos. Pauline seems like a very passionate individual who places motherhood at her center. She appears very thoughtful and intentional as both a mother and student and is driven to succeed in both roles. She seems to have had a mostly supportive experience but feels angered at the negative experiences she did have, such as other women not understanding the boundaries she needed to set as a mother or male faculty not wanting to provide her with accommodations. Interestingly, she had her second baby a couple months after our interviews and she shared that reviewing the experience of her first pregnancy was really therapeutic and culminating in preparation for the new addition to her family. She expressed multiple times in our interviews that her economic and White privilege allowed her to feel comfortable becoming pregnant in graduate school. Pauline took her fall semester off after delivering her first daughter in September and returned part-time in the spring semester. She began her maternity leave for her second child in August and will take the fall semester off again to return in spring. She is currently in her eighth year of a Clinical Psychology program.

Co-researcher #12: Rachel

Rachel came across as very frank and candid in our interviews. I found myself laughing out loud reading her transcripts with her wit and sense of humor despite the various obstacles she has faced. She mentions often that she values transparency and yet

she seemed to fear being fully transparent with me about her experiences. This stemmed from her own difficulties in facing negative experiences in her program as well as fearing how small the counseling world is and not wanting to get on the bad side of well-known researchers. I greatly respected her courage in sharing her story especially given her resistance to being "the token pregnant person." She has struggled a lot with others viewing her as a mother first since delivering her child, rather than "a person about to go on internship, about to defend her dissertation." Despite the challenges she faced, Rachel readily acknowledged the various privileges she held in this experience as a White, able-bodied, middle-class individual. Rachel did not take a formal maternity leave; she took the summer off from seeing clients but continued taking courses after she had her child. She is currently on internship and will graduate this year from a Counseling Psychology program.

Co-researcher #13: Serena

Serena identifies as a strong Black woman. She fights stereotypes and pushes people to think beyond her identities - that she can be it all and that she will move forward, whether you believe in her or not. She seems hardworking and determined and appears to excel at time management. She is the only woman in the study that is single and financially supports herself. She scoffs at the questions of "how do you do it?" because it makes assumptions about her, her identities, and her capabilities. I hesitate to fawn over and sit in awe of her, but I'd be remiss if I did not say that she is quite remarkable given the various barriers she has overcome - leaving an abusive relationship, financially supporting herself and her child, juggling childrearing and school independently - it's quite an amazing feat. She has made it through two years in her

program with a child and did not stop to take a "pause" as she says after her childbirth. She is currently on internship and will graduate this year from a Counseling Psychology program.

Co-researcher #14: Tanya

Tanya came across as a goofy and honest woman who wants to be seen for who she is and not just seen as a mom. She stated, "I actually notice that when you have a child, people put you in a new category, like you are a mother and it takes away your identity as a person." She is honest in her distancing from the role of mother and her initial lack of desire to have children, but still has picked up this role quite seamlessly and her love for her daughter is apparent. Her language plays a strong role in this process as she is an international student and ESL learner which has complicated parts of her program. It also is important to her in raising her daughter that she shares her native language. Tanya took several months for maternity leave but was applying for internship during her leave. She is currently on internship and will graduate this year from a Counseling Psychology program.

Policy Analysis

In order to understand the effects of policy on women's experiences and to triangulate data, I examined all Co-Rs' program handbooks and university graduate student policies. Ten Co-Rs' program handbooks had nothing listed in reference to student parents or leave policies. Two of the program handbooks (Rachel and Serena) referenced the graduate student leave policy with no specific mention of parenthood. One of the program handbooks (Madeline) discussed the graduate student leave policy and indicated "to welcome a new child" as a reason for leave. The most extensive

mention of parenthood was in Lauren's handbook which mentions the leave policy, describes parenthood as a potential reason for leave, and indicates there is on-campus childcare available to students.

All of the Co-Rs' university policies were also investigated to understand what type of leave policies existed for student parents. Leave policies varied across universities; for example, some described a clear length of time for leave (e.g. 6 weeks) while others were vague in how long a student can take leave. It is worth noting that several policies also indicated that by taking leave, students would forfeit their status as registered students, meaning they would lose any financial aid, stipend, student health insurance, deferment for loans, and access to student services (e.g. library). In some cases, students' e-mail accounts become deactivated for the period of the leave and they were no longer guaranteed funding and/or employment such as assistantships if they chose to take the leave. These types of restrictions placed on students who take leave could have several consequences such as students being unable to communicate with faculty via their e-mail accounts, losing the ability to access databases for research while on leave, experiencing long-term financial loss if assistantships or other funded positions are not guaranteed, or losing health insurance right after delivering a child.

Language in the policies also could be perceived as threatening or dissuading of students taking leave; for example, one policy reminds students that by accepting admission into a doctoral program, the expectations are for a full-time effort and prompt completion of all degree requirements, while another emphasizes that leaves are considered in "rare instances." Out of all the Co-Rs' graduate student policies, five were specific to parental leave (e.g. Graduate Student Parental Accommodation Policy), two

were general leave policies that made parental leave an explicit reason for taking leave (e.g. “may request for parenting needs immediately following a child’s birth”), and seven were general leave policies that made no explicit mention of parental leave as a reason to take leave. For the seven policies without a clear reference to parenting as a need for leave, they often listed no potential reasons for leave or listed factors such as military service, family emergency, or illness. Because of these unclear policies, a pregnant student may be unsure if they qualify for leave policies or if their childbirth and maternity leave qualify as “family emergencies” or “illness.” A final note to make is that my personal experiences in locating these various policies was cumbersome, required a great deal of research, and not all policies were easily accessible. See Table 9 for program handbook policy information and graduate student policy in relation to Co-Rs.

Table 9

Program and Graduate Student Policies by Co-researcher

Co-R	Program Handbook Policy	Graduate Student Policy	Length of Leave Allowed
Angelica	None	Leave Policy without “Parent”	Unspecified
Cassandra	None	Leave Policy without “Parent”	Unspecified
Claire	None	Leave Policy without “Parent”	1 year, granted in “rare instances”
Dahlia	None	Leave Policy without “Parent”	Unspecified
Lauren	Provides campus resources & describes leave policy	Parental Leave Policy	12 weeks, retain student status, stipend, & insurance

Madeline	Describes the leave policy with mention of parenthood	Leave Policy with “Parent”	Unspecified
Mandy	None	Leave Policy without “Parent”	2 terms, lose access to campus services, email account, and health insurance
Marie	None	Parental Leave Policy	6 weeks
Maura	None	Parental Leave Policy	8 weeks, “case-by-case basis”
Natalie	None	Parental Leave Policy	Unspecified, lose rights & privileges as student
Pauline	None	Leave Policy without “Parent”	Unspecified lose ability to defer loans
Rachel	Describes the leave policy without mention of parenthood	Parental Leave Policy	6 weeks, retain rights as student
Serena	Describes the leave policy without mention of parenthood	Leave Policy without “Parent”	Unspecified
Tanya	None	Leave Policy with “Parent”	1 semester, lose student health insurance

Themes

Based on the Co-Rs’ interviews and mementos, seven themes were developed to describe the experience of becoming pregnant during a doctoral program in Clinical or Counseling Psychology. The seven themes include: (a) Pregnancy, (b) Program Culture and Support, (c) Institutional Resources, (d) Outside Resources, (e) Microaggressions, (f) Identity, and (g) Relationship between Student and Mother Roles. To further describe the

themes, subthemes were developed for each theme. To view a summary of how many Co-Rs endorsed each theme and its subthemes, as well as how many statements were coded for each theme and subtheme, see Table 10. For a more in-depth table specific to each Co-R, see Appendix K. For each theme, all 14 Co-Rs experienced some aspect of the theme, except for the theme *Microaggressions* in which two Co-Rs (Cassandra and Marie) did not report experiencing any microaggressions in their program. Each theme, including its subthemes, is described in detail below.

Table 10

Themes and Subthemes by Co-researchers and References

Theme	Co-Rs	References
Pregnancy	14	183
Planning, Preparation, & Timing	14	85
Pregnant Therapist	12	32
Health Challenges and Concerns	14	66
Program Culture and Support	14	224
Sources of Program Support	14	105
Conditions of Support	13	34
Prevalence of Pregnancy	12	27
Stigma	13	58
Institutional Resources	14	143
Nursing Resources	13	37
Leave Policy	9	20
Accommodations	8	21
Comm., Awareness, & Transparency	13	41
Miscellaneous Resources	9	24
Outside Resources	14	126
Community	12	33
Family	12	20
Partner	13	47
Self	12	26
Microaggressions	12	75
Microassaults	4	6

Microinsults	12	37
Microinvalidations	9	31
Identity	14	78
Expectations, Pressure, & Stereotypes	11	30
Intersectionality	10	13
Privilege	4	16
Gender	11	19
Relationship b/w Student/Mother Roles	14	326
Role Adjustment	14	79
Role Interactions	9	21
Role Strain	14	87
Role Conflict	13	85
Role Fulfillment	13	54

Pregnancy

The theme *Pregnancy* focuses on the experience of becoming pregnant and the general experience of pregnancy while in a Counseling or Clinical Psychology doctoral program. The three subthemes include (a) Planning, Preparation, and Timing, (b) Pregnant Therapist, and (c) Health Challenges and Concerns.

Planning, preparation, and timing. All of the women discussed their planning (or lack of planning) for their pregnancy and their level of preparation for a child. The majority of women planned their pregnancy, but five women experienced unplanned pregnancies during their doctoral program. One of the women who experienced an unplanned pregnancy, Tanya, stated, “When I checked my pregnancy test and it was positive, I almost had heart attack – it was terrible!” Unplanned pregnancies generally led to initial feelings of panic, fear, and concern, while the women who planned their pregnancies described feeling excited, relieved, and overjoyed. Women also referenced their age and fertility in describing the planning of their pregnancies; women who were past the age of 30 when pregnant were more likely to describe fertility concerns and

anxiety such as Cassandra who stated, “I’m 38! (Laughs). When *am* I gonna have a child, you know?” Fertility concerns were not unfounded as both Pauline and Marie went through the fertility treatment of intrauterine insemination (IUI) due to their initial difficulties in getting pregnant.

Women also discussed their level of preparation for a child and for balancing both roles as student and mother. Angelica stated:

I feel like because I got pregnant in a Ph.D. program that I wasn’t as prepared to have my baby as I would have been if you know, I was working full-time or not in school or something like that. And I say that because there were a lot of things like going to prenatal classes, there were quite a few books I wanted to read on just like baby development and labor that I never did because I just didn’t have enough time in my life between school and research and dissertation and client hours to do those things...I realize like I really didn’t know anything going into it and I have friends that really like had done a lot of research and had specific birth plans and I didn’t do any of that because I just didn’t have the time to dedicate to it. Like I didn’t have the luxury of having an opinion about a lot of things.

Women also shared about how they wished they had been more proactive with their academic duties while pregnant, such as accruing more client hours or getting ahead on their dissertation. Dahlia encouraged women who become pregnant during doctoral programs, “Do as much as you can during the nine months of pregnancy before the baby comes because then it’s just gonna get busier.”

Finding the “right time” to become pregnant during the program was also a common experience for women. The “sweet spot” to become pregnant seemed to be

one's third or fourth year with seven women becoming pregnant in their third or fourth years, four in their second year, and three in their first year. Cassandra, who entered her program with an unplanned pregnancy, shared that her faculty were surprised to hear she was coming into the program pregnant given, "most people when they're talking about planning a family and they're in graduate school, they wait 'til like their third or fourth year." Women shared that their third or fourth years were more ideal given the greater amount of flexibility in their schedules after finishing coursework and the sole focus on dissertation and internship.

Trying to deliver their baby during the summer was also a priority for many women when planning their pregnancies due to having fewer academic obligations. Some women laughed at the idea of finding a "right time" to become pregnant such as Mandy who stated, "Well there is no best time! (Laughs) According to me and my partner, I don't think there are any best times at all." Similarly, Marie shared, "We were thinking about timelines with grad school and internship and then getting a job and it just never seemed like there was a good time. So we kind of figured now was as good a time as any."

Pregnant therapist. Several women shared about their challenges in concentrating in therapy due to feeling exhausted or their fears around throwing up in a session because of their morning sickness. Some women were concerned for their and their child's safety in therapy such as Madeline who stated:

So at a certain point in my pregnancy, I decided I didn't want to be a child assessor anymore just to be completely safe. Um, like I had an assessment where

there was a child who was being aggressive and kind of kicking at me so I just decided I don't even wanna risk it.

Women also communicated their discomfort in having their personal lives on display via their pregnancy given it is a very visible identity. Rachel discussed her anxiety with her clients viewing her differently because of her pregnancy and stated, "It's like disclosing, I had sex! And here's the result! (Laughs)." Clients' reactions to women's pregnancies were especially fascinating. Maura worked on an inpatient unit with children and stated:

I had all these really interesting, fascinating dynamics with the, uh, patients' reactions to my pregnancy? Like there was one little girl on the unit who said that she could hear the baby crying and that the baby was hungry and I wasn't feeding the baby, just like *really* fascinating, um, reactions. I had another little boy who had been sexually abused and then had sexually aggressed against other people who was like asking me about like sex and does it hurt? And like does it hurt to be pregnant? And like all these like crazy questions that I did not know how to respond to...Oh my gosh, I felt like I was a walking projective assessment. It was like, like seriously, we joked about, they were like, just let her walk into the room and you'll see, you'll get some good like nurturance reactions out of the people there and you can figure out what's going on with them.

Pauline discussed a case with a male client she worked with for two years on attachment issues and his own mother that ended on an uneasy and difficult note for her:

We had a really interesting last session where he – he had asked about my baby registry. He wanted to give me a gift and it made me feel really awkward because I didn't know how to, I didn't want him to give me a gift. Both for his benefit and

it felt too, it felt invasive to me. So I just kind of awkwardly skirted the question in a way that I would have hopefully done differently now. But um, he brought me a gift bag for our last session that had – so I always brought my water bottle into our sessions and he bought me a set of three really nice glass water bottles, like a mommy, a daddy, and a baby water bottle. Which were probably, I mean he probably spent 75 bucks on them, on the water bottles alone. And um, you know, and then a little stuffed animal and I ooh-ed and ahh-ed over it and talked about how thoughtful it was and then I walked him out to the waiting room at the end and said goodbye and um, and he said kind of, he, you know, doorknobbed it and said oh there's something else in that bag. And I was like oh shit! Okay, thanks, bye! (Laughs). It was, I didn't know how to handle that. So then the other thing in the gift bag ended up being \$200 worth of Amazon gift certificates...

Pauline ended up donating the gift cards after consultation, but it's clear that pregnancy evokes unique reactions in clients that deserve attention in supervision and clinical work. It is worth noting the prevalence of this subtheme, as women shared many interesting and poignant stories about their experiences of being pregnant as a therapist.

Health challenges and concerns. Women faced many health challenges and concerns during their pregnancy including miscarriages, side effects of pregnancy, pregnancy complications, birth trauma, and recovery from childbirth. The fear of having a miscarriage was prominent among women during their first trimester. Because of their uncertainty in carrying their child to full term, many women chose to not share their

pregnancy with their program, which caused awkwardness and fear of others' perceptions. For example, Angelica shared:

That was always a constant thing where it was hard to go to class, it was hard to sit through class. I mean I'd get up and go to the bathroom often. And I, I was always worried and concerned that I would be perceived as like being flaky because I was getting up so often but I just felt like okay, as soon as I tell them, they'll understand.

Both Pauline and Lauren experienced miscarriages during their program; Pauline described the aftermath of the miscarriage as "stressful and dark" while Lauren described the experience as a trauma and stated:

It's a very awkward loss and um, people don't realize how much of a loss it is and I didn't realize how much a loss it would be until I went through it myself... I felt so like emotionally broken at that point...I could barely stand when I had the miscarriage. I was physically really weak and like bleeding for a long time and it's just, it's not something you wanna go through without anyone knowing.

Because of her miscarriage experience, Lauren strongly encouraged other women who become pregnant in their doctoral programs to tell people early instead of waiting after the first trimester because of the need for community and support and to lessen the shame and stigma around miscarriage. Marie was the only one to share her pregnancy early because her fear of miscarrying and wanting her faculty to be aware of her pregnancy in case she needed time off because of losing her baby.

Women also were challenged by the side effects of pregnancy such as lethargy, nausea, and lack of concentration. Claire shared about not being able to find shoes she

could fit her “puffy feet” in and Mandy shared about the difficulties in driving to school given how large her stomach was. Serena seemed to have one of the more challenging side effects of pregnancy and shared:

I’m pregnant, like it’s hard for me to kind of like be perky every day because literally, through my entire pregnancy, I had um, I guess what you would call morning sickness? But it was all day. Any time I ate, I didn’t have to eat, like it was just – I was sick the entire time. So I literally did not have a lot of energy to just, it was a miracle to get up every day! You know? And make it to class or make it to my externship and do what I needed to do or whatever. I had to be there at 9 o’clock and literally, I would probably roll in there like 9:15, 9:20. And like you know, that of course, that looks bad! Especially the fact that I live maybe like 20 minutes away? Um, but it was really tough to try to get up and make it in...by the end of the day, me having night classes rolled around was fine, but probably around – most of our classes went to about 8, about 9 o’clock? So around 8:15 or 8:20, I told them I had to go! (Laughs). I was like, I gotta go, I can’t function, I can’t like, I just can’t keep sitting here.

A few women discussed their use of saltine crackers, ginger candies, or sea bands to manage their pregnancy symptoms while attending to their academic duties.

Several women experienced pregnancy complications including premature delivery, restricted growth of the baby, heart complications, and exposure to Fifth Disease¹ which led to the need for increased medical care and monitoring. These

¹ Fifth disease is a contagious infection which can negatively affect the fetus and lead to pregnancy complications such as miscarriage or stillbirth (March of Dimes, 2018).

complications can cause a great deal of stress to a woman and also cause the need for further accommodations depending on the severity of the complication. Women also shared about birth challenges and the immense pain of childbirth. A few women had traumatic childbirth stories in which the epidural did not properly work, their child experienced breathing complications or infections, or the umbilical cord was wrapped around the child's neck. Maura shared a particularly traumatic childbirth story:

That was not a good day of my life...I can get very emotional about that day because it did not go as planned... Something went wrong and so they hit the panic button in the room so there were like 30 people in the room and everybody was dead silent and the baby came out and the baby was dead silent and gray and like NOT breathing, NOT moving. And so they like whisked him away. I remember I like tried to tickle his back a little bit as I could like try to reach him – I'm gesturing right now, you can't see me gesturing – um, and he, like kind of made a little bit of a cry but he like did NOT scream...Anyway he went off to the NICU and I didn't see him and then everybody was all preoccupied with that and then I started to hemorrhage because I had an issue with my placenta that, uh, long story short, I had to go to the OR and they like talked about doing a hysterectomy and having all these horrible things and I was awake for the whole thing and had surgery and ridiculousness.

Maura indicated that after her childbirth, she experienced nightmares and flashbacks and was later diagnosed with post-traumatic stress disorder. Recovery after childbirth was difficult for many women especially with the physical pain of breastfeeding, sleep

deprivation, post-partum mood symptoms, and physical exhaustion and soreness from childbirth. The trauma of, and recovery from, childbirth is important to highlight as this can cause challenges in transitioning back to academics or returning to full and healthy functioning with the limited leave time student parents are granted.

Program Culture and Support

The theme *Program Culture and Support* focuses on general program culture around pregnancy and motherhood and how Co-Rs describe reactions and responses from the program. It also focuses on support provided at the programmatic level including advisors, faculty, peers, and clinical supervisors. The four subthemes include (a) Sources of Program Support, (b) Conditions of Support, (c) Prevalence of Pregnancy, and (d) Stigma.

Sources of program support. All women mentioned receiving some level of support from at least one person in their program. The three main sources of support that women identified include advisor and faculty support, peer support, and clinical support.

Advisor and faculty support. All women indicated they received some type of support during their pregnancy and parenthood from their advisor or faculty members. Mandy emphasized the importance of having a supportive advisor, stating:

If you plan to be pregnant in your program, I would say find a good advisor...

Yeah, I mean for me, finding an advisor, a good advisor, is like I think it's very

key success to having child and having a good Ph.D. (laughs).

Several women mentioned supportive advisors who encouraged them to finish dissertations, shared in excitement about their pregnancy, were flexible and accommodating, and advocated for student parent needs in the department. Rachel

proactively chose her advisor when applying to doctoral programs because of her advisor's positive reputation in working with pregnant and parenting students. Pauline shared that her advisor "had her first baby as a grad student and is a very vocal proponent of having babies in grad school." Thus, the open and explicit support of advisors seemed very important to several women in the study and allowed for more positive experiences.

Similarly, the support of faculty seemed important to women in the study and allowed for smoother transitions. Faculty provided support through congratulatory e-mails, handmade sweaters for the newborn, and posting their students' baby photos in their office. Marie showed the importance of faculty modeling as well within the program:

I think something that was really helpful for like my peers was sort of an acceptance of my pregnancy was modeled by the faculty and so, um, I think that was probably, kind of looking back on it, pretty helpful that they sort of set that example of acceptance and support so. I don't know if, I don't know what the support from my peers would have been like if they hadn't done that. I'd like to think they would have still been pretty supportive because they're my friends.

But I think that was probably pretty helpful was having the support from the faculty and kind of like setting that example of um, being supportive and then that sort of opened it up to my peers to be supportive.

This modeling from faculty seems important in creating a program culture where pregnancy and parenthood is accepted and welcomed. Clearly, the support of advisors and faculty played a significant role for women in the study.

Peer support. Support from peers and cohort mates was also significant for women during their pregnancy and parenthood. Women had their cohorts throw surprise baby showers for them, provide childcare, help them catch up on classes they missed, and provide continual support and validation of their experience. Serena felt very supported by her cohort and attributed her continuation in the program to her peers:

Quite honestly, I don't think I would've made it through my year or my program without my cohort. There's eight of us in total and they were the backbone for me to make sure that I, you know, I just got my work done, just was on top of me about a lot of things, just checking in on me. I don't think I would have made it without them...They were there to just, like I said, make sure I did my work, checking in, just whatever I needed. If I was hungry, somebody gave me their food (laughs). It didn't really matter, they were there. They gave me a surprise baby shower...So that's just how supportive my cohort was to make sure that we're all in the process together.

Clinical support. A final source of support for women at the programmatic level was through clinical supervisors at their practicum or internship sites. Several women mentioned the staff at their clinical site throwing them baby showers or supervisors encouraging them to decrease their client load as needed. Supervisors also played a vital role in helping women process how to share their pregnancy with their clients and how pregnancy impacted their clinical work. Tanya shared the immense amount of support she received from her practicum:

My, um, colleagues at the practicum placement...they were SO supportive.

Actually they, I think partially they are responsible [for] why I got over my initial

bad reaction so easily. Um, because they gave me SO much support. It felt almost like I had like 10 psychotherapists at the same time plus friends plus like everything, recreation and fun and everything. So yeah, it was incredible how much support I got from my colleagues at practicum...She [my supervisor] got me the book like *What to Expect When You're Expecting* and um, she spent at least 15 minutes every supervision hour talking about how I feel about pregnancy (laughs). Yeah, so she REALLY processed it so yeah, it was great.

Conditions of support. It is important to note the support that student mothers received seemed at times to be conditional and dependent on three factors: (1) parent empathy, (2) reputation in the program, and (3) religious affiliation. For the first factor, parent empathy, the women in the study often mentioned faculty, advisors, or peers being supportive because of being a parent themselves and understanding the experience. Eleven of the 14 women mentioned that one of their sources of support (faculty, advisor, or peer) was a parent themselves and thus could understand their experience and provide the necessary resources such as leave time, accommodations, or places to pump. Not having a support person who was a parent also seemed to cause concern sometimes; for example, Mandy shared:

My advisor doesn't have kids of her own. Um, two other faculty also don't have kids of their own who were female. So it was kind of like, I know that I need to put, I need to like make a clear statement with them about my expectations because, you know, sometimes at the beginning, I thought they would not really understand if I get pregnant during the program? ...My advisor was good because I was honest with her from the beginning but sometimes she also doesn't

understand what it means to have a baby. So it's hard to explain to her. And she's not like a type of person who would ask (laughs).

It is noteworthy that she felt certain individuals would not be as understanding of her experience because of their lack of parenting experience.

Another condition of a supportive experience seemed to be one's reputation in the program and if they were viewed positively and as a "good student" by their faculty. For example, Maura stated:

I think with like having already having good relationships with faculty was important, like I think that made it a lot easier to feel like I was already perceived as competent and hard-working and um (pauses). People had known me for a number of years so there was not a, nobody looked at me and thought I wasn't a serious student...No one ever doubted that I was hard working, motivated, or competent. People didn't think of me as someone who just came to grad school to have an easy few years. I came to the master's program dating my now husband, but single. I didn't get married until after my first year in the doc program. And people already knew me from undergrad and I had a good reputation even then. Faculty knew my work and sure they critiqued it and I had my fair share of crying because I thought I should quit, but overall people knew me. They didn't stick stereotypes onto me because they already authentically knew me.

Thus, it seems that the "good" students are rewarded with less stigma about their life choices and more support in their decisions.

The final condition of support noted was the religious affiliation of the university. Both Maura and Angelica mentioned the need for their program to be supportive given

their school's religious affiliation (Catholic and the Church of Jesus Christ of Latter-day Saints, respectively). Angelica stated:

[I'm at] a religious school and so the church's stance is essentially very pro-families, puts a really high value on getting married and having children. So one professor even e-mailed me back and he said, you know, of course you can bring your baby to class. And he said, you know, if I didn't, or he was like if other professors don't, that's kind of hypocritical that like they're at a school that they want you to have kids and they're not gonna support you having kids. So, so my guess is that's probably a big reason why maybe if my experiences where professors in school have been more accepting and supportive, it's probably because there's a little extra pressure there where it would kind of be a little bit hypocritical like no you really should do this but we're not gonna help you if you do, kind of thing.

These conditions of support are vital to note as it raises concern that support of pregnant and parenting students would only be granted on certain terms.

Prevalence of pregnancy. Women's programs also varied in their prevalence of pregnancy. For example, Marie communicated her uncertainty about sharing her pregnancy and her desire for more knowledge when she stated, "Honestly, I kind of wish there had been research like what you're doing now when I first got pregnant because no one in my program had ever been pregnant before." Other women had parenting peers to turn to, such as Madeline:

And another woman in my – not in my cohort, but in my advisee group, was pregnant over the summer, right when I was thinking about it. So I was thinking

well she did it! Maybe, you know, and I asked her a lot about what her experiences were like and how the faculty reacted to her so I definitely think that gave me a confidence boost as well just knowing someone else who was doing it also.

Having another parent peer in the program not only provided the confidence that it was possible to do, but also provided a source of support and connection for women to not feel alone in the experience.

Even if women knew someone in their program who became pregnant, the knowledge did not always provide comfort in knowing it was feasible. For example, Dahlia shared about a peer in her program who had a very different experience:

She seemed to have had a different experience being pregnant in our program.

Um, she didn't get as much support from her advisors or supervisors, um, from what I heard. So when she was pregnant, we had like a (pauses), yeah when she was pregnant, the DCT wasn't that great... he wasn't very, um, like empathic, he wasn't very sympathetic.

This quote highlights how impactful the program support systems are as student mothers in the same program can have very different experiences depending on the faculty.

Faculty who hold positions of power within a department, such as the DCT or chair, can have an especially significant impact on students' experiences.

Stigma. The presence of stigma around becoming pregnant in a doctoral program was apparent throughout the interviews. Many of the women were nervous in sharing their pregnancy to their program, such as Claire who stated:

I was actually really scared and nervous about telling them because I didn't know what their reactions would be. I knew that they weren't gonna be like, oh my gosh you need to leave the program, or anything crazy like that, but I just didn't really know what to expect.

This apprehension and trepidation in sharing seems to highlight the stigma associated with a woman who becomes pregnant during her doctoral program. Similarly, women feared others' perceptions of their decision to have a child during the program and feared being seen as "not really taking her degree seriously" (Maura) or "not prioritizing grad school" (Marie). Angelica, who experienced an unplanned pregnancy, shared a similar sentiment:

I did feel the need to tell people sometimes like oh yeah, it was kind of a surprise! Um because, and I guess my thought was so that people didn't think I was putting school on like the backburner and it wasn't like I planned for this to happen in a sense because that would seem like pretty horrible timing. So I did feel the need to mention that which is interesting I think... I think there would be the question, not that, I don't think it would have really mattered to anyone, but if it was me hearing that, I would think OK like so are you just gonna like graduate and be a mom? Kind of like what's the point in being in this program, you know, if your priority is more in line with family? Does that make sense?

There was also a sentiment of victim blaming expressed by Co-Rs. Women often felt it was their fault for getting pregnant and that they had to deal with the consequences and not ask for help. For example, Lauren stated:

I started feeling, um, as though I couldn't ask for like any accommodations because it was my, like my decision to get pregnant and especially because everyone knew from the fact that I had a miscarriage, like it was pretty obvious that I was actually trying. This isn't just something that like (laughs) happened by mistake.

The stigma of being pregnant even bled into the interviews; for example, Rachel was anxious in fully sharing some of her experiences during our first interview and stated:

I've kind of realized that like, I need to be, at times I need to be brave, and this is one of those times because for change to happen, people do need to speak out instead of being afraid to be the token whatever. Like this is something that is not obviously unique to pregnant women, this is something that's been a struggle for people in any minority group. And I feel like a little bit ashamed, maybe that's too strong of a word, like I wish I didn't feel scared about talking about it because I feel really strongly that people need to be heard and seen, like for this to be addressed and for there to be resources and stuff. But at the same time, I find myself not wanting to be associated with my pregnancy, with my motherhood in my program. Just because I don't want to be known for just that.

A couple other women also felt anxious about sharing their story with me and were concerned about confidentiality and faculty retaliation if faculty found out what they shared. One woman shared, "As lovely as what you're gonna put out will be, I don't even think these people [her faculty] will digest it (laughs). Like I don't think this is what they're looking to read." And yet, she still feared "making waves" especially with well-known researchers in the field who have microaggressed and discriminated against her.

Finally, several women described feeling “lucky” or “grateful” for the support and flexibility they received which causes one to question why these women should feel fortunate for receiving the support and accommodations they deserve. When I reflected this sentiment to Pauline, she stated:

Yeah, it is sad! (Laughs). I know, it should be the norm. And I guess it’s just so easy to, maybe just this is how I’ve been socialized as a woman, but just to be like oh thank god it wasn’t worse! (Laughs). I must be so lucky!

The stigma of pregnancy during a doctoral program presented itself in many different ways for women but the majority reported some level of stigma associated with their life choices.

Institutional Resources

The theme *Institutional Resources* focuses on what resources were available to support student mothers through their university or program. The five subthemes include (a) Nursing Resources, (b) Leave Policy, (c) Accommodations, (d) Communication, Awareness, and Transparency, and (e) Miscellaneous Resources.

Nursing resources. The lack of access to or awareness of nursing rooms was astounding and alarming in the study. Nine of the women indicated they did not know if there were designated spaces to pump on campus, did not have access to a nursing room near the building their program was housed in, or they definitely knew there were no nursing rooms on campus. When I asked the new mothers in the study about their access to nursing rooms, many of them thought through in the moment with me where they could pump such as scheduling a room in their building, using a bathroom stall, or finding an empty conference room. A few women mentioned that they would pump in

their car because there was nowhere else to go, but they still had difficulties finding appropriate places to store their milk after pumping. Even when women had access to a nursing room in their building, the spaces were not always accommodating or useful; for example, Lauren stated:

They have a room for like nursing mothers that I went in and tried to pump but it's an actual closet. I mean it's really, it's this windowless tiny room where it was stiflingly hot and I just like couldn't sit there for any length of time.

The lack of resources is concerning as a few women indicated that their inability to pump at school led to lower milk supplies which led to an ultimate cease of breastfeeding their child. An especially poignant quote came from Angelica, who described her inability to breastfeed with the lack of campus resources: "Like I wish I could just feed my baby breastmilk, but I don't know, I chose to do school so that's kind of where I'm at." This quote resonates in the way Angelica blames herself for "choosing" school and thus she must deal with the consequences of an unaccommodating environment. Rachel had particularly traumatic and challenging experiences with trying to pump at school:

Going back to class was THE hardest, not because of the class work, but because of breastfeeding. And this is probably, when I read the call for your study, this is the thing I was hoping to say to you the most. The resources on my campus for a breastfeeding woman in my building...were non-existent for breastfeeding moms...I mean that was probably the worst part of coming back was people not understanding what it takes to continue to breastfeed your child while being a student.....And then like there were these rooms that we used for like, we called them the counseling labs that we use to see clients and they have like no windows

and a lock on the door, but they also have no sink which is illegal, for like a, I mean it would be illegal to call that like a breast pumping or feeding area because it needs to have like a sink and all sorts of other stuff and an outlet and whatever. But um I ended up using that space and then I would just like stuff everything in my bag and go to the bathroom like to wash it out. But it takes a long time! And like I would try to cram it into a 15-minute break in between class. And you can't do that. And so guess what? I ended up not being able to continue to breastfeed because like, I was trying to be a hero and make it all work, and you just have to be patient, there's no supplement for time.

The resource of nursing rooms was particularly salient as causing significant challenges for women in their experience of being a student mother.

Leave policy. Leave policies greatly differed between women's programs. Similar to nursing resources, several women had no idea what the leave policy was, had no parental leave policy, or felt that the policy was murky and confusing. This aligns well with what I uncovered in my own policy search. Rachel shared her confusion when researching her university's leave policy:

I did a lot of investigating and in thinking about how to navigate the system if I wanted to take time off, um, when I had [my baby] and just decided not to if I could help it because it seemed murky to do that... There are NOT clear guidelines. That's my experience, that in my program, there were not clear guidelines about what would be the supports and what would be like the, you know, altered timeline for any of it.

Mandy also shared her concern that women faculty similarly have no access to maternity leave:

I was talking to my advisor about this – she said that the only thing you are offered is, of course, maternity leave but not that much that’s long, but then most people come back early. And then they would tell you that you can take a semester off from teaching, but then you still have to research and other stuff. So it’s not really like a semester off! (Laughs). So and then she said back in the time, rarely anybody takes the semester off from teaching. And I’m like how can that even be like, you are a female! You are a faculty! I don’t understand why this type of policy still exists today!

These findings suggest that if students observe a lack of accommodations for faculty mothers, they may feel deterred from going into academia themselves given the family-unfriendly environment. Both Mandy and Madeline felt disappointed in leave policy at a national and systemic level in the United States, especially in comparison to international leave policies.

Accommodations. Several women indicated that they received class accommodations during their pregnancy, such as faculty excusing absences for prenatal appointments. Some women were granted permission to Skype into class or have peers record the lectures when they were late into their pregnancy or after delivering their child if the childbirth was during the semester. Angelica was even allowed to bring her son to her classes during the fall semester. Cassandra entered her doctoral program pregnant and was provided accommodations from the faculty before even starting her classes:

One of the things in talking to the advisor early was that I was able to get syllabus early, or syllabi early, so I could start my reading. So I was probably maybe approximately 2 weeks ahead in all my readings. And then I also let the professors know, hey I'm probably gonna deliver around such and such time, I'll be out, would you, what do you want from me while I'm out to be doing to remain, you know, able to participate in the class? And so a lot of them told me just keep up with the readings. You know, there wasn't a lot of assignments, it was just a lot of reading. Um, so that's what I tried to do the best I could. I probably missed a few readings when it came to projective testing (laughs). But um, you know, tried to keep up. Some of my classmates would record the lectures for me so in between feedings and her sleeping and what not, I would listen to the lectures. You know, I did as much as I could.

Some women also mentioned the occasional need for extensions when juggling the roles of student and parent. For example, Serena shared:

I don't want you to give me like super extra accommodations but do realize that it does take a little bit of time for me to get certain things done because I have a toddler at home who's staying up with me until 2 o'clock in the morning (laughs) and doesn't wanna sleep so you know, I'm trying to do my work and I have a toddler who thinks she wants to, you know, type on the computer too. So she's erased like my whole page of an essay or a paper that I just started on. So you know, things like that.

A few women were also granted accommodations with their employment, such as graduate teaching or research assistantships, and were able to complete some work from home while recovering from childbirth.

Miscellaneous resources. Some women described unique resources that were not common across stories. It is interesting to note how some women described resources available to them, while other women described how they longed for these same resources; clearly, there is not an equal distribution of resources across stories and universities. A few women had access to an on-campus daycare for their child which provided subsidies and student discounts. Others longed for an on-campus daycare, such as Cassandra who began her motherhood as a single parent: “Like for people like me with limited resources and no family, like a daycare would be awesome to have on campus.” Madeline’s graduate student union provides a hardship stipend, which Lauren desired and thought of as a “dream”:

I mean if it’s possible like I think there should be some kind of extra like I don’t know stipend or I know this is like hard to begin with and not a given in every place but you know, I was getting the same amount as people who didn’t have kids or didn’t have families, um, and I mean I am getting that amount and it’s really not a lot and it, um, I mean it’s like better than, you know, it’s better than less. I’m happy with what it is, you know, I’m grateful for what I have but it’s been a challenge and you know taking on more loans has been a challenge so you know, that’s I guess a bit obvious and a dream.

Both Pauline and Marie described the impressive student health insurance plans they were provided with that significantly helped with their costs of childbirth and family care.

Several women mentioned wishing that buildings were more accessible for when they bring their child in their stroller; this is a significant concern not only for student mothers but for individuals with disabilities given it is a violation of the American Disability Act. Women also expressed concerns about the lack of changing rooms in bathrooms when they bring their child to campus. Natalie shared:

And there's like not even a chair in the bathroom like if I wanted to go and change my baby. 'Cause I took the kids with me one day to school and I'm like there's not even a changing table nowhere in this building. I had to go to the car and change their diapers like on top of my car seat (laughs) because there was nothing.

The lack of resources on campuses can convey to students that children are not welcome or accommodated in academia.

Communication, awareness, and transparency. For most women, this resource was unavailable but they expressed the urge for more open communication with their program, awareness of resources for student parents, and more transparency about accommodations. Several women expressed the desire for something to be added to the program handbook that provides attention to student parents or an outline of expectations, resources, and accommodations for student parents within the program. Dahlia shared how providing resources in the program handbook could reduce stigma and shame around pregnancy and parenthood:

I don't know accommodations there would have been for me. I don't know what resources there are for me I guess.....But I guess if programs had something like that, like a list of resources or what happens when you get pregnant because then

maybe that shows how accepting they are of it? ...I think having those resources available like oh where's the nursing room, where's a good place to pump, stuff like that, that would be really helpful...And maybe I wouldn't feel so guilty because I remember feeling like scared I guess and guilty about talking to my advisor and telling him that I was pregnant.

Women also discussed their desire for more open communication with faculty members about their pregnancy and general program awareness about the possibility of motherhood during a doctoral program. Several women mentioned how doctoral programs coincide with students' choices to have families given the timing and age considerations. Madeline encouraged a change in program culture:

So just acknowledging that, like if programs are I guess first and foremost welcoming of young families and mothers...And that you know, kind of having a culture where the goal is to help the person be successful, not just professionally but also as a parent, like supporting that side of the person as well.

The murkiness of student policies was also a major concern. Several women shared about the stigma surrounding policies and feeling uncertain of whether they were allowed to take leave. For example, Serena did not take any leave time and shared:

I don't really recall it [the leave policy] like just being presented in a sense, in a way that I would have wanted to take it...It wasn't presented to me that I had options to take time off and these are the things that I could do like if I take three months off and come back, this is where I'll be, you know? It was more like okay, in my mind, if I take time off, I'm not coming back so I'm not stopping.

Um, so I think that it should probably be more evident so that most females don't feel as though they can't get pregnant in the program.

Leave policies need to be presented to students in a way that is accepting especially given this is within their rights to take parental leave. Furthermore, faculty should be aware and cognizant of the resources and policies available to student parents. Marie shared:

So I think having a good parental leave policy and then being really communicative about that because I don't think my advisors knew about that. I had to get that information from another student who had taken advantage of it who from what I understood kind of did his own research...It may have lessened my apprehension a little bit if I had known that was a policy that was in place.

Outside Resources

The theme *Outside Resources* focuses on resources that were available to student mothers outside of the university and how the availability of these resources affected women's general experiences of parenting while attending a doctoral program. The four subthemes include (a) Community, (b) Family, (c) Partner, and (d) Self.

Community. Community resources were vital to many women when juggling both roles of mother and student. Several mentioned finding online support groups or blogs to follow, such as a group Natalie found called "Ph.D. Mamas." Some attended Mommy and Me classes while others relied on their faith communities and religion for support. Maura, who identifies as a military spouse, shared that the military community has been specifically helpful for her:

I had another friend, another military spouse friend who – that community has been SO helpful for me down here, oh my gosh, thank goodness for them. She

and I would go to the USO and like study, they had free coffee and stuff and free Wi-Fi so you could like sit in armchairs and study and do your stuff. So she and I would spend our days, drop our kids, we had kids the same age, so drop the kids off at daycare and like go study all day and pick them up and go to one of our houses and do dinner and do baths together and like whichever, you know then take your kids home, it was like awesome...But I basically am in like a grown-up sorority now and it's like amazing and wonderful and I love it and I don't know what I would do without it.

A major source of support for many women was their own personal therapy. When I asked Lauren what has helped her make it through this program thus far, she said, "Therapy (laughs). My own therapy. It's really true...when I started, like when I went to my own therapy, I was able to like have an outlet for all the stuff that was just so hard." Having a space to process the experience of a student mother seemed vital to several women in the study.

Family. Several women mentioned having the support of their family, especially from their parents who provided both emotional and financial support as well as childcare. The role of women's mothers seemed especially salient as their mothers seemed to provide a great deal of nurturance and role modeling for women as they entered the role of mother. Several women had their mothers or both parents come live with them for a period of time to help with the new adjustment. Dahlia shared how her mother stayed with her the first month after her baby was born and now her mother-in-law helps with childcare:

I think having good childcare has been really helpful. So my mother-in-law watched her on the days that I'm at my practicum site and now, she continues to watch her twice a week even though I don't have my practicum anymore. I'm not at practicum but, I'm doing my school stuff, I think that has been really helpful in helping me get through. It's like one less thing to worry about...Yeah that, I think that's been the biggest.

The inability to have family nearby seemed especially poignant for the women who were without family support; for example, Tanya's mother died many years ago but while raising her child, Tanya shared, "I wanted my mom so bad to be alive during that because I needed my mom. And actually though my husband is so supportive, I wanted my mom more than my husband...So that part was missing." The role of family, especially mothers, seemed to be crucial to many women in navigating the experience of being a student mother.

Partner. Partners also played a significant role in women's experiences of parenting during their Ph.D. Some women attributed their positive experiences as a student parent to the support of their partner; for example, Rachel shared that when other women ask about becoming pregnant during a doctoral program, "I ask them like what's your relationship like? Because I think that was a huge factor for me in like being able to say to you I had a positive experience." Egalitarian relationships seemed to be critical to women having a positive experience and several women expressed their gratitude for their partner in taking on an equal share of the parenting responsibilities. Claire shared about her and her partner's lack of conformity to gender norms:

I think we have a pretty egalitarian relationship, like very non-conforming to gender norms...like I didn't change a diaper for the first four days. He changed all her diapers probably until then. He's actually the cook in our house like I hate cooking so he takes care of the cooking and um, when we were pregnant, um, one of the books that we read, we read them together. Like I would read it out loud and he was there, you know, listening and we'd talk about it. Like if something came up while I was reading it, we'd kind of have discussions about it. We're also doing cloth diapers and um, he was the one who actually brought up doing cloth diapers. I was kind of like no, that sounds like more work and I don't want to be part of that, that sounds awful. But he talked me into it and presented his arguments for it and he researched which cloth diapers would fit our needs best. Um, um what else? He's up with her when I'm sleeping because I'm tired from breastfeeding. He gives her baths and lotions her up and gets her dressed and I don't know, he's, I feel like sometimes I'm the slacker parent. So I feel like he's really involved.

Even when women had supportive partners, there often was strain placed on their relationship with their partner because of graduate school stress. Natalie happened to be in the midst of relational conflict during our interviews and shared:

So he's [husband] like this school is in the way of our, like our family life. Um, so he, he's built some resentment towards me because I'm so adamant about finishing and so like, literally um (deep breath), we haven't even seen each other in, it's been over a week. He left (voice becomes shaky). He got upset and we argued. Um 'cause it's been really stressful around our house. We're actually

having a family meeting today, it's so funny. My dad and his dad and me and my husband are going and sitting and talking. Because we haven't, he wanted a divorce. And so, I'm like this has really ruined my life! (Becomes tearful, sighs).

However, not all women had partners to lean on during their pregnancy. Cassandra's initial partner wanted her to get an abortion and she ended up leaving him because of their "severely cracked" relationship. Serena left an abusive relationship with her daughter's father and was the only woman who identified as single at the time of the interviews. I expressed my awe at her ability to manage as a single parent to which she said, "Oh I don't know how – now, this is one of those questions that like I DON'T know how I'm doing it! (Laughs). I don't know. It is definitely, it is not a, it's not a walk in the fields." Partner support appears to greatly influence one's ease in managing their academic and life commitments.

Self. The final vital resource for many women was themselves. Having self-compassion, engaging in self-care, and being their own advocate all were key to a successful and stable balance. Women described the need to be kinder to themselves and not feel guilty or not good enough if they are falling behind. Madeline expressed her self-compassion through the following quote:

Something that's been helpful for me is having kind of a relaxed attitude about I might not be able to do this as, you know, as well as I could when I wasn't feeling exhausted or whatever my pregnancy experience is bringing up for me and just being, kind of being okay with like doing your best with where you're at and like allowing yourself to acknowledge that things are different and things are changing and things will continue to change when you have a child and that's totally

normal...Having self-compassion and allowing yourself to kind of acknowledge that pregnancy and parenthood is challenging and it can change your performance and maybe in some ways it doesn't and it's okay to, you know, not feel like maybe you're doing things as well as you used to be. And then also to like kind of congratulate yourself when you're able to do things because it's not, it's not as easy anymore.

Women also emphasized the need to take time for themselves and engage in self-care activities such as walking, meditating, or socializing. Serena encouraged other mothers, "Don't forget yourself, you know? Because it's very easy to become consumed with just your child." Natalie also shared about the self-care activities that help her maintain balance in her life:

So I would always do these little things for myself 'cause I'm always big on self-care and I feel like there's gotta be a balance. I try to balance out as much as I can. And I'm really cognizant of it so like I do dates with myself a lot (laughs). Um, I go to restaurants, um, I try to go once every 2 weeks or so, maybe if I was lucky I would do every week. And I just sit and I might sit at a 2-seated table or whatever with my laptop and I'll order something and I'll just sit and think and maybe call a family member and talk or something and just BE ME, by myself. And then I had a membership to a massage place so every month I would do a massage...I'm going to get my nails done after this, like I'm just relaxing a little bit, you know? So, I do get that time where I can have time to myself to just – and I worked out this morning, I got up, I did my jumping jacks and my squats

and my sit-ups. And I try to do some of that stuff just so I can like release some of my, um, tension (laughs).

A final component of relying on themselves for support was engaging in self-advocacy. Women stood up for themselves and asked for what they needed. Mandy encouraged other women to follow this sentiment:

I think it is important for women to ask for things. Yes, people always make us out that we're being bossy, like when we try to be assertive and just state what we need. And I feel in that sense, I don't know, maybe I'm just, I came from a family background where women didn't ask for things? Um, so they end up not getting anything. And people expect them to keep sacrificing and do a lot for their family and their kids and their husband. But I'm NOT like that. I kind of just have this urge of doing the opposite. But maybe it's just because I've seen enough and just get angry at the idea of not asking for things.

Self-advocacy was important in navigating the academic system and fighting for rightfully deserved resources.

Microaggressions

The theme *Microaggressions* was developed from and inspired by Sue et al.'s (2007) original racial microaggressions model. Racial microaggressions are “verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of color” (Sue et al., 2007, p. 271). Since the development of racial microaggressions, researchers have expanded upon racial microaggressions to include other marginalized groups that face microaggressions in their daily lives such as women, the LGBTQ+

community, religious communities, and individuals with mental illness (Cheng, Pagano, & Shariff, 2017; Peters, Schwenk, Ahlstorm, & Mclalwain, 2016; Sue, 2010). For this study, the theme *Microaggressions* was developed to better understand the verbal, nonverbal, and environmental slights that pregnant women and student mothers receive in their daily lives, primarily from people within their program and institution. The majority of women experienced some form of microaggressions except for Cassandra and Marie. Sue et al. (2007) described three forms of microaggressions which are expanded upon in the three subthemes: (a) Microassaults, (b) Microinsults, and (c) Microinvalidations.

Microassaults. Microassaults are defined as explicit discriminatory behaviors meant to hurt or discriminate against an individual (Sue et al., 2007). Microassaults often occur in private spaces, allowing the perpetrator some level of anonymity. Microassaults were described with limited frequency in this study. This is perhaps because the discrimination student mothers experience is more subtle. The two microassaults identified in this study were discrimination in interviews and purposeful denial of nursing resources.

Interview discrimination. Although it is illegal to discriminate against pregnant women in an interview, Serena experienced subtle discrimination in an internship interview during her program:

One internship was all like before I told them I was pregnant, she was like so excited to have me, but as soon as she saw, well as soon as I said it [that I was pregnant], you kind of saw the light go out of her eyes. Like just like, ugh, you're pregnant kind of thing?

After this experience, Serena chose to not disclose her pregnancy in her following internship interviews and only disclosed her pregnancy after being hired at her internship site. Serena shared that after disclosing her pregnancy to this site, they told her, “We thought so, but we didn’t wanna be rude and ask!” Asking if she was pregnant during an interview would, of course, be illegal.

While other women were not discriminated against in interviews, they rearranged their interview plans or purposely chose to hide their pregnancy as to avoid discrimination. For example, Claire shared:

So I figured that even though, um, programs, jobs, anything they shouldn’t discriminate against people who are pregnant or, you know, for whatever reason right? There’s these laws in place that they shouldn’t discriminate, it doesn’t mean they won’t. And I don’t know, had I been pregnant through the internship process, I wouldn’t know if I didn’t get matched or didn’t get placed at a certain place because I was pregnant. So I really wanted to avoid that.

It is concerning that Claire felt the possibility of discrimination was so feasible that she chose to not apply for internship while pregnant and postpone the Match for a year.

Tanya was similarly coached to not share her pregnancy while on internship interviews:

My, um, Director of Studies instructed me very specifically not to mention having a baby because they wouldn’t take me, according to her. I don’t know if this is true. And uh, so I didn’t do it, so I would hide the baby and I didn’t mention the baby. So even my placement, they have no idea I have a baby.

This shaming of pregnancy and motherhood in academia is disturbing and yet it is understandable why many women chose to hide their pregnancies given the hostile and prejudiced culture towards working mothers.

Denial of nursing resources. Although many women described a lack of nursing resources, one woman experienced explicit denial of nursing resources while on campus.

Rachel stated:

This is probably the most provocative thing I will say about anybody in the administrative part of my school, is I encountered like blatant (sighs) frustration AT me about needing to breastfeed in certain spaces. So like one time I was told that I was not allowed to use a room that nobody else was using just for the principle of it. Kind of like, for no reason, just because that person who was a male, like didn't think I needed it or should be doing it.

Rachel also experienced the denial of nursing resources when she was using a locked office to pump:

Somebody started opening the door with their key and I was like sitting there in the office with my back to the door because my shirt was open and I was saying like someone's in here! But I couldn't stop them and I guess the door was pretty thick. But it was a female faculty person in a department...And she was like oh I'm sorry! And like closed the door. ...That night, I got an e-mail from my, my advisor...she got contacted by the current chair of the department saying that that female faculty member that walked in on me had e-mailed him...kind of like telling on me for doing that and saying I shouldn't be doing it and if he could ask me to stop...And so my advisor like e-mails me this thing and so I'm reading this

at home, at night, like probably while nursing while being in a turmoil of navigating how to adjust to like what I need to do as a mom and still in my program, and I was like, I just burst into tears. I was so mortified by it...I was humiliated because the department chair is in my program and there aren't many people who are new nursing moms, so he pretty much knew who it was! Which is why he e-mailed my advisor. And it was just a humiliating thing...It was just she didn't approve that I was using it to pump I guess. And it was more just like if she had said anything to me like oh, during these times we need this room, like what if I was just in there studying? Like would she have e-mailed the department chair about that? Or would she have just said to me like hey, okay, I know you sometimes use this office but we really need the space...So it just felt like so invasive and humiliating.

There were no designated spaces for Rachel to pump in her building; thus, she was trying to do what she could with her lack of resources and continued to be denied access to spaces to nurse.

Microinsults. Microinsults are “communications that convey rudeness and insensitivity and demean a person’s identity” (Sue et al., 2007, p. 274). Microinsults were much more commonly experienced by student mothers and included being seen as fragile or invalid, inflexibility with accommodations, being “outed” as pregnant, and being judged and evaluated by other mothers and women.

Seen as fragile and invalid. A common experience for several women was for others to view them as fragile or invalid while they were pregnant. For example, Claire shared:

My advisor – he’s a man – and he, um, kept saying well it’s understandable, sit down. Um, you know, you’re pregnant, sit down! So it was kind of like I was this fragile creature because I was pregnant...so I think that that’s kind of funny in a way because I didn’t feel fragile at all. Like I worked up until the Friday before I had my baby and I did normal things. I mean I didn’t lift heavy things but other than that it was normal life. So I just thought it was funny that some of the faculty were very like, oh you need to be careful! Like they viewed me as fragile and like I needed to be extra careful. Like oh can you pick up your textbooks? Like yes! I’m not an invalid, like I can do things. Like I can climb stairs. Yes! I’m out of breath more easily but I can still do it.

This felt demeaning for several women for others to view them as less capable or weaker simply because they were carrying a baby and to be treated differently solely because of their pregnancy. Maura expressed her frustration in feeling “belittled” by faculty because of her pregnancy and stated, “It’s a super vulnerable time but that doesn’t mean you should treat us as somebody who’s vulnerable.”

Inflexibility with accommodations. Another microinsult women experienced was others’ inflexibility with providing accommodations and insensitivity in understanding the need for accommodations. Madeline was specifically instructed to not ask for accommodations from faculty when her advisor told her, “When you tell other people, don’t tell them that you want any concessions and you know, don’t tell them you’re gonna need special treatment, you know, because they don’t like that.” Angelica was denied accommodations during her pregnancy by a faculty she wanted to take a class with and was advised to not take the class if she couldn’t “do the same things everyone

else is doing.” She shared feeling very hurt by his comments and inflexibility and stated, “It’s not like I’m going on vacation here!”

Lauren shared that she was given the option to not see evening clients and chose not to in order to take care of her child in the evenings. However, this backfired on her when faculty scolded her for her choice:

[The faculty member told me] I was too preoccupied with my son and I needed to prioritize the program more, um which was really difficult and um, it just wasn’t, it wasn’t fair because I would have like accommodated the client if I had been told by her that, you know, this was a requirement for people in my program, to accommodate evening hours for clients...It was really hard for me to feel like that was my name in the program, that I’m someone who’s just too preoccupied with her son because I really like try, I do give my program so much of my time and energy and dedication that it was like, it was hurtful...There was never any kind of like apology or you know, the only official contact I got around me asking for that particular accommodation was like this is on you, you know, you’re being too much of a mom right now (laughs) and you need to be more of a student.

Both Mandy and Pauline shared stories of others being insensitive to their scheduling needs and availability in order to be able to pick up their child from daycare. Mandy shared:

Our work advisors and our cultures make us feel as though like oh if we leave work early to pick up our son, it’s just kind of like oh yeah, yeah it’s fine, why would you leave early? It’s crazy, no. And people even ask you like do you have to be there? And I’m like YES, I have to be there!

Pauline also received passive aggressive comments from a supervisor after indicating that she would be unable to co-lead a certain group because she needed to pick up her daughter from daycare:

At one point she [supervisor] finally said to me, do you need the name of a babysitter? Because I know some good babysitters. (Laughs). And it's just like REALLY? Like I was actually SO furious at the time...And also feeling really, feeling really vulnerable and like I had a lot less power than she did and really feeling that. And like I didn't know what to say but I also didn't feel like I really could say what I wanted to say?

A final example of inflexibility was with Pauline when she wanted to take a component of her comprehensive exams early which caused faculty conflict. She shared:

I am not surprised at all to learn that some of the men in the faculty were not interested in considering special circumstances, or I imagine that especially for one male faculty member, there may have been like active, like what, she thinks that she gets special treatment because she's pregnant?! Like I imagine that being his narrative in this meeting (laughs).....I just know him to be kind of a womanizer and a disgusting sexist pig.

This statement also captures the divide in faculty in supporting student parents and how it feels like "the luck of the draw" with faculty in determining the positivity of your student parenting experience and the level of flexibility and accommodations you will receive.

Being outed. Women also had the experience of being "outed" as pregnant without their permission or having others share details of their pregnancy or parenthood without their consent. For example, Maura's supervisor shared with another supervisor

that Maura was pregnant before Maura had the opportunity to share the news herself. Natalie shared how she was “outed” as pregnant in a portfolio review meeting with all her faculty:

So we sat down and my advisor who already knew I was pregnant, she says in the middle of the review, Natalie, don’t you have something you want to share with us? And I still had been battling about whether I should say anything because I was like I’m gonna have the baby over the summer, what business is it of theirs, of anybody’s to know what I’m doing? So I felt like kind of outed?

Some women also shared about faculty consulting about their pregnancy behind their backs or sharing intimate or confidential details about their pregnancy with others without the student’s consent.

Judgment from mothers and women. A unique subset of microinsults was the judgment and evaluation that women received from mothers and other women. Receiving a microinsult from a woman felt particularly poignant to the women in the study; as Pauline shared, “I wonder...if it feels more personal to not have a woman get it as to not have a man get it? ...Like a woman is...actively working against you in some ways, it feels like more of a betrayal?” Several women mentioned the hurt they felt when “betrayed” by another woman; for example, Rachel shared feeling angered after her negative breastfeeding experiences: “I felt equally like angry because another female had not talked to me about it to my face...She didn’t talk to me and she chose to go to a male superior about what she had seen.”

Natalie shared about how women faculty in her program would judge her choices and she felt she had to “go up against other women” to prove herself as capable of balancing both academia and motherhood. She stated:

But women were always kind of the challenge for me in my program and then even when I was talking to family and everything, you know other women are like how do you do it? That’s impossible! You’re doing the most. You’re taking too much. Just because you’re a woman and you know how difficult it is, I guess you can make judgments on how my life should go and what I should not be able to do. So being a woman to me is pretty challenging.

Serena expressed a similar sentiment but specific to other mothers judging her ability to do both and making her feel guilty for her choices:

I think mothers sometimes make other mothers feel guilty if they put their, um, their schooling over, not over motherhood but comes, like for me, motherhood and schooling are on the same pedestal. Now because they’re on the same pedestal I have to juggle a lot more, but some women make you feel as if you’re, you know, they try to guilt you for actually having those, still having those goals and not making your child the central point like that is your end all and be all, you know?

Sometimes women experienced the opposite sentiment. Rather than having women judge their decision to be both a student and mother, women would judge them for struggling to be able to do it. For example, Mandy shared that her women faculty who were mothers during their doctoral programs would tell her, “Oh I was in that place before, I did that

before. And so why can't you?" Mandy felt angered by women who try to make the working mother experience sound easy and stated:

I'm sorry, but I just feel like I'm so venting about all of these women who go on news and talk about oh, you can do everything! I'm like NO! You should talk about how hard it is for women! It is HARD! Like you know? ...It's just like a lot of time people don't, it's just these stories being painted very pink, like oh we can do this! But I'm like there's a lot unfair out there and you need to address that too... You need some sort of structural changing in our culture. Like we need to embrace family life more, we need to create a culture that supports that life versus like I don't know, talk about empowering young women when structurally we have so much inequality still at work. Like how can we tell women to like be more like, you know, motivated and critical of the world when there is no like structural equality at all for women?

Support from other women and mothers seemed critical to Co-Rs, as well as the awareness and understanding that being a woman and having a career is challenging due to the many systemic and hegemonic barriers at play.

Microinvalidations. Microinvalidations are described as “communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality” of an individual (Sue et al., 2007, p. 274). Microinvalidations are often subtle and unintentional by the perpetrator and thus can be more difficult to identify. Women described several different types of microinvalidations including being seen as a “mom first,” ignoring mother identity, social exclusion, assumptions and judgments of the student parent, and patronage.

“Mom first.” A common statement for women to make in the telling of their stories was to describe others’ viewing them as a “mom first” rather than a student and whole person. Rachel shared:

There’s several faculty members that I only have had like a class with but have never had a more professional relationship than that, or personal, that like the first thing they ever say to me is “How’s your daughter?” Like to this day, my daughter’s almost 2. Rather than like, so I know by that example that they see me first as a mom and not first as a person about to go on internship, about to defend her dissertation.

It seems belittling to have faculty only view them as a mother, rather than a student with various academic accomplishments. Lauren expressed a similar sentiment:

Like I think people just see me as a mom more than just a regular other student. People sometimes, you know, compliment me, um, by saying that I’m a very maternal kind of person, but it sometimes feels um, patronizing in a way. Um, yeah. I’m not sure what exactly, you know, what about it is off-putting to me, I can’t quite articulate that right now. But yeah, I guess it just like reduces my identity to a mom rather than a person in my own rights. And a person with thoughts other than about her baby (laughs)...There’s a lot of how’s your son doing when I see them [faculty] in the hall before even saying how are you or without saying how are you at all. So I think that among the faculty that is my identity is that she has a kid, she is a mom.

Ignoring mother identity. Conversely, some Co-Rs described ignorance of one's mother identity. For example, Angelica felt like her identity as a pregnant therapist was overlooked and ignored by her supervisor:

So after 3 months, you know, I said like hey I'm having a baby in a couple months! And they said, oh that's great! And I said like I think that's affected my therapy a lot and they were like oh really? And I was like yeah. And then we kind of moved on from it and it really never came up again. So I think for my clinical supervisor, it didn't seem as much a big deal, I don't know...It's something I wanted to talk about. Um, I would have talked about it more, specifically with how it had affected my therapy. But since it wasn't brought up, I didn't feel like I was missing out on sharing anything or there was anything really pertinent about it. I think I would have appreciated a little more support as far as just like from a social perspective of asking like, hey how are you feeling today? You know? Or how's it going with your pregnancy? And I didn't get a lot of that from my clinical supervisor.

Lauren also shared that she wished others would view her mother identity as an asset and strength rather than something that takes away from her student identity:

And like I guess I just wish they would respect the gains that I have because of this perspective of motherhood rather than just focusing on all of the areas where I can't measure up in a way that like, you know, in the way I might have if I didn't have a kid.

Viewing one's mother identity from a deficit model is invalidating and also inhibits the potential for student mothers to bring unique perspectives into the program and to promote others' learning, growth, and awareness.

Social exclusion. Several women felt excluded from their academic programs while pregnant or after delivering their child. Madeline described her feeling socially isolated because of the types of program social events that were hosted:

It seems like a lot of events are either like going out to bars or um, you know, they're doing stuff late at night and I just really didn't participate in that over the first year and I obviously probably won't be now that I have a baby. So I feel like I largely like didn't participate in a lot of the social stuff in our program so it can feel like you're not really connecting with other people as much.

Many women described feeling isolated after becoming a parent and that sense of connection to the program seems greatly needed and helpful. Lauren felt excluded from her program not only because of her parent identity but also because of her religious identity:

I guess my program hasn't been great about making events accessible to me as a Jewish person because I observe Sabbath which like I don't travel on Saturdays so and all of their parties and social events and gatherings and a lot of conferences are on Saturdays, so I'm excluded from that aspect of the community which was also hard.

Finally, when student mothers were unable to attend some events because of their parenting responsibilities, they were then failed to be included in future event planning. For example, Natalie shared:

Like I can't ever hang out with my cohort because I'm always on the run. Like I gotta get back to the kids! Or I gotta get back to pump! And I felt that distanced me too from my cohort because they would go out often and they would invite me and then they just stopped inviting me (laughs). Because they're like Natalie's not gonna be able to make it.

Judgments and assumptions. Women shared experiences in which others judged their decision to become pregnant during a doctoral program and made assumptions about them and their life choices. For example, Mandy shared that faculty often judged her choice of getting pregnant during a doctoral program:

It's just like, they make side comments like how can you get pregnant doing grad school? It's gonna be, you know, harder for you. Like I understand they are concerned for me, but sometimes I just feel like they kind of like OK, so it's probably taking you another year. So yeah, pretty much (laughs). They were honest with me about like you're probably gonna get another two years or so behind your cohort.

These comments appeared to make students feel more doubtful about their ability to finish the program. Mandy shared a similar sentiment in interacting with other graduate students:

I have grad students from other programs also look at me and say why would you wanna get pregnant when you're doing your Ph.D.? (Laughs). Like people say that kind of thing! People say all kind of mean things to pregnant ladies...I feel like you know what, this is unfair, this is very hurtful. And I feel like it's just, it was hard for me. It was really hard for me.

Other women expressed how others made assumptions about their ability to finish and complete their work after becoming pregnant. After sharing that she was pregnant, Rachel indicated that one faculty member immediately asked her “How much time are you gonna take off?” which felt insulting and presumptuous especially given that Rachel actually did not take any time off from her Ph.D. Rachel stated:

So, her like assuming by the question “HOW much time are you gonna take off?” not “ARE you gonna take time off?” was kind of like another signal to me that like, this person is saying this is a barrier for you...I don’t think she had like mal-intention, but it was experienced by me in the moment as negative.

Rachel also shared that there were general assumptions made about the type of women who became pregnant in her program:

Nobody was negative to my face, but I know from people, like talking to people who either had babies in the past in the program, or were friends with people with babies, that there were certain faculty members that like, viewed the female, the like student having the child as completely like (pauses) how do I want to say this? Like (pauses). Disengaged from the program from them having a child. So like viewed them I think in a lower status, kind of being less professionally oriented, less likely to be a leader in the field, like all that type of stuff. And so I never experienced that to my face, but I feel like in subtle ways.

Patronage. A final microinvalidation that women experienced was having others comment on their parenting choices and behave in generally patronizing ways towards student mothers. For example, Lauren shared with her supervisor that she was feeling sleep deprived and exhausted to which her supervisor responded: “let him cry it out.”

Rather than validating the emotions and experiences of Lauren as a student mother, the supervisor chose to insert their own parenting opinions. Maura's advisor purposefully delayed her dissertation because of his thoughts on her parenting:

My advisor ultimately...delayed me for some reasons that we had a lot of discussions about, um, mainly that he felt that I should be like, spending more time with my baby. And so he didn't return edits in a timely manner on my dissertation proposal which then meant that I could not apply to this one internship site which required that you're, like in order to apply you had to have defended your proposal before you could apply...I like didn't speak to my advisor for a couple months.

Natalie also shared an experience in which a faculty member judged her choices and how she was managing both her student and parent roles:

So when I went and kind of shared what I was doing and when the baby was due, one of the professors who, I'm starting to build a relationship with her again because she really said some hurtful things to me. She um, she said um, you know, you should take some time off. You shouldn't even be thinking about coming back. And she says, and I will NEVER forget it, you don't want your baby to hate you when she turns I don't know, 13, 14 years old. She says, you know about attachment theory. And I'm like, YEAH I know about attachment theory!

Identity

The theme *Identity* focuses on how the various identities of women impacted the experience of student parenting. The four subthemes include (a) Expectations, Pressure, and Stereotypes, (b) Intersectionality, (c) Privilege, and (d) Gender.

Expectations, pressure, and stereotypes. Women's experiences were greatly impacted by the expectations of them created by family and their identities, felt pressure because of said identities, and felt stereotypes based on their identities.

Expectations. Several women described what they felt was expected of them as a mother and student based on their identities, whether that be by their families or society. For example, Claire shared:

So my parents are both Mexican, born in Mexico and I was born in the States but that's also something that's kind of in the back of my mind pretty regularly just in all aspects of my life. My parents brought us up, my sister and I, pretty traditional. They had very traditional Hispanic values and um, I'm more acculturated than that but it's still kind of nagging at the back of my mind. So it's kind of like well I'm the woman, I'm the mother, I should be home all the time with the baby. This is my responsibility, kind of like it's all on me even though I don't believe that... Most of that is probably just me and what I've seen my family members do. Kind of stay home with the kids if you're a woman, that sort of thing.

Despite Claire and her partner's lack of adherence to traditional gender roles, Claire has a felt sense of pressure to be a certain way as a woman and mother because of her ethnic background. Dahlia similarly discussed traditional gender roles based on how she grew

up and shared about how her religious identity has shaped her understanding of how to be a woman.

Our Catholic faith influences my mom's approach to feminism. Mary is a very important figure in Catholicism and so she would remind me to follow Mary's example as a woman and mother. In that regard, she means it's important to have a nurturing role in our approach to relationships.

Thus, Dahlia and her partner adhere to more traditional gender roles in which she takes on more of the "nurturing roles" such as childrearing and housework, while also balancing her doctoral work.

Navigating both roles of student and mother can also be novel for some women who were not expected to advance in higher education. Madeline shared:

I come from I would say like a mostly working-class background so my dad is a welder and my mom has like a government job in town and it wasn't really expected of me to have like a higher education or pursue higher education... So that has always, even before being a mom, has felt like a really important part of my experience and I think being a mom is something that was like I think expected of me.

Given that Madeline is pursuing a doctoral degree, she is navigating into unknown territory since motherhood was an expectation for her, while higher education was not and there are not clear guidelines for how to successfully hold both.

Several women based their role expectations of mother and student off modeling from their own mother. For example, having a successful career mother encouraged other women to strive for a similar experience. Rachel shared:

I grew up in a household where my mother was a very successful businessperson. She owns her own business and was very successful and was still a great mom and was still involved, which yeah. A great mom, which by that I mean she was still very involved and accessible to me and supportive of the things I was doing growing up and so that was sort of the model I had of like, successful femaleness. So entering my doctoral program and thinking that I could have a child at the same time was sort of a culminating event (laughs) um of that identity. Because I was like well my mom did it, so I can do it...I never thought like I'll have a kid and I'll see what happens, like in my professional identity. I always wanted to do both. And that's because to me, being a successful female means like doing something I like for me that provides for my family and while I can, you know, still try to be accessible for my child.

This role modeling from their own mothers can allow women to feel inspired and to hold the expectation that being successful in both your career and parenting is possible.

Pressure. Women also shared about the pressure they felt because of the identities they ascribed to and what was expected of them. Several women described the pressure they felt as a woman to have children from both their families and from society.

Rachel shared about the pressure she felt as a heterosexual woman to conceive children:

Certainly being a heterosexual female plays into it, um. I guess because in some ways, I can...I have access of like feelings in the past of when I got married in 2010, people, you know, I got married in a heterosexual union and people were thinking and expressing like when are you gonna have kids? And I was saying like, no I'm in a doctoral program. So that's what I'm doing right now.

Even when achieving what is “expected” as a woman (i.e., to be a mother), there seems to still be pressure in how to be a good mother and how to behave in that role. Mandy shared her culture’s expectation for her to be a mother as a Vietnamese American woman and the pressure she has felt since becoming a mother:

Being a mom, I feel like I had a lot of social pressure of what I should be and what I should do. And that is just like, there’s always something that, it’s like sometimes if I do something different it’s out of the ordinary and people, um, I don’t know, I feel like people just have a lot of opinions about that role. Like that has a lot of, it’s like the first salient role for me that come out of my family like why are you not a mom yet? (Laughs). Um yeah, so it’s one of those identities that just follow me all my life. It’s part of my culture like where I grew up, also part of my family values, and I think as a society, I feel a lot of pressure. Even now, even now when I feel like there are more accepting of women having kids later in their life, um I feel like there is still that struggle of like, you know, I feel like people judge you no matter what if you decide to have late or have early (laughs). Um, or you know what, either way, like breastfeed your kids or not breastfeed. Like either way, you get judgment from people. It’s just a very controversial role to be a mom and I just, it’s kind of sad that it is the way it is.

Women also shared about the felt pressure to succeed because of their marginalized identities. For example, Claire shared the pressure she felt to successfully match for internship as both a first-generation student and coming from a less financially secure background:

There's a mixture of excitement assuming that I match for internship. So there's definitely that and also dread, stress (pauses). Yeah, dread and stress I think, kind of that um, thinking about what it means to apply for internship especially being a first gen college student so this is pretty big for my family and me. And knowing that if I don't match for internship, I'm gonna be crushed because it's, I can't graduate without it and it's also gonna be a financial burden because it's not something that's cheap by any means so having to do that again you know? And it's not just like my failure but it's also kind of like well now we're here for another year and we have to do this again, sorry guys!

Serena also shared about the pressure she feels to succeed in identifying as a strong Black woman:

What most don't know is with that cultural archetype [strong Black woman], it's like a negative and a positive type of thing. So while I see myself as this like great light, that I'm strong, I'm resilient, and that I can endure a lot of things and I do put up with a lot of things, I do push forward, it's also a negative thing on me because all those things, those great things, also make me feel like I have to continue to do things when I need to kind of sit down and just focus on Serena. And sometimes I don't have to be the strong Black woman, I can just be Serena, the Black woman...I mean there's pressure all around, there's pressure in the academic world, there's pressure from your social support systems that, you know, want you to succeed too, not realizing that they can put a lot of pressure on you to try to, you know, hold up to what they, you know, that same place that they put you on this pedestal.

Thus, it can feel exhausting and overwhelming for some women to carry the additional weight of pressure from others to succeed at the demanding experience of student mothering.

Stereotypes. Stereotypes were also prominent for some women while navigating their experience as a student mother. Others often made assumptions and judgments about the women based on their backgrounds. While the following examples are also microaggressions, I have chosen to highlight these experiences as stereotypes because of the influence of identities outside of student parent. Lauren shared that a faculty member stereotyped her student parenting experience based on her Jewish identity:

[She] was talking to me about how yeah it makes sense that I would be having a hard time because I don't have my family here in the states and maybe I should reach out like, do I have support in the community? And at that time, I really didn't, we were living in different places and I didn't have a lot of like community where I lived because my husband's job was like taking us elsewhere for the weekends. Um, so, you know, there was no time really to make bonds but she kind of, there were a lot of assumptions made based on my religion (laughs). It was like I've heard that the Jewish community is really helpful and supportive and I was like yeah, but it depends (laughs). Sometimes yeah? And you know, there was a little, she means well I think but there are a lot of those kind of stereotypes that um, she has.

Mandy also described some of the stereotypes that have been placed on her in academia based on her racial identity as an Asian woman:

For being a Ph.D. student, I feel like being a woman in Ph.D. is rare (laughs). You know, and you get, there's this whole upcoming, there's a lot of effort or a lot of um, effort in general in the government and the school to include more women in certain areas like STEM fields. Um and like all of these inclusion policies to try and implement and got passed in recent years. I feel like a lot of time it invalidates the experience of women going through another type of field so doing a Ph.D. as well. Because like it's just like, I feel like as a woman like I should have a choice to decide what I want to do but I don't, there are environmental factors that affect myself decide what field I'm going into, but sometimes I find that at a certain level when you get to graduate degree, people are like you're good at math, why didn't you go that way? You know? And I'm like well, yeah I'm good at math but I also love psychology! And it also plays on minority stereotypes like I'm Asian. People think of me like oh you're good at statistics! I'm like yeah I'm good at it because I work at it! Like I work really hard and I'm pretty sure if you work hard at it too, you would be good at statistics as well! (Laughs).

Finally, Serena shared about the stereotypes that have been placed on her as a single Black woman with a child:

When I actually have to tell people that I am a single mom and I'm a Ph.D. student and they're like, they're shocked like wow! You're doing this all on your own kind of thing and I'm like yeah! ... They're shocked that I'm still pushing forward so a lot of them feel like I would have given up. And I'm not sure if that's because, I don't want to assume that that's my race or my gender or

whatever it is or just the fact that it's a struggle to do both things. But um, it always kind of feels like a little stereotype-ish the way they say it to me in a sense? As if I should have just been like, you know, packed up my bags and took myself home once I found out I was pregnant.

She described one instance at an externship where many assumptions were made about her by the other psychologists and social workers:

When it did come up that I had a child it was like woah, you have a child. Where's your, you know, they kind of looked to see if I had a ring on my finger and uh, once that was kind of obvious that I didn't, then it was kind of like oh, you're, you know, you have a child and you're not married and you're in school and then the age came into it like oh! You're this this age and you have a child and you're by yourself. And it was kind of like yeah. All those things. And I'm still great! (Laughs)

These stereotypes were invalidating to Co-Rs' experiences and cast doubt on their academic choices. This seemed to create a hostile environment for these women that they managed in addition to navigating the opposition they faced as a student mother.

Intersectionality. Women's intersecting identities were also salient to them in understanding both motherhood and studenthood. Identities differed in their salience and impact depending on the context and often an identity could show up differently as a student versus as a mother. Dahlia shared:

I think in terms of race I guess, like how do I incorporate like my identity as an Asian American into my family now that I have a daughter? Like what is she gonna know about it? And then like in terms of my studies, I think, like where I

live it's not very diverse so then, how does my race impact other people's perception of me as a student and a mom? ... I felt more comfortable in my program in terms of race because it's a very diverse program, we were always talking about diversity, um, but now that I'm in like [where she lives with her family] there's not really much diversity (laughs). Um and then um, in terms of, so I don't know that that, I guess my, I don't know how to integrate all that, like my race and studies and being a mom so I don't know if that really answers your question...My different identities manifest themselves very differently in the two roles of being a mother and student.

Others similarly shared how religious identities and immigrant status have influenced their roles of student and mother differently and create complexities in fully understanding one's self and one's roles. Others purposefully chose to not try to understand how their different intersecting identities are shaping their experience.

Cassandra stated:

I can't say that anyone in the program has looked at me differently. I've maybe speculated that maybe they look at me differently. Um and I mean for me, you know, I'm African American and I'm a woman and when I started the program I was single and I don't know. I don't know that, that um, that that colored my experience so much and I think that's only probably because I'm always African American, I'm always, well up until now (laughs), I'm always single. I've always been a woman and um, I don't know. I don't know that I can separate those two or any of those categories to say how it impacted my program because that's almost unconsciously me. I'm always that and I always have to deal with what

people might think of me and probably the best thing for me to do is not speculate about those things and I certainly right now in a very challenging part of life where I'm trying to do these two really large things and accomplish them and do them well and to divert any of my energy towards speculating, you know, how people are perceiving me.

It is poignant that Cassandra has purposefully chosen to not think about how others may be judging her various intersecting identities as a survival tactic and way to manage this experience.

Privilege. The experience of student mothering was impacted by one's privilege, which several women in the study readily acknowledged. Madeline recognized several privileged identities that have allowed her to feel able to take on both roles of student and mother such as her partner and family emotional and financial support. She described feeling that her choice to become pregnant during her doctoral program felt typical:

I'm White, I live in a very White community, I'm in my 30s so my age kind of, early 30s it kind of seems like the typical time. In a lot of ways, I feel like just a typical person, I don't know, for where I live.

She later stated in regards to student parenting that "people make it seem like it's kind of harder than it is," but it seems that much of her positive and fluid experience could be attributed to her more privileged identities.

Angelica described the privilege she felt in having a supportive spouse compared to single mothers:

But I just like think about how, like what the situation would look like for me if I wasn't in a committed relationship and had a baby or if you know, being a single

mom I feel like would be so, so, so overwhelming to me. Like I don't know. I feel like they're two totally different scenarios where I feel like if I was a single mom I would totally be breaking down even talking about it because like I don't know how I would do that. Like I have no idea how that would work. Because even on an emotional level, right, and just feeling overwhelmed and alone and upset when the baby's crying and you don't have anyone to help you. I feel that now and it's still hard and it's still scary but it's just more stable than it would be. That's something I've reflected on a lot that I've been really grateful for.

Pauline similarly mentioned the privilege of having a spouse, as well as the economic privilege she receives through her spouse's income:

I really find myself saying to people don't wait if you want to have a family. You know? Just figure out how to do it if you're ready...AND I think, I think um, I'm able to say that and I'm able to speak from my experience to say that because of the economic privilege that I've had and how much that facilitated my ability to see this as a great time to have a baby. You know, because if I was a single mom or my husband was also a grad student or working in a similarly low paying field, it would have been totally different for us.

Both of these comments are important to highlight given the number of women in the study who were financially unstable or raised their child independently without a partner. The experience of parenting appears to differ immensely when sharing the roles with a partner or having more financial resources to afford better daycare or not rely on student loans and food stamps.

Rachel readily acknowledged several aspects of her identity that were privileged and allowed her to feel that being a student mother was feasible:

As an able-bodied person, I identify that way, then you know, I have all the privileges in the world to feel unlimited in this goal that I have for myself to have both of these things, to be a mom and have a professional career. Because if I weren't, maybe it's not all in my control, you know? ...And because of my White identity and my socioeconomic status right now which is middle class, like I feel like I can do it...Like what did I think I could do? And what barriers did I see to that? And I didn't see as many barriers as I saw supports, which would not be the same if I didn't have some of those more privileged identities.

Rachel also acknowledged her privilege of fertility; as discussed earlier, some women did struggle with fertility and had to pay for fertility treatments causing further economic strain. She also mentioned the privilege of status and specifically that of doctoral students in relation to faculty who have more power in academia. The ability to use your own office to pump as a faculty member was seen as a privilege by Rachel, whereas students have to fend for themselves given their lower tier position at the university.

Gender. While many identities were salient for women in their experiences of student parenting, identifying as a woman was often the most salient identity for the Co-Rs. When I asked about identities that have felt salient to them in their experience of student mothering, several women immediately mentioned their gender identity as a woman and how that has colored their experience. Many women stated that it is “different” for a man versus a woman to have a child during a doctoral program for several reasons including needing the time to physically heal from labor and childbirth

and being responsible for breastfeeding (if one chooses to breastfeed). There are also different societal expectations for men versus women that affect the experience of student parenting. Mandy shared:

It's definitely hard for a woman being in graduate school because you also think about having a lot of time, well not a lot of time, but you have to make really important decisions in your life, like when you want to have kids, um, when you want to go to grad school, like how long are you gonna stay in grad school, what type of career you want to have later? Like all those things are very pretty much shaped by what stage in your life, you know, like what kind of goals you have in your life. So. And that's determined pretty much by do I want to have a child (laughs). If I have a child and as a woman and as a mom, I would like to spend time with my kids. So that kind of also makes me think about what kind of career what I want to have after I have my Ph.D. Like can I afford to work like you know, 70 or 80 hours a week to you know, and giving my kids to daycare all the time, like those are the decisions I have to think about as a woman (laughs). I'm pretty sure men think about that too but I'm not sure that's to the extent that I think about it.

Mandy clearly felt there were distinct differences between men and women in their career planning based on family choices. Co-Rs also discussed different perceptions of men versus women when they decide to start a family. Rachel shared the differences she noted between her and her husband's workplaces when they chose to start a family:

My experience with my partner and his workplace, given that I don't work there, he does, but what I see about it is that when he told people he was having a kid, it

like raised his status in their eyes of like oh this guy! He's such a family guy, he's so like, you know, family-oriented and look at how hard he works to provide for his family. And so if he were to ask for such flexibility because of his family in the company he's in, it would have been seen as positive, as I said like because of the motivation of it. Whereas I feel for me as a woman, I – and I think I've already shared this with how I went about it – like would try to minimize that.

Women seemed to experience student parenting very differently than their male counterparts and described more obstacles and barriers because of biological parenting responsibilities as well as societal expectations and perceptions.

Relationship between Student and Mother Roles

The theme *Relationship between Student and Mother Roles* focuses on how the roles of mother and student relate. The relationship between these two roles often differs by woman, by context, and by time in the program. The five subthemes include (a) Role Adjustment, (b) Role Interactions, (c) Role Strain, (d) Role Conflict, and (e) Role Fulfillment.

Role adjustment. When embarking on the journey of becoming a mother, many women described their need to make shifts to their roles and learn how to prioritize. It was difficult for many women to adjust to the new role of mother after holding their student identity for so long and trying to figure out how to hold both roles at the same time. Some described the typical new parent adjustment during the first months with their newborn, while others described the challenges in learning how to feel okay with leaving their child at home while they went to school.

Women also described their need to make professional and academic shifts in their program after becoming a mother. Some women described these changes as sacrifices, while others described the changes as an adjustment or learning to prioritize. Academic shifts included not producing as many publications, turning down additional clinical opportunities, not attending professional conferences, and losing one's reputation as an "academic superstar" as Lauren stated. Many women described a shift in how they approached their doctoral program after their pregnancy to one of survival, such as Lauren who stated:

You know, I just, I want to survive and get done, graduate this program and have a Ph.D. and be able to practice and licensed and that's it! (Laughs). That will be just fine for me if it will let me retain my sanity and have the career that like is enough for me, you know?

A common experience for many women was to feel more limited in their internship opportunities because of their family. Women felt more geographically bound after having a child and had to make shifts to be more flexible to their family needs. This can put some women at a disadvantage in the Match, such as Dahlia who could only locate 3 internship sites that are within driving distance of her family. She indicated that she may consider applying to non-APA accredited sites in order to be more competitive and find a site that can meet her and her family's needs. Pauline expressed the desire to have more two-year, half-time internships to provide greater assistance to and understanding of families and parents.

Becoming a mother also influenced one's career trajectory and what would provide the best work-life balance. Some women were clear about only going for careers

in which they can have a strict 8 to 5 schedule or work part-time as these schedules would better fit their family needs. A few women described professional interests in academia but decided to not take that career path given their lack of women roles models who balance work and family. Pauline stated:

I want to have some sense of work-life balance and I don't have a good model for, I really don't have any evidence that that can be achieved in academic positions because I haven't seen anyone do it... I think definitely having a family has made it clear to me that the hours and the work-life balance might have to win out over the perfect intellectual fit with a job.

It is disappointing to hear that because of Pauline's lack of positive role models, her abilities and interests as a faculty and researcher will be swept aside. Dahlia expressed a similar sentiment in needing to adapt her initial professional interests after starting a family:

Before I was dating my husband, before I was in a relationship, I didn't have anything to tie me down I guess. So if I wanted to go out, do all this research, go to conferences, and then work at a big research university, do tenure-track or something like that, I could because I didn't have to think about anybody else but me. But then I got, then I met my husband, fell in love, got married, and trying to juggle where my career fits into like our family I think has impacted the way I approach my doctoral program.

Dahlia has chosen to be less involved in her research lab and focus more on clinical opportunities during her doctoral program to eventually work as a part-time clinician.

Role interactions. Women also shared about how their roles of mother and psychology student interacted with and influenced one another, which highlights the unique aspects of how women in psychology doctoral programs experience pregnancy differently than in other types of programs. Some women felt very affected during their pregnancy while being in a psychology graduate program. Dahlia shared how doing developmental assessments with children while she was pregnant made her fearful about potential complications during childbirth and the possibility of having a child with a developmental disability. Similarly, Pauline shared how classes affected her pregnancy:

I was taking classes like human development (laughs) where you learn from an academic perspective all the things that can go wrong, especially during pregnancy and I have a very vivid memory of reading one specific study while I was trying to get pregnant about the danger of having a fever during pregnancy.

And specifically in terms of risk of your baby developing Autism.

The role of mother seemed to influence some women in both their clinical and academic settings. Tonya and Dahlia expressed feeling much more empathy for and understanding of parenthood after becoming mothers themselves, which subsequently influenced their clinical work. After becoming a mother, Cassandra became interested in researching families living in poverty and their interactions with their children. The role of motherhood seemed to bring new perspectives and interests for the women in the study that enhanced their doctoral experience.

Finally, several women also mentioned the influence of being a psychology student on their experience of mothering. Lauren described having “high standards” for herself as a parent especially because of her psychology background. She shared:

I learned a lot, you know, studying psychology we know so much about the importance of moms and I touched on this last time. It's like every day I'm dealing with people who like, half the time it's like, "Oh well my mom did this to me so now I'm scarred for life." (Laughs). So I'm like okay, better make sure not to do that! You know? Meanwhile, it's like I'm always worrying that my son is gonna have this experience of like, "Well my mom was always focused on school and didn't have enough time for me." That's kind of my nightmare, that one day he'll be in therapy, saying, "My mom never had time for me because she was caught up in schoolwork or seeing clients, and so now, you know, I'm scarred for life." God forbid that that'll happen to him.

This quote not only depicts the role interactions but how psychology training can lead to feelings of guilt and fear as well as the pressure of being a good parent and not "scarring" your child. Women also discussed the irony and hypocrisy of not feeling supported as mothers despite psychology's knowledge of the importance of parents. Madeline shared:

I guess it feels kind of strange to be in a profession like we're doing research on attachment and parent-child relationships but the reality of like our kind of social structure and our governmental structure and healthcare system doesn't really allow for what we know is good for parent-infant relationships.

This quote speaks to the systemic challenges women face and how difficult it is for mothers to provide what they know is the best care for their children because of the lack of structural support.

Role strain. There was often a felt strain and tension between the roles of student and mother. Several women described feeling "stretched thin" and "stressed" as they

described juggling the multiple demands of a Ph.D. program with their parenting responsibilities. Many women shared about the challenges in scheduling and finding time for everything. Lauren shared a recent experience about feeling stretched thin:

I did a presentation last week and I was preparing until the second before I presented - I was on my phone in the bathroom stall reading some materials I hadn't gotten to, while everyone was filing into the classroom, waiting for me to start. So there you have it, a real working mom moment.

Women also described the stress they felt as a parent in wanting to make sure they attended to all their child's needs. Madeline shared about the anxiety and stress she feels as a parent:

I think a lot about, "Am I interacting with her enough? Is she stimulated enough? Is she too stimulated? Is she swaddled correctly? When was her diaper last changed?" So for me, it has also been a new kind of anxiety, like where the stakes are so high...it's also something that you care so deeply about, this little person who's completely dependent on you that it becomes very important to be doing things right or well and I think that that can be, it can be stressful and I just notice sometimes like my jaw will be really sore and then I realize oh I've been kind of clenching my jaw, like just feeling stressed out.

A unique subset of stress that student mothers faced was financial stress. Several women in the study were in a financially unstable place with no partner support, partners who were similarly in school, or partners who decided to stay home to take care of the child. Thus, many women were relying solely on their minimal graduate student stipends and student loans; some women shared that they had \$100,000 to \$200,000 in debt.

Serena shared that she “budgets [her] butt off!” and Marie relied on food stamps after she discovered she was having twins and lost school funding. Cassandra seemed to summarize the financial stress well in the following quote:

I just think it’s hard for graduate students! We’re not making a whole lot of money and here we go, we’re trying to increase the population (laughs). And um, it’s hard, it’s hard with the resources that are available to us. And a lot of us can’t work full-time jobs so that makes it difficult.

Many women also discussed feeling tired and burnt out. When I asked women to describe what being a Ph.D. student meant to them, some women answered “nothing,” “sick of it,” or “ready for it to be over” which displayed a sense of burnout and fatigue with the role. An interesting dynamic for many women was feeling like they are treated like a child as a student while holding the role of parent. Pauline described being a doctoral student as “a stunted adolescence place” while Tanya stated a doctoral student “means being a little kid that everybody dictates what you should be doing and um, I feel very, very old for that role.” This is a unique experience for student parents to hold such contrasting roles. Several women mentioned the sleep deprivation associated with parenthood and how challenging it was to continue as a doctoral student. Tanya described the sleep deprivation as “a form of suffering” and Mandy shared:

I need sleep too! (Laughs). To be able to play with him, to be able to like feel rested and like be alive and present with my kid. And it’s hard, it’s hard. It’s just like a balance. There’s so many times I come home with my son and he just like will play around and I just lie on the floor passed out. Because like, and my husband does the same thing, just lie on the floor because we’re just so exhausted.

I also observed that women were often even stretched thin during our interviews. Women were excited to participate in the study but had to multi-task during our interviews in order to have time for them. During the interviews, women were breastfeeding their child, cooking dinner, sorting clothes, driving home, in between classes, catching the bus, or getting their oil changed. These experiences demonstrated how challenging it is to find extra time in the schedule of a student mother.

Role conflict. In comparison to role strain, role conflict focused on how women felt the roles of student and mother were incompatible rather than solely strenuous to manage. Claire described mother and student as “competing identities” and Dahlia shared how she purposefully keeps these roles separate and has not figured out how to integrate them. Several women described the incompatibility of being a mother and doctoral student. Lauren shared how it does not feel like the roles are “allowed to co-exist” and Natalie shared how she feels she cannot have both identities:

And I’m so angry because before I got married and before I even thought about being a wife, I wanted to be a counseling psychologist (crying) and I’m like why do women have to sacrifice being a mother and a wife for a damn piece of paper? It’s just horrible!

A key example of how many women saw these roles as conflicting was through their advice to other women to not get pregnant during a doctoral program or their indications that they would not do it again. It is important to note that the women who indicated they would not get pregnant again also reported more experiences of being microaggressed and were in programs that seemed to provide less support. When I asked

Lauren what she would change about her experience in becoming pregnant during her program, she replied:

Oh god (laughs). Um, I don't think I would do it again. It's hard because like of course I'm happy with the result of having my son and I wouldn't you know, not want him. But it was just such a hard, it's been so hard like doing both at the same time...If someone were to ask me, do you think I should have a kid while I'm in this program? I would say no (laughs). Um, unless you really can't like, you just are determined to make it work whatever way you need to but it's like really that's what will be demanded of you. Like the utmost that you can give.

Several women in the study had to prolong their academic trajectory and believe they are "falling behind" their peers. Women described feeling like they are not good enough as either a mother or a student. The word "guilt" or "guilty" came up in eight of the women's interviews and was used a total of 48 times throughout interviews. Guilt seemed to be a common experience for women regardless of how much program and outside support they received. Dahlia shared about "mom guilt" while her daughter cried in the background. When I asked her what feelings come up when she reflects on the experience of being both a Ph.D. student and a mom, she replied:

I feel a lot of guilt I guess. Um (pauses). Because, yeah I think that's what I felt the most. Because I feel guilty I'm not spending enough time with her, I feel guilty I'm not doing my work, like guilt and fault I guess.

There is also a sense of guilt in feeling torn between the two identities of mother and student. Natalie tearfully shared about the guilt she feels with her children:

I'm determined to finish before my kids can, I mean hopefully they won't remember any of this like mommy in the middle of the night crying or getting up early in the middle of the morning to try to finish a paper or having to pull my computer out when they wanna play.

Women often felt conflicted in holding both of these roles and grappled with difficult emotions that arose from these experiences. The subtheme of *Role Conflict* can be summarized in the following quote from an e-mail update Dahlia sent over the winter:

I went on an internship interview at the beginning of December and had to leave the baby behind for two nights. I had restless sleep the first night before the interview, but the second night was soooo nice. I had a nice big bed to myself and no baby to wake me up (she STILL doesn't sleep through the night!). It was like a mini-vacation, but at the same time, it was heartbreaking to hear how she cried when she couldn't find me at home. I think motherhood will always pull me in two directions like this.

Role fulfillment. Despite the challenges in holding both roles of student and mother, women expressed joy, excitement, and pride about their studenthood and motherhood. Several women expressed their happiness in being able to become a mother and their immense love for their child. When asked to describe her identity as a mother, Madeline shared that it is “so meaningful that it’s really hard to even describe.” Several women stated that being a mother had always been the role they wanted most in life, such as Maura:

I feel like being a mother is the number one thing for me...it’s definitely the thing that I’ve wanted most in my life. Um, like I’ve always wanted to be a mother.

Some little girls – and this is very stereotyped so you can forgive me but – dream about a wedding or dream about that but I like just, like as a little kid would write baby names and make up, you know, a little family and think about the order of like boys and girls that I'd want to have and I wanted a lot of kids! ...I think it [motherhood] feels very, um (pauses), like central to me? ...And very (pauses) fulfilling, like everything that I want.

Women also expressed feeling fulfilled by living out their dreams of being both a doctoral student and mother. Marie shared:

Being a mom and being a Ph.D. student are kind of like the two, two of the biggest parts of who I am and so before I was able to get pregnant, I think I kind of always felt like something was missing and so being a mom and being a Ph.D. student, I feel just really fulfilled, kind of finally.

There seemed to be a deep sense of satisfaction for women in being able to navigate life as a student mother. Several women also expressed feeling proud and accomplished for being able to hold both roles. Natalie shared:

I'm really excited about just the outcome of being a doctor and doing the thing that I really love to do, and I wake up every day pretty proud of myself that I'm able to continue on my journey 'cause there's people that I've met who quit or can't finish for whatever reason so for me to be a Ph.D. student in my family is pretty big 'cause I'll be on my mom's side, the first and only doctor...I'm happy to say that I'm almost done. I'm in my 5th year and people look at me and they say wow, you're a mom, you're a Ph.D. student, you're a wife, you own a business, you're being able to kind of – not to say have it all, because I still feel

like I have a lot to gain and have a lot to learn but I feel honored to be able to say I'm a Ph.D. student, about to be a Ph.D. candidate! (Laughs)

The pride and accomplishment these women feel appears well deserved given the many challenges and barriers they have faced in their experiences.

Synthesized Textural Description

The texture or “what” women experienced during their pregnancy and motherhood is particularly highlighted in the themes *Pregnancy*, *Microaggressions*, and *Relationships between Student and Mother Roles*. The theme of *Pregnancy* highlights how women experienced both planned and unplanned pregnancies and despite their level of planning and preparation, they still reflected carefully on the “right time” to have a child. They experienced unique reactions from clients and had to learn how to navigate their clinical work with a very visible and evocative identity. Women worried about or experienced miscarriages, struggled with side effects that made them feel “hungover” and interacted with academic obligations, and experienced physical setbacks due to pregnancy complications, childbirth, and/or recovery. They had to figure out how to maintain their student status while experiencing significant health challenges and often felt the need to not ask for accommodations in order to be viewed positively by others in their program.

The majority of women reported having some level of support in their life, whether that was through their community or university constituents. They described both positive and negative reactions from others in their lives that often depended on complex factors such as the Co-Rs' social status identities, program culture around pregnancy and motherhood, and societal expectations of women. Most women in the

study also experienced stigma associated with pregnancy and motherhood as well as pregnancy- and parent-related microaggressions. There were various slights that student mothers experienced including being seen as a “mom first” rather than a student and whole person, encountering hostility and inflexibility when asking for accommodations, and being patronized by others and informed how best to parent.

Many women described complex reactions to their experience of student mothering as highlighted in the theme *Relationship between Student and Mother Roles*. Mixed feelings that arose from the experience included joy, fulfillment, guilt, anxiety, isolation, pride, exhaustion, stress, and frustration. These emotional experiences often differed by the day, time in the program, with whom they were interacting, the context, and their felt sense of support. Women celebrated their identities as student mothers and felt pride in their determination and success, while also feeling torn between the two identities and burnt out from the endless sacrifices required of both roles.

Structural Description

Women’s experiences of pregnancy and motherhood during their doctoral programs were largely shaped by various systems surrounding them as was highlighted in the themes *Outside Resources, Institutional Resources, Program Support and Culture, and Identity*. These specific themes highlight how women experienced the phenomenon based on their support systems (family, partner, community, self), the resources provided to them at their university (nursing rooms, accommodations, leave policy, communication and awareness), and program support (advisor and faculty support, peer support, clinical support, other pregnant or parenting peers).

Women experienced pregnancy differently depending on the level of support they had in place and the level of stigma associated with pregnancy and motherhood in their program. Their experience of support in academia was largely determined by three primary factors: (1) parent empathy of support systems, (2) having a positive reputation in the program, and (3) religious affiliation of the university. Generally, women had positive and supportive experiences within their program when their support people (i.e., faculty, supervisors, peers) were parents themselves, respected and regarded the student who became pregnant, and/or were affiliated with a religious institution that valued family.

“How” these women experienced motherhood was largely impacted by their identities as women and the marginalization of that identity in society and specifically within academia. Also, “how” women experienced pregnancy and parenthood in their programs was layered and founded in various intersecting factors. There did not appear to be direct, linear connections among sources of support such as supportive policies and supportive faculty. Rather, each component of the system appeared to have important independent contributions that compounded to shape the overall experience.

Several cases help demonstrate these findings, including those that stand out as supportive and positive (Marie) as well as unsupportive and negative (Lauren and Natalie). Marie was the only woman in the study to not endorse *Role Conflict* or *Microaggressions*, which speak to the discriminatory and challenging aspects of student mothering. However, Marie did use food stamps and experienced financial strain as a result of having twins and undergoing fertility treatment. Marie had several resources that were key to her positive experience including supportive peers, faculty, and

supervisors, a six week leave policy that she took advantage of, the ability to plan her pregnancy, several parent-identified faculty who provided her with resources, class accommodations, a family friendly student health insurance plan, positive modeling of support from faculty in the program, a faculty who provided her with an office for nursing, an egalitarian relationship with a supportive partner who stayed home with their twins, open and transparent communication with her faculty members, engagement in personal therapy, and both her and her partner's families nearby for support. It is interesting to note that her experience was so positive given she was the only women in the study to have twins and she did not know anyone else in her program to have become pregnant.

The contrast is stark when you consider the experiences of other women such as Lauren or Natalie, both who stated that they would not get pregnant again if they could change anything about their experience. Both Natalie and Lauren shared that they were over \$100,000 in debt and described feeling alone in their navigation as a student mother. Lauren had 13 quotes that were coded as *Microaggressions* (the highest of all women) and 18 quotes that were coded as *Role Conflict* (the highest of all women). She was stereotyped by faculty because of her Jewish identity, tried to pump in an incredibly unaccommodating nursing room, experienced a miscarriage during the program, had post-partum mental health symptoms, and was told by faculty she was being "too much of a mom." It's interesting that Lauren's experience was negative given her handbook was the most "family friendly" and she had one of the better leave policies among universities represented in the study.

Natalie had the second most frequent number of quotes coded as *Microaggressions* (12) and the third most frequent number of quotes coded as *Role Conflict* (12). She experienced an intense amount of hostility from faculty because of her family choices, experienced marital conflict and strain because of her doctoral program, received limited faculty support, took no leave time, identifies as an African woman (although she reported no stereotypes or microaggressions because of her race), had her first child stay in the NICU for 2 weeks after childbirth, and had no access to nursing rooms on her campus.

As seen through these case examples, how one experiences becoming pregnant during a doctoral program is shaped by many interacting factors. It is like a structural web of empowerment and disempowerment in which experiences are largely affected by one's perceived supports (e.g. parental leave policy, supportive advisor) and barriers (e.g. being a single parent, experiencing microaggressions, identifying with marginalized communities). While no one factor holds greater weight over another, the different supports and barriers add up to sway the experience of student mothering in an overall positive or negative direction.

Essence of the Phenomenon

The essence of the phenomenon of women who become pregnant in Clinical and Counseling Psychology doctoral programs can be summarized by the support provided through external and internal resources, stigma and microaggressions associated with student mothering, and managing self and identities. The experience of pregnancy in a doctoral program is complex and challenging and causes a great deal of identity turmoil, need for time management, and feelings of being “stretched thin.” Their experiences are

also largely colored by their social status identities with an emphasis on gender in the experience of parenting in academia. How one experiences pregnancy in a doctoral program is largely determined by the level of support and resources available to them and the program culture around pregnancy and motherhood.

CHAPTER FIVE: DISCUSSION

Seven themes captured the experience of becoming pregnant during a Clinical or Counseling Psychology Ph.D. program in the study. The themes include *Pregnancy*, *Program Culture and Support*, *Institutional Resources*, *Outside Resources*, *Microaggressions*, *Identity*, and *Relationships between Mother and Student Roles*. These findings merit further discussion and elaboration to situate the results within the current literature and provide directions for future research, policy, and practice.

Connections to Current Literature

The findings from this study are in line with previous research on student parenting. Several studies have emphasized the importance of having family and partner support while parenting in academia (Brown & Nichols, 2012; Hermann, Ziomek-Daigle, & Dockery, 2014; Holm, Prosek, & Weisberger, 2015) and discuss the need for more campus resources such as nursing rooms and on-campus childcare (Anaya, 2011; Holm et al., 2015; Lynch, 2008; Springer, Parker, & Leviten-Reid, 2009). The stigma of parenthood during a doctoral program has been highlighted in previous research (Khadjooi, Scott, & Jones, 2012; Mason et al., 2009; Trepal, Stinchfield, & Haiyasoso, 2014), as well as the role conflict and strain that women feel in holding both roles of student and mother (Brown & Watson, 2010; Lynch, 2008; Mason et al., 2009; Trepal et al., 2014).

In the only previous study focused on student mothers in psychology programs (Padula & Miller, 1999), role strain and role conflict were also found to play a role in women's experiences. In another study examining the experience of becoming pregnant during a Counselor Education doctoral program, student mothers also shared about unexpected physical and mental health issues during and after pregnancy (Holm et al., 2015). The shift in career interests away from academia based on faculty modeling has also been evidenced (Mason et al., 2009; Mason et al., 2013) as seen with some women in this study who viewed academia as not family friendly.

There also were various connections in the literature between what faculty mothers experience in academia and what the co-researchers of this study experienced. The simultaneous role fulfillment and role conflict as an academic and mother has been experienced by faculty who are mothers within academia (Trussell, 2015). Although not described as microaggressions, faculty who are mothers have also given voice to discriminatory experiences they have faced in academia such as inflexibility with accommodations and judgment and evaluation from other women in their departments (Castañeda & Isgro, 2013; Kuhn, Mills, Rowe, & Garrett, 2008). The circumscribed opportunities described by the co-researchers in the study (e.g. turning down clinical opportunities, missing conferences, feeling excluded from social and professional networking) have been similarly described by mother faculty members who feel excluded from certain opportunities on the tenure track because of their parental status (Mason & Elkman, 2007). Just as faculty mothers struggle to achieve tenure because of these circumscribed opportunities, student mothers in doctoral programs may also face barriers

in their career development because of the inequitable opportunities to network in ways that can advance their careers.

A final connection that can be made to current literature on academic mothers is the complex role of intersectionality within academia as a mother. Castañeda and Isgro (2013) shared stories of faculty and student mothers who discussed the intersections of their race, class, and gender within the context of academia. These women noted the barriers for scholars and faculty of color who identify as mothers and how they face additional prejudices and biases in their experiences based on their racial and/or economic backgrounds. The connections in the literature between student mothers and faculty mothers speak to the overall hostile environment of mothering in academia especially for women of marginalized identities.

The findings of this study can also be connected to current career development theories such as Mary Sue Richardson's "counseling for work and relationship perspective" (Richardson, 2012). Richardson encourages the development of the whole self for enhanced psychological health by engaging in both market work (i.e., educational preparation and paid work) and unpaid care work (i.e., unpaid work within individual's private lives to care for self, others, and community). Despite the societal need for unpaid care work such as reproduction and childrearing, this type of work is not recognized as "work" within the field of career development and is devalued in society.

While market work has become more equitable for men and women, unpaid care work still tends to fall to women (Richardson & Schaeffer, 2013). This phenomenon has been seen in previous literature on faculty mothers in academia (Castañeda & Isgro, 2013) and within this study as several co-researchers seemed to take on more of the

childrearing (unpaid care work) while also keeping up with their doctoral work (market work). Married mothers are spending the same amount of time with their children as they were over 40 years ago despite their increased engagement in market work (Bianchi, Robinson, & Milkie, 2006). In order to still prioritize their children, women are engaging in less self-care and less personal time with their partners, which may be leading to increased stress and role strain. One can view the role conflict and strain that women face in general, as well as within this study, as a result of the devaluation of unpaid care work and the gendered nature of parenting and childcare (Richardson & Schaeffer, 2013). It is noteworthy that the sacrifices and role conflict are significantly higher for single mothers who have a greater workload of market work and unpaid care work in comparison to both married men and women (Bianchi et al., 2006). This was evidenced in this study through the privilege of having a partner given the challenges of single parenting as a doctoral student.

Strengths and Limitations

The findings of this study extend prior research and provide new insights into the phenomenon of being a student mother. First, most past research has focused on the experience of student mothers but neglects to understand the experience of becoming pregnant during a doctoral program, with one notable exception (Holm et al., 2015). This study extends previous findings by highlighting the need for planning and preparation in pregnancy as well as focusing on the perceptions of the most advantageous point in the program to become pregnant. Findings also elaborate on the potential health challenges of pregnancy and how this can affect one's experience in their program. In addition, this is the only study of its kind to include an intentional focus on contextual issues such as

the prevalence of pregnancy in one's program, planning of the pregnancy, year in the program one became pregnant, and how these factors influenced the experience of pregnancy in the doctoral program. It also is the only study to analyze program handbooks and institutional leave policy to capture structural conditions associated with the experience of being a student mother.

This sample in the present study was also more diverse in comparison to previous studies on student mothers' experiences with regard to racial and ethnic identity, religious affiliation, socioeconomic status, and relationship status. Compared to previous research, this study also provides a stronger focus on the interaction of women's social status identities with structural conditions and how this influences their experience. No studies have considered the role of privilege in student mothering or how identity expectations and stereotypes can create further impediments to success. There are barriers beyond the glass ceiling and maternal wall for student mothers that include one's racial marginalization, religious oppression, financial stress and dependence, and absence of parenting support. This study is also the first to describe the microaggressions that student mothers experience on a daily basis in their lives. This acknowledgment and description of student mother microaggressions can promote the validation of women's experiences, increase awareness of potential discriminatory actions and behaviors of programs, and decrease stigma around the student mother experience.

A final strength of this study is its focus on Clinical and Counseling Psychology doctoral programs. By focusing solely on psychology doctoral programs, this study was able to uncover unique experiences of psychology doctoral students such as being pregnant as a therapist, navigating unique professional concerns in relation to internship,

and the influence of being a psychologist on parenting choices and felt pressure given psychology's awareness and knowledge of the importance of parents in child development.

In addition to the strengths of the study, it is important to note some of its limitations. Given this was a qualitative study with a relatively small sample size of 14 women, the results are more difficult to generalize to the broader population of student mothers, although the number of student mothers in Clinical and Counseling Psychology doctoral programs is currently unknown. Also, the focus was on psychology doctoral programs which leaves uncertainty in whether these same results would translate to student mothers in other types of academic programs. A demographic that was overlooked in this study was mothers of adopted children and student fathers given that the study focused on the experience of pregnancy. Despite the diversity in the sample, there were only heterosexual couples in the study which fails to bring light to the experience of pregnancy or parenthood in non-heterosexual relationships.

An especially important note to highlight is that the study did not include women who may have left or dropped out of their doctoral programs given that a requirement of participation was current Ph.D. enrollment. This research decision was made as it seemed currently enrolled Ph.D. students would be easier to recruit for the study through contacting current program directors and department chairs. However, I may have failed to capture more negative experiences of student mothers given all the Co-Rs in this study were able to successfully continue in their programs.

A final limitation of the study was the difficulty in uncovering the role of intersectionality in the experience of pregnancy and parenting in doctoral programs.

Despite the intent of the study to understand how identities affected the experience, the interview protocol may not have provided enough prompting to deeply explore one's marginalized identities and how one's various identities interact with one another in a systemic context. It is also possible that my standpoint in society and positionality as a White researcher may have narrowed my focus and attention to gender as the most salient identity in the context of this phenomenon rather than being attuned to other marginalized identities.

Future Directions

Findings from this study are suggestive of several potential questions for future research. The experience of being pregnant as a therapist is a unique phenomenon that evokes unique and fascinating reactions from clients. This phenomenon deserves further empirical exploration, as well as how supervisors process this experience with their pregnant supervisees and what considerations are necessary when navigating clinical work while pregnant. Future research should also explore the experiences of women who drop out of Ph.D. programs and parents who choose to adopt during a doctoral program. It would be interesting to explore the experiences of student fathers as well given the findings of this study highlight the gendered nature of parenting. Exploring the experiences of student fathers may uncover vastly different findings due to the different societal norms and structural conditions for men.

It also would be fruitful to conduct a longitudinal study that can track women's experiences of being a student mother across their time in their doctoral program to bring more meaning to how the experience shifts by year in the program. Conducting longitudinal research also would create the possibility of understanding the precursors to

dropping out of programs. I would also recommend quantitative studies to produce larger sets of data that can more broadly describe experiences of student mothers such as their level of felt support, awareness of resources, or experiences with microaggressions.

Finally, future research should include more intentional focus on intersectionality and the impact of privilege and oppression on the phenomenon. Potential ways to address this in future studies could be to include several questions in the protocol about identity, privilege, and oppression. Also, the interviewer could explicitly ask about one's identities (e.g. "How has identifying as a ____ (e.g. Black, Asian, Hispanic) woman impacted your experience of pregnancy and parenting?") and one's level of privilege and/or oppression (e.g. "In what ways has your level of privilege affected your student mothering experience?") versus the broader approach taken in this study (i.e., "What identities have been salient to you in this experience?"). The researcher also could be more attuned to less overt descriptions of identity during the data analysis. It would be prudent in future studies to work with a research team to avoid potential racial bias and to recruit team members of color in understanding this phenomenon. Finally, it may be helpful to understand and analyze intersectionality from frameworks that pay greater attention to privilege and oppression. The "Five Faces of Oppression" framework developed by Young (1990) may prove useful in understanding the role of oppression in the student mothering experience via exploitation, marginalization, powerlessness, cultural imperialism, and violence. It also may be beneficial to view intersectionality as it relates to the compounding of oppression based on multiple minority statuses (e.g. identifying as an Asian woman versus an Asian lesbian woman) as well as the unique

oppressive conditions faced based on intersecting identities (e.g. identifying as a Black woman versus a Black man).

Implications for Practice

This study has several important implications for practice. The stigma associated with motherhood in doctoral programs appeared to lead to what Lynch (2008) has described as maternal invisibility. Several women described downplaying their role as mother while in academic settings in order to be seen as a “serious student.” By maintaining maternal invisibility within their program, women felt a greater sense of role conflict and strain, as well as feelings of guilt and self-blame. Findings from this study suggest the need for a shift in more open and accepting program cultures where women can feel safe to be visible as both mothers and students.

Benefits of Family Friendly Program Culture

The benefits of family-friendly program cultures include enhanced mental health of students, inclusivity of all types of students, and increased opportunities for faculty and peers to learn from women and their “mother” perspective. Being a mother provides unique life experiences that would be invaluable to share with fellow psychologists-in-training and faculty. Given that psychologists work with families and mothers, it would be a mutually beneficial learning experience for all if women could feel safe sharing their maternal perspectives in classrooms, meetings, or research. Psychology programs should encourage and seek out the mother identity and its accompanying strengths and perspectives, rather than shaming them.

One interesting finding from this study was how powerful an experience it was for women to share their story and feel more visible as a student mother. Several women

described the interviews as “therapeutic” and that it felt fulfilling to be able to “synthesize” their story. Rachel shared:

It’s almost like an intervention in and of itself, like these interviews for me. That it’s like a nice way to process I guess? Or help people like organize their experience. And feel like, I feel like I’m contributing to some understanding, even if it’s just, you know, from my perspective. But I think that, it feels nice as I prepare for the last part of my doctoral studies, it’s a nice culmination maybe.

This speaks not only to the catalytic validity of the study, but also to how empowering and encouraging it feels to be able to give voice to a hidden and stigmatized story. If students were able to feel more open in their programs about sharing their stories, it may allow for a greater synthesis of identities, enhanced mental health, and increased comfort and satisfaction in their programs.

By creating a more family and parent-friendly culture in doctoral programs, the risk of experiencing microaggressions would also decrease. The microaggressions that women faced in this study clearly brought up feelings of pain, isolation, and confusion. Sue (2010) has highlighted how microaggressions can lead to physical, emotional, cognitive, and behavioral distress as well as feelings of powerlessness and invisibility, which seemed to be true for women in this study. Most women felt unable to respond to the microaggressions they faced primarily because of the inherent “interpersonal power differentials” (Sue, 2010, p. 57). Because of their lower status as student, women felt unable to address the situations they encountered due to the fear of retribution. Women in the study also faced “attributional ambiguity” (p. 55), in which they felt uncertain if they actually experienced a microaggression. For example, when Rachel described

microaggressions she faced, she often would “play devil’s advocate” or describe potential alternate intentions of the perpetrator. This attributional ambiguity can lead to psychological harm and inner turmoil for those who are aggressed (Sue et al., 2007; Wong, Derthick, David, Saw, & Okazaki, 2014). Women should not have to be placed in the situation of feeling powerless as a student or wondering if they are being aggressed in a program that should be a safe and inclusive space.

Creating Positive Program Culture

There are several ways to increase support and positive program culture around pregnancy and parenthood. Several have already been suggested by the Co-Rs in the study, such as emphasizing and respecting students’ personal and professional lives. Encouraging personal and professional development can be conveyed through the promotion of self-care in the program for all students, openly providing resources for support such as reduced-fee counselors in the area, and emphasizing the differences in student timelines and indicating no “right” timeline for all students.

A common request of many Co-Rs in the study was to make pregnancy and parenthood more visible in programs by discussing it in the program handbook. At the very least, programs should list the university leave policy in their handbooks and include pregnancy and parenthood as a reason to take leave. Program handbooks could also provide alternative timelines for students who start families in a doctoral program, maps of changing stations and nursing rooms on campus, contact information for the Title IX and Disability Services Offices, campus resources available to student parents such as subsidized childcare or hardship stipends, a list of online resources such as *The Pregnant Scholar* or National Women’s Law Center (2018), and local community resources such

as family centers or support groups. As several women stated, if resources such as these had been listed in their handbooks, there would be less fear, stigma, and anxiety around becoming pregnant during a doctoral program.

With students' consent, universities could keep contact information for past and current student mothers in order for women who are considering becoming pregnant to have potential resources and women to connect with. As evidenced through this study, women greatly craved the ability to connect with other student mothers to understand their experiences and feel less isolated. Programs also need to be mindful of inclusivity of student mothers. Given the many challenges associated with being a student and parent, these women would greatly benefit from program support and resources. Ironically, many women discussed feeling isolated from their program because of the types of events that were held or the lack of flexibility in accommodating parents. For example, program events were held on religious days of observance or were held at bars late at night. Programs should consider the needs of all students to promote an inclusive environment and even consider starting support groups for student parents within their programs or universities as needed.

Finally, and most importantly, it is vital for programs to ask the student mothers themselves how the programs can best support them and what additional resources may be needed to enhance program culture and help these students succeed and feel accommodated and empowered in their programs.

Classroom Acceptance and Accommodations

Increased awareness and acceptance of pregnancy and parenthood also should be promoted in the classroom. *The Pregnant Scholar* (The Center for Worklife Law, 2018)

is an exceptional resource for students, faculty, and administrators and provides guidelines for how to best support pregnant and parenting students. As a faculty member, one should be aware of Title IX requirements and promote a harassment-free classroom. As required by Title IX, faculty must excuse absences related to pregnancy and childbirth and must allow students to make up any work or credits missed. When working with students who are pregnant, a faculty member should prioritize the student's health and not pressure students to complete work while on leave. *The Pregnant Scholar* encourages faculty to include a non-discrimination and accommodation policy in their syllabi:

[Insert College] does not discriminate against any student on the basis of pregnancy or related conditions. Absences due to medical conditions relating to pregnancy will be excused for as long as deemed medically necessary by a student's doctor and students will be given the opportunity to make up missed work. Students needing accommodations can seek assistance with accommodations from the [insert ADA/Section 504 office name and contact] or from the Title IX Office [insert name and contact].

Students may feel validated, relieved, and supported by having faculty openly acknowledge pregnancy even at the classroom level. Faculty can also monitor peer hostility or discrimination towards a pregnant or parenting student and maintain a zero-tolerance policy. Accommodations also must be made available to students and should be treated similarly to other ADA requests given that the ADA covers disabilities related to pregnancy and childbirth. Accommodations may include more frequent bathroom breaks, breaks to stretch, or providing alternative seating.

Supportive Faculty Relationships

When working with students in advisory relationships, faculty should be sure to encourage personal and professional development and be more empathic and

understanding to how doctoral programs often align with a time in a woman's life to make family decisions. Advisors should be aware of resources for students considering starting a family such as knowing the university leave policy or where to pump on campus and encouraging the use of these resources. Finally, advisors should make reporting resources known to pregnant or parenting students who experience discrimination based on their pregnancy or parenthood. Findings from the study suggest advisors should *not* tell students to avoid asking others for accommodations, but instead should advocate for a student to utilize the resources that they are legally obliged to and rightfully deserve.

Faculty can show support and acceptance through day-to-day interactions with students. For example, Marie brought up the importance of supportive modeling from faculty that then led to greater acceptance and lesser stigma among peers. It is especially important for faculty to be supportive of students who choose to enter motherhood as this has a trickle-down effect on how peers support one another in this process. Faculty and student-peer support uniquely predict program satisfaction and contribute to overall life satisfaction (Tompkins, Brecht, Tucker, Neander, & Swift, 2016). Thus, these sources of support are vital to all students, especially student parents.

Faculty can also be supportive and lessen stigma by checking in with students about their personal and family lives. However, faculty should also remember to go beyond asking a student how their child is when they see students who are mothers. This study suggests that if faculty only ever ask about a student's child or family, they create an atmosphere of invalidation and minimization of the student's other identities and whole self. In addition, faculty should not only be supportive because they identify as

parents themselves. It is our job as psychologists to be empathic and compassionate and one does not need to experience a phenomenon in order to help and support others. All faculty must be taught about unique issues related to pregnancy and parenting and sensitivity training should be encouraged for all faculty to engage in. Knowledge of resources for student parents should be incorporated into faculty training and faculty need to be instructed by department chairs and deans to work with pregnant and parenting students in an equitable and collaborative way.

Women also need to be seen for all their identities and faculty should be aware of how certain students may need more assistance if they identify as a single parent, have no family nearby, or are financially strained. Women of color, LGBT+ identified women, women of lower social class, and single or divorced women have increased barriers to overcome as student mothers given the additional stigma, stereotypes, and microaggressions they may face and it is critical for faculty to provide support and access to resources.

Supportive Supervisory Relationships

A final element that is vital to consider in practice is providing support for trainees in their clinical work. In general, there is very limited research that exists on pregnant therapists, especially in supervision, and most research on pregnant therapists has come from the fields of psychiatry and social work with the voice of psychology missing. There seems to be a general lack of support for pregnant trainees, and at times, avoidance and denial of the pregnancy or viewing of the pregnancy as a barrier in treatment (Baum & Herring, 1975; Shrier & Mahmood, 1988; Uyehara, Austrian, Upton, Warner, & Williamson, 1995). Baum (2009) found that not only did supervisors engage

in avoidant behaviors towards the pregnancies, but some supervisors overstepped boundaries and took on more of a therapist role with their supervisee when discussing their pregnancy. Both of these behaviors were uncovered in this study with Angelica's supervisor avoiding her pregnancy in supervision and Lauren's supervisor serving as more of a therapist when discussing her pregnancy.

The findings of this study suggest that supervisors need to be better prepared and more aware of unique issues related to pregnant supervisees and how their pregnancy and motherhood will interact with their clinical work. Supervisors need to accommodate their supervisees as required based on their medical and health needs and consider potential caseload reductions. Baum (2010) emphasizes the importance of supervisors in helping trainees navigate feelings of guilt and inadequacy that may be stirred up through their pregnancy. Supervisors should also have resources available to their supervisee on the topic area that may provide additional support and be ready to discuss issues of transference and countertransference (Baum, 2009). Supervisors need to be aware of how the pregnancy will affect the therapist, the client, and the supervisor themselves. Finally, supervisors should also be prepared to seek out their own supervision and consultation as needed as the pregnancy may evoke unique supervisory reactions as well.

Implications for Policy

As revealed in the policy analysis and through women's stories, the policies and resources for the women in this study around pregnancy and parenthood were generally absent, vague, or stigmatized. Several women were unclear about their leave policy and many women did not have access to nursing rooms at their university or practicum site. Women described inequity across campuses in the available resources for student parents

such as childcare or financial aid. These findings suggest the need for change in policy to provide equitable and fair treatment to all student parents.

Parental Leave Policy

Because women feel uncertain and fearful about taking leave, several women in this study did not take leave while others purposefully timed their pregnancy in the summer so they would not need to request leave. No women in this study had paid parental leave and half of the women had a leave policy that did not include parenthood as a reason for taking leave. It is concerning that students feel unable to take leave after their childbirth especially given the many benefits of parental leave. Early childhood conditions and early bonding with parents through parental leave has been shown to lead to increases in birth weight and reductions in infant mortality (Rossin, 2011) and has even been found to have long-term impacts such as better adult health, well-being, and educational and career success (Carneiro, Loken, & Salvanes, 2015; Currie & Rossin-Slater, 2014). These benefits also extend to the mother as longer maternity leave leads to better physical and mental health for mothers (Avenida et al., 2015; Dagher, McGovern, & Dowd, 2014). These findings demonstrate the significant impact of parental leave on maternal health and positive childhood development.

Even though graduate students are often not entitled to FMLA, they are legally eligible for parental leave under Title IX. Many students and faculty are unaware of this resource (Wang, 2017). There are currently several universities with exemplary leave policies that create more family-friendly environments and campuses. Virginia Tech University (VTU) provides graduate students with six weeks of paid leave for either childbirth or adoption and for both men and women. Karen DePauw, Vice President and

Dean of Graduate Education at the university, discussed the leave policy and its importance given VTU's focus on student retention and the creation of an "affirming environment" (p. 24). University of Wisconsin at Madison offers paid parental leave as well; one of the chemistry graduate professors shared:

It's one of these things that has had a really positive impact on student morale and really has not cost very much. We want to see our students succeed. If students view graduate school as not compatible with being a mother, then they may start choosing other careers. It's good for the field to have that diversity of gender. We want to make sure we don't discourage people from going into a field because they somehow feel it is not family-friendly (p. 24).

These quotes from faculty and administration demonstrate how parental leave is mutually beneficial for both the university and student and promotes an inclusive and equal opportunity environment.

Clinical and Counseling Psychology programs should review their current leave policy, determine the ease in finding the policy, ensure it is readily available to students through program resources (e.g. handbook), advocate for students as needed to make changes to the policy and its inclusivity of parents, and advocate for paid parental leave for students. Universities are legally required to treat pregnancy and related conditions as an appropriate reason for taking leave and students are allowed to take leave for as long as deemed necessary by their medical provider. Relatedly, universities and programs cannot force a student to take leave because of pregnancy and childbirth; as seen in this study, several women felt pressured into taking leave or prolonging their academic trajectory because their advisors or faculty decided this would be beneficial to them and their families. This behavior is illegal and faculty are thus advised to respect students' decisions to take leave and for how long.

The Pregnant Scholar (The Center for Worklife Law, 2018) offers a model policy for programs to consult when creating, changing, or advocating for policies around student parents. It provides suggested language for taking an academic leave of absence, dissemination of the policy and training for faculty, staff, and employees around the policy, and how the university will handle retaliation and harassment of student parents. Some recommendations from *The Pregnant Scholar* in creating fair leave policies include ensuring that student benefits are retained during leave such as their health insurance, providing flexibility with leave time given there may be unexpected complications related to pregnancy and childbirth, and providing education for faculty and staff on harassment of and retaliation towards student parents based on their need for leave. Universities should also consider allowing modified doctoral duties for mothers after childbirth and allowing students to “stop the clock” and pick up their studies again when appropriate (Mason et al., 2013). Leave policies also need to be welcome for parents of all genders and available to adoptive parents, same-sex parents, and unmarried parents. It is essential that leave policies include fathers in order to promote inclusivity, reverse traditional gender role expectations, and reduce the stigma that women in academia are “leave liabilities” (The Center for Worklife Law, 2018). By promoting equity in unpaid care work (i.e., encouraging parental leave for both men and women), this type of work would be more highly valued within academia and in society and allow for a decrease in the role conflict and strain working mothers face, encourage greater engagement of all genders in both types of work, and cease the marginalization of unpaid care work.

Access to Nursing Rooms

Finding a place to pump on campus was very challenging for the women in this study. The majority of the women ($N = 9$) were unaware of nursing rooms on campus or did not have access to one in or near their building. Nursing rooms that were available to women were unaccommodating and several women in the study chose to no longer breastfeed their child because of the role conflict and unavailability of nursing resources. Again, this is concerning for new mothers as the American Academy of Pediatrics recommends exclusive breastfeeding for at least 6 months (2012). Programs and universities need to be more supportive of new mothers and their choice to nurse their child. Lactation accommodations should include break time to pump given the lengthiness of the process, as well as a private and clean room with electrical outlets to both pump and store their breast milk (The Center for Worklife Law, 2018).

While the law is vague about whether universities are legally required to provide nursing rooms for graduate students, it is legally required to provide these resources for employees (e.g. faculty and staff) and thus they should be readily accessible on campus. Also, if a student feels their education is being limited because of the lack of nursing resources, this would be a Title IX violation and the program needs to respond by providing access to resources. These spaces must be private locations that cannot be intruded upon. Students should not feel the only place to pump on a university campus is an unsanitary bathroom or their car in a public parking lot. Students should not have to spend additional time reserving rooms in their building in order to have a space to pump throughout the day.

Students also cannot be penalized for missing classes because of their need to pump and they must be provided with make-up work opportunities for absences (The Center for Worklife Law, 2018). If faculty need further proof of a student's medical need to pump, students can provide a note from a medical provider indicating their medical necessity to pump. By following these practice suggestions, universities will provide a more inclusive and welcoming environment and new mothers will be allowed to have greater role alignment, less guilt associated with their need to pump, and enhanced mental and physical health.

Finally, despite the recent workplace breastfeeding law in the Patient Protection and Affordable Care Act, there needs to be more awareness around breastfeeding for faculty who are new mothers (Bai, Dinour, & Pope, 2016). Universities must provide easy-to-access lactation rooms and flexible schedules for mothers to feel comfortable in this necessary and natural experience. They also should consider loan options for breast milk pumps and should communicate the importance of breastfeeding and the need for pumping throughout campus to increase awareness and social support. By providing a more welcoming atmosphere to women and parenting faculty, students will experience the trickle-down effect of family-friendliness in higher education leading to less stigma for faculty and students, increased support of faculty for students, and a greater presence of women in academia.

General Solutions for Graduate Student Parents

General policy solutions that would serve graduate student mothers include providing six weeks of paid maternity leave, maternal and dependent health insurance, college tuition remission, accessible lactation rooms, parent centers, mentoring systems

that promote work-family balance, and child care grants for students to attend conferences (Mason, Goulden, & Wolfinger, 2013). It would be especially beneficial for programs or colleges to have some type of hardship stipend for women of lower socioeconomic status. Graduate students are already in financially strapped situations given their minimal stipends and reliance on loans. Adding a child into one's life creates additional strain and stress that should be understood and accommodated in graduate student programs.

Another helpful campus resource could be a staff liaison who would act as the point-person for faculty members and graduate students who are parents and provide them with resources, inform them of university policies, and provide advocacy as needed (Ward & Wolf-Wendel, 2012). A high priority for graduate student parents is high quality and affordable childcare (Mason, Goulden, & Wolfinger, 2013). While some women in the study had family nearby to provide childcare, most did not and needed childcare resources. Subsidized childcare or childcare grants should be provided to graduate students, especially if a university already has an early childhood center or on-campus daycare.

Despite the lack of family-friendly universities in this study, there are some promising policies and solutions being implemented at a handful of U.S. universities and colleges. For example, the University of North Carolina at Chapel Hill provides funds to subsidized childcare for students on campus, has a dozen lactation rooms across campus, and produced a guide that provides family-friendly services on and around campus, financial aid services, childcare facilities, healthcare options, legal aid, housing, pregnancy support, social support services, and transportation (Brown & Nichols, 2012).

Stanford University offers on-campus daycare services, paid maternity leave for post-doctoral and graduate students, graduate student housing for married students and families, and dependent insurance for graduate students. Princeton University developed a strong package of family benefits for graduate students specifically in response to the higher attrition rates of women doctoral students (Millman, 2007). Princeton provides three months of paid leave and allows students to apply for need-based childcare grants, subsidized backup care, and childcare related travel funds. Student parents can also take part in their mortgage program that lowers home buying costs and can attend free counseling on work-life balance.

These universities provide hope for current student parents, as well as direction and guidance for higher education in how best to support student parents. There also have been attempts to pass legislation to support pregnant and parenting students, such as the Elizabeth Cady Stanton Pregnant and Parenting Student Services Act of 2007 which unfortunately died in committee. This act would provide funding for universities to establish pregnant and parenting student services offices that are specifically designed to advocate for and provide resources to student parents. An especially important point to make as has been mentioned by Williams (2000) and other feminists is that in order for gender equity and decreased family-work conflict to be realized, there needs to be a shift in roles for both men and women. For heterosexual relationships, this means there must be societal shifts where men are more greatly involved in parenting and are willing to take paternity leave.

Changing the Academic System

Finally, in order for women students to feel supported in academia, there needs to also be changes for women and parenting faculty. It is clear from women's stories that faculty serve as key role models for students. If women faculty do not model work-life balance or fit, students will not follow the academic track. This could lead to a continued unequal presence of women in academia, especially women of color and of lower socioeconomic status. Due to the unjust adversity faced by mothers in the field of academia, many have called for changes to the tenure system. The first woman president of Princeton University, Shirley Tilghman, has advocated for the dropping of the tenure system as it is "no friend to women" and makes huge demands of women at a time when they are trying to raise families (Mason & Ekman, 2007). Bassett (2005) had suggested adjustments to the tenure system such as part-time tenure-track positions, shared faculty positions, and the option to stop the tenure clock without penalty. While some of these policies have been adopted by universities, they often are not publicized and faculty often fear using them due to potential repercussions.

Ward and Wolf-Wendel (2012) stress the importance of not just having policies, but focusing on how people talk about the policies, how department chairs present these policies to their faculty, and how the faculty who use these policies are received and reviewed by their colleagues. If women face repercussions or experience marginalization by their colleagues, these policies will be ineffective.

For a summary of the suggested practices for doctoral programs to create a more family-friendly and inclusive program culture, see Appendix L. Appendix M outlines advice from the Co-Rs in the study to new mothers in doctoral programs, which was

developed out of several Co-Rs' desire to have guidance in this process from "veterans" of the experience.

Conclusion

The findings of this study bring to light the challenges that student mothers experience while pregnant and parenting in Clinical and Counseling Psychology programs. While some women in the study did feel supported by their programs, the majority reported self-stigma, social stigma, microaggressions, discrimination, and intense feelings of guilt and fault in relation to the role conflict between mother and student. These experiences seem especially hypocritical and shameful given psychology's emphasis on social justice, inclusion, and promotion of "human rights, health, well-being, and dignity" (APA, 2018). It is also disappointing to hear these programs' lack of support and acceptance of student mothers given psychology's evident knowledge and awareness on the importance of mothers and attachment (Ainsworth & Bowlby, 1965; Bowlby, 1988; Summers, 2014). It is important to note that several women in this study reported positive experiences in their programs through encouragement and aid from faculty, advisors, and peers, as well as access to necessary resources and accommodations. These supportive experiences need to be common across all programs for students to receive equitable resources in academia.

Changing the system of academia is critical to the success of all students and faculty should utilize the findings of this research to advocate for best supporting student mothers in both practice and policy. Our reputation as psychologists is at stake in defining ourselves as social justice advocates, change agents for person-centered and culturally sensitive policy, and leaders of human health and well-being. The women of

this study were vulnerable and brave to give voice to their exhaustion, marginalization, isolation, and inequity. The onus is now on us to truly hear their stories and take action to cease the sexist and stigmatizing culture around motherhood, celebrate the power and beauty of women and parenting, and advocate for women's inclusion and advancement in academia.

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APPENDIX A: DISSERTATION TIMELINE

Dissertation Task	Date(s)
Defended Dissertation Proposal	5/7/17
Submitted IRB Exemption Application	5/30/17
Submitted Morgridge College of Education Dissertation Research Grant Application	5/31/17
Received MCE Dissertation Research Grant (\$1,000)	6/15/17
IRB Approval granted for Exempt Review	6/21/17
Sent Research Request E-mail to Program Directors & Chairs	6/23/17
E-mailed all survey respondents about status in the study	6/26/17 – 9/12/17
Interview #1 for Co-Rs	8/10/17 – 8/9/17
Transcripts completed and sent to Co-Rs to review	7/12/17 – 8/15/17
Interview #2 for Co-Rs	7/24/17 – 8/22/17
Transcripts completed and sent to Co-Rs to review	7/28/17 – 8/24/17
Officially closed Qualtrics survey	9/13/17
\$50 Amazon gift cards sent electronically to all Co-Rs	10/14/17
All transcripts reviewed, edited, and returned by Co-Rs	11/13/17
Phase 1: Data Organization	11/20/17 – 12/1/17
Phase 2: Significant Statements	12/2/17 – 12/15/17
Sent check-in e-mail to all Co-Rs to provide updates	12/8/17
Phase 3: Meaning Units	12/16/17 – 1/8/18
Applied for MCE Dissertation Fellowship	1/19/18
Phase 4: Axial Coding	1/20/18 – 1/22/18
Received MCE Dissertation Fellowship	2/6/18
Consulted with Dissertation Advisor on initial themes/codes	2/7/18
Phase 5: Selective Coding	2/8/18 – 2/20/18
Sent Co-Rs themes and requested feedback and edits	2/26/18
Phase 6: Imaginative Variation & Phase 7: Synthesis	3/12/18 – 3/15/18
Connected interested Co-Rs	3/13/18
Final draft of dissertation completed	4/8/18
Dissertation Defense	4/26/18

APPENDIX B: E-MAIL TO PROGRAM DEPARTMENT CHAIRS/TRAINING

DIRECTORS

Dear Dr. _____ (Training Director/Department Chair),

I am a fourth-year doctoral student in Counseling Psychology at the University of Denver and I am currently seeking help with recruiting participants for my dissertation, under the supervision of Dr. Pat Garriott. My dissertation is a qualitative study aimed at understanding the experiences of women who become pregnant in doctoral programs in Clinical and Counseling Psychology.

Would you be willing to share the below request with the doctoral students in your program?

If you have any questions, please let me know. Thank you in advance for your help with my research.

Best,
Kim Yalango, M.A.
Counseling Psychology Ph.D. Candidate
University of Denver

Dear Colleagues,

My name is Kim Yalango and I am a fourth-year doctoral student in Counseling Psychology at the University of Denver. I am seeking participants for my dissertation which is a qualitative feminist study looking at the experiences of women who become pregnant during Clinical and Counseling Psychology programs. I am seeking women students who (a) are currently enrolled in an APA-accredited Clinical or Counseling Psychology Ph.D. program (which can include being on internship), (b) became pregnant during their doctoral studies, and (c) have delivered their child or will be delivering their child soon.

Participation in the study will include audio-recorded in-person or Skype/phone interviews in which the participant will describe their experiences of pregnancy and motherhood in their doctoral programs. I will also ask that participants review transcripts of said interviews and of my data analysis to ensure accuracy of their stories and experiences. Each participant will receive a \$50 Amazon gift card for their involvement in the study.

For those qualified and interested in taking part in this study, please follow the below Qualtrics link. The information you provide will allow me to learn more about you and

your fit for this study, as well as how best to reach you to further discuss the details of the study.

Link: https://udenver.qualtrics.com/jfe/form/SV_2izt1Shnr3ExxA1

If you have any further questions about the study, please do not hesitate to contact me at kim.yalango@gmail.com.

This study has been approved by the Institutional Review Board at the University of Denver (#1079806-1).

Thank you for your time and interest in my study!

Best,
Kim Yalango, M.A.
Counseling Psychology Ph.D. Candidate
University of Denver

APPENDIX C: SCREENING SURVEY

Thank you for your interest in this qualitative research study examining the experiences of women who become pregnant during Clinical and Counseling Psychology doctoral programs. Please fill in the information below to assess your fit for the study. The brief survey should take 3-5 minutes to complete.

By providing the information below, you are not consenting to participate in the study, but consenting for me to contact you to learn more about the study. Participation in this study will primarily include interviews in which you will describe your experience of becoming pregnant during your doctoral program.

All information you provide below will be kept confidential and will solely be used to contact you and learn more about you and your fit for this study.

Please provide your name and contact information.

Name: _____

E-mail: _____

Phone Number: _____

Please provide information about your academic program.

What is the name of your university? _____

What type of psychology doctoral program are you in?

- Clinical Psychology
- Counseling Psychology
- Combined Clinical-Counseling Psychology
- Other: _____

Is your program APA-accredited?

- Yes
- No

What year are you in your doctoral program?

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year
- 5th Year
- 6th Year
- 7th Year and Beyond

What are your career goals when you graduate from your program?

Please provide information about your pregnancy.

How many times did you become pregnant during your doctoral program?

- 1
- 2
- 3
- 4+

During what years in your doctoral program did you become pregnant?

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year
- 5th Year
- 6th Year
- 7th Year and Beyond

When did you deliver your children (i.e. month and year)? If you have not yet delivered a child, when is your due date? _____

If you have delivered your child, how old is your child as of today's date? If you have multiple children, please list all of their ages. _____

This research aims to examine how the experience of pregnancy differs across various identities. In order for me to learn more about you and your identities, please provide your demographic information.

Please self-identify in the text boxes below:

Age: _____

Race/Ethnicity: _____

Socioeconomic Status: _____

Relationship Status: _____

Sexual Orientation: _____

Religion: _____

What other identities are important to you, if any? _____

Thank you for completing this survey! I will reach out to you within the next week to follow-up, discuss the study with you in further depth, and review the consent form if you are interested in participating. If you need to reach me before then, feel free to contact me at kim.yalango@gmail.com.

Please click on the arrow below to finish the survey.

APPENDIX D: E-MAIL TO CO-RESEARCHERS

Dear [insert name],

Thank you for your interest in my dissertation research on the experience of pregnancy in doctoral programs. I am writing to invite you to participate in the next steps of the study after reviewing your Qualtrics survey. I am excited about the possibility of your participation and having the privilege of hearing your unique story of pregnancy and motherhood during your academic career. The purpose of this e-mail is to inform you of your rights within this study and to provide you with an informed consent for you to sign and return to me if you agree to participate.

I am conducting a qualitative study whose aim is to understand a unique phenomenon and provide descriptive detail and understanding of the experience of pregnancy in doctoral programs. My main research question is “What are the experiences of women who become pregnant in Clinical and Counseling Psychology doctoral programs?” Through your potential participation, as well as several other women who share common experiences, I hope to understand the essence of pregnancy during doctoral programs as it reveals itself in your shared stories. I will be requesting that you complete at least two semi-structured interviews with me through Skype or phone (your preference). The first one will last 1.5 hours and the second will last about 1 hour. If you feel there is still more of your story to share after the second interview, I am happy to set up additional interviews as needed.

I will ask you to share about your experiences in regards to before, during, and after your pregnancy and how that relates to your doctoral studies. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you which may include your thoughts, feelings, and behaviors, as well as situations, events, places, and people connected with your experience. I will also ask you to share any personal mementos you feel comfortable sharing with me, such as photographs of your child, e-mails between you and faculty members, or anything else that feels relevant to your experience.

I will be working from a feminist lens in this study and I hope to create egalitarian relationships in our work together where you can feel safe, heard, and valued. Throughout this study, I will refer to you as a co-researcher, rather than a participant, and strive to work with you in a collaborative and empowering manner. I will need to follow-up with you at times to make sure I accurately capture your experience as I begin to analyze data. It is important to me to be able to share your story using your words and to be able to convey your experiences in a manner that feels genuine and true to you. If you have additional thoughts or ideas beyond our interviews, I encourage you to contact me so I can fully capture your experience. You can also decide at any point in this study to withdraw your consent and participation.

If you agree with all of the material in the attached consent form, please sign it and return it to me by e-mail. When you return the consent form, please also send me dates and times that you are available for our first interview (starting July 7) and let me know if you would prefer to conduct the interview via phone or Skype. In that first 1.5-hour interview, I will introduce myself and the study, review the consent form with you, and begin to explore your story with you.

I very much value your interest and the time and energy that it will take to be a part of this study. Remember, this is completely voluntary. You can choose to be in the study or not. If you have any further questions before signing the consent form attached, please feel free to reach out to me via e-mail (kim.yalango@gmail.com) or telephone (570-447-4991).

Best,
Kim Yalango

APPENDIX E: CONSENT FORM

University of Denver Information Sheet for Exempt Research

Title of Research Study: A Phenomenological Exploration of Pregnancy in Clinical and Counseling Psychology Doctoral Students

Principal Investigator: Kim Yalango, M.A., University of Denver
Faculty Advisor: Pat Garriott, Ph.D., University of Denver

You are invited to participate in a dissertation research study being conducted by Kimberlee Yalango in partial fulfillment of the requirements for the doctoral degree in Counseling Psychology in the Morgridge College of Education at the University of Denver. This study is conducted under the supervision of Pat Garriott, Ph.D., of the University of Denver. This consent form is designed to fully inform individuals of their research involvement. Please review the document carefully and feel free to ask questions for additional clarification.

Description: You are being asked to participate in a research study. The purpose of this study is to learn about the experiences of women who become pregnant in Ph.D. programs in Clinical and Counseling Psychology and give voice to this understudied phenomenon.

Procedures: If you agree to be a part of the research study, you will be asked to complete two semi-structured interviews, lasting around one hour each, in which you will share your experiences of pregnancy and motherhood in your doctoral program. The interviews will either take place in-person if feasible, or over Skype/telephone. All interviews will be audio-recorded and will be scheduled at times that are most convenient to you. You also have the opportunity to schedule additional interviews beyond the two scheduled interviews if you have more to share of your experiences. You will be asked to share mementos or photos if you desire, such as e-mail correspondence between you and faculty or photographs of your pregnancy. Any identifying information will not be published, but solely used for data analysis. You will also be asked to review transcripts of the interviews to assess for accuracy and make changes as you see fit. Finally, you will be asked to review the data analysis to make sure your experiences have been accurately captured.

Risks or Discomforts: The study has potential risks in that the experiences you share may be recognizable to others. However, in order to protect your confidentiality, you will be given a pseudonym and your university will be referred to by general location (e.g. university in the Southwest). I will provide minimal demographic information including your race/ethnicity and socioeconomic status.

All audio-recordings and related documents will be saved in password-protected files on my password-protected laptop. In order to prevent any inaccurate portrayal of your experiences, I will ask you to review a copy of the transcripts, as well as review my final data analyses to validate accuracy.

The overall risk in this study is minimal and you are only asked to disclose personal information that you wish to disclose. Potential risks of being involved include the possibility that discussing certain issues about your experience may be upsetting. If this occurs, I will assist you in locating professional mental health care in your area or at your university. You may withdraw from the study at any time and have your data (personal information & interviews) destroyed at any time.

Benefits: Sharing your experiences of pregnancy and motherhood may have benefits for participants in feeling empowered by telling their story aloud or providing cathartic relief. It also may be validating to hear about other women's experiences of motherhood in their doctoral programs when you review my final product.

Incentives to Participate: You will receive an Amazon gift card for participating in this research project. The gift card will be between \$40-50 depending on the number of participants who agree to take part in the study. This study is funded by the Morgridge College of Education.

Confidentiality: You will be audio recorded during the interviews in order for transcription to occur. If you do not want to be audio recorded, please inform the researcher immediately. The records of this study will be kept private. Written and audio research records will be kept in password-protected files on the researcher's password-protected laptop. Files will be backed up on an external hard drive, which will also remain password-protected.

Only the Faculty Advisor, Dr. Pat Garriott, and the Principal Investigator, Kim Yalango, will have access to the raw data. Participants will be given a pseudonym to protect their anonymity. Confidential information will not be shared with anyone outside of the dissertation committee. If you choose to share personal photographs, they will not be published in the dissertation without your separate consent and will solely be used for data analysis purposes to better understand the phenomenon.

The Principal Investigator will conduct Skype interviews in their private home using their secure and password-protected Internet connection. If using Skype for the interviews, please be mindful to respond in a private setting and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Voluntary Participation: Participating in this research study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time.

You may choose not to continue with the interview or complete additional interviews for any reason without penalty. I will not use any of the data collected through interviews if you choose to withdraw from the study at any point. However, gift cards will only be given to participants who fully complete the study.

Questions: If you have any questions about this project or your participation, please feel free to ask questions now or contact Kim Yalango at 570-447-4991 or kim.yalango@gmail.com. You can also contact the Faculty Advisor of this project at pat.garriott@du.edu or 303-871-6758.

If you have any questions or concerns about your research participation or rights as a participant, you may contact the DU Human Research Protections Program by emailing IRBAdmin@du.edu or calling (303) 871-2121 to speak to someone other than the researchers.

The DU Human Research Protections Program has determined that this study is minimal risk and is exempt from full IRB oversight.

Please take all the time you need to read through this document and decide whether you would like to participate in this research study.

If you agree to participate in this research study, please sign below. Your signature below also indicates your consent to be audio-recorded for all interviews. You may keep a copy of this form for your records.

Participant Signature

Date

APPENDIX F: ORIGINAL INTERVIEW PROTOCOL

- (1) Tell me your story of becoming pregnant during your doctoral program.
- (2) How did your advisor respond to your pregnancy?
- (3) How did your peers respond to your pregnancy?
- (4) Tell me about your experience of being pregnant while attending to your doctoral studies.
- (5) Tell me about your transition back to school after your pregnancy.
- (6) How do your roles as a doctoral student and a mother conflict?
- (7) What feelings are generated by the experience of being both a doctoral student and a mother?
- (8) What meaning do you ascribe to being a mother?
- (9) What meaning do you ascribe to being a doctoral student in psychology?
- (10) What cultural identities are important to you?
- (11) How have these identities influenced your role as a doctoral student?
- (12) How have these identities influenced your role as a mother?
- (13) What identities have felt most salient to you in this experience?
- (14) How have your cultural identities been in conflict during your experience?
- (15) What would you change about your experience in becoming pregnant during your doctoral program, if anything?
- (16) What else might be significant to share about your experience of pregnancy and motherhood in your doctoral program?

APPENDIX G: INTRODUCTION TO STUDY PROTOCOL

- Thank co-researcher for taking time to interview
- Share general format for first interview
 - I will share about myself & study
 - Review consent form together
 - Discuss interview format
 - Will begin the first half of interview questions
- Feel free to interrupt at any point with questions
- Introduce myself and share about background
 - 4th-year doctoral student in Counseling Psychology at DU
 - I have no children
 - Became interested in this topic after 5 women in program became pregnant
 - Purpose of dissertation is to better understand the experiences of women who become pregnant during their doctoral studies with the hopes of impacting program culture and policy to better support women in this process
- Briefly review consent form & method
 - Given that this is a feminist research project, I'm viewing you as the expert on this topic and will be considering you a "co-researcher"
 - This does not mean you have to write my dissertation for me - just that you have the power to edit my work, change, delete, etc.
 - I will ask you to review each of our transcripts and you can remove or add statements as desired
 - I will ask you to review my data analysis and make sure it fits your story and experiences
 - Please let me know if you feel I am doing injustice to your experience as it is very important to me to give your story voice and make sure my own biases do not impact your story
 - You are more than welcome to schedule additional interviews if needed beyond our interview today and our second interview
 - Also can e-mail me in between interviews about other thoughts, ideas
 - I will talk with you later in our interview about sharing mementos of your pregnancy
 - I will protect your confidentiality in this study by assigning you a pseudonym and only using vague identifying information (race, age, relationship status). You will review everything before I publish
 - You've agreed for me to audio tape, all of these are saved on personal computer with your ID code, password protected
 - I am hoping this experience can be cathartic and empowering for you and other women; if you feel distressed by this experience, please let me know and I would be happy to help you find professional mental health care
 - After your full participation in the study, you will receive an Amazon gift card \$40-50; however, you are of course allowed to drop out at any time if you so desire
- Discuss interview approach

- Feminist approach to study
- I'm hoping to make my interviews much more of a conversation, rather than just me asking you questions and you giving an answer
- Encourage you to share whatever comes up, even if it's not the question I ask
- You have the power to direct the interview in whatever way is important to you
- You are the expert and I hope to not take up too much space in our time together so I can hear your story
- Today will be the first half of interview questions
- I conducted a pilot interview with a woman in my program to refine these questions and get her input/feedback on what's important to ask
- All are open-ended questions and I encourage you to answer as feel comfortable

Pause to explore any questions before beginning interview questions

APPENDIX H: INTERVIEW PROTOCOL RESEARCH

Research Question	Connection to Literature	Source
(1) Tell me your story of becoming pregnant during your doctoral program.	Interviews will be started in an open-ended way to allow women the space to share their experiences without imposing structure and to allow women to share in a way that feels genuine and safe for them. This also falls in line with the feminist teller-focused interview in which the interviewee is encouraged to share their story in their own way, without the interviewer cutting them off to follow a protocol.	DeVault (1999) Hyden (2014)
(2) How did your advisor respond to your pregnancy? (3) How did your peers respond to your pregnancy? (4) Tell me about your experience of being pregnant while attending to your doctoral studies (5) Tell me about your transition back to school after your pregnancy. (6) How do your roles as a mother and doctoral student conflict?	These questions align with previous research that has examined the experiences of graduate student mothers. Many women discuss both the support and neglect of their advisors, professors, programs, and peers, as well as the challenges of being pregnant during their studies and transitioning back to school after their childbirth. A theme of the literature review was the difficulty in balancing roles between mother and doctoral student.	Brown & Watson (2010) Holm, Prosek, & Weisberger (2015) Lynch (2008) Trepal, Stinchfield, & Haiyasoso (2014)
(7) What feelings are generated by the experience of being both a doctoral student and a mother? (8) What meaning do you ascribe to being a mother? (9) What meaning do you ascribe to being a doctoral student in psychology?	These questions were suggested for use in transcendental phenomenology in order to gain a deeper understanding of the phenomenon and elicit rich descriptions of the experience.	Moustakas (1994)

<p>(10) What cultural identities are important to you? (11) How have these identities influenced your role as a doctoral student? (12) How have these identities influenced your role as a mother?</p>	<p>Given that I will be using standpoint epistemology, it is essential to understand one's position in society and how that influences their experience given that reality is understood in different ways depending on one's position within the social system. There are no studies that examine the experiences of women who become pregnant in doctoral programs based on their cultural identities.</p>	<p>McHugh (2014) Letherby (2003)</p>
<p>(13) What identities have felt most salient to you in this experience of becoming pregnant during your doctoral studies? (14) How have your cultural identities been in conflict during your experience?</p>	<p>One's standpoint in society is always intersectional and identities are complex and multi-layered. These questions are examining the potential intersectionality of identities and how identities can be more salient or conflicting in certain contexts.</p>	<p>Harding (2009) Lockhart & Danis (2010) Windsong (2016)</p>
<p>(15) What would you change about your experience in becoming pregnant during your doctoral program, if anything?</p>	<p>Feminist research aims to examine and rectify the invisibility and distortion of women's experiences, to advocate for gender equality, and to transform a sexist society. It focuses on improving women's opportunities and quality of life. Thus, this question gets at what changes these women would make in order to empower their voices and advocate for social change.</p>	<p>Lather (1991) McHugh (2014) Hesse-Biber & Leavy (2008)</p>
<p>(16) What else might be significant to share about your experience of pregnancy and motherhood in your doctoral program?</p>	<p>Feminist research gives voice to women's lives and experiences. Also, the co-researchers are viewed as experts of their experiences and I may not have captured all essential questions in my guide. Thus it is essential to give space to the co-researchers to provide information beyond the questions I have formed.</p>	<p>McHugh (2014) Boylorn (2008)</p>

APPENDIX I: INTERVIEW #1 PROTOCOL

- (1) Tell me your story of becoming pregnant during your doctoral program.
- (2) What were some of your thoughts and feelings when you first found out you were pregnant?
- (3) How did your advisor respond to your pregnancy?
- (4) How did faculty members respond to your pregnancy?
- (5) How did peers respond to your pregnancy?
- (6) Tell me about your experience of being pregnant while attending to your doctoral studies.
 - a. Research, Therapy, Classes
- (7) Tell me about the day of your childbirth.
- (8) How much time were you able to take off after your delivery?
- (9) Tell me about your transition back to school after your pregnancy
- (10) Did you choose to breastfeed your child?
 - a. If so, what was your experience of breastfeeding at school/work?

APPENDIX J: INTERVIEW #2 PROTOCOL

- (1) What does it mean to you to be a mother?
- (2) What does it mean to you to be a doctoral student?
- (3) What feelings come up for you when you reflect on the experience of being both a doctoral student and a mother?
- (4) What values or identities are important to you in relation to being a doctoral student and a mother? This can include your race/ethnicity, class, gender, ability, sexual orientation, religion, etc.
- (5) What thoughts or feelings come up for you when thinking about the rest of your time in your doctoral program? (e.g. internship)
- (6) How did becoming a parent influence your career trajectory?
- (7) What would you change about your experience in becoming pregnant during your doctoral program, if anything?
- (8) What advice would you give women who become pregnant in Ph.D. programs based on your experience?
- (9) How have you been able to successfully navigate your program as an academic mother?
- (10) What recommendations do you have for programs to support mothers?
- (11) What else might be significant to share about your experience of pregnancy and motherhood in your doctoral program?

APPENDIX K: THEME AND SUBTHEME RESONATION BY CO-RESEARCHER

THEME/SUBTHEME	CO-R*													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Pregnancy	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Planning, Preparation, &</i>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Pregnant Therapist</i>	X		X	X	X	X	X	X	X		X	X	X	X
<i>Health Challenges & Concerns</i>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Program Culture &	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Sources of Program Support</i>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Conditions of Support</i>	X	X	X	X	X	X	X	X	X	X	X		X	X
<i>Prevalence of Pregnancy</i>	X	X	X	X	X	X	X	X	X	X	X	X		
<i>Stigma</i>	X		X	X	X	X	X	X	X	X	X	X	X	X
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Institutional	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Nursing Resources</i>	X	X	X	X	X	X	X	X		X	X	X	X	X
<i>Leave Policy</i>			X	X	X	X	X	X			X	X	X	
<i>Accommodations</i>	X	X	X			X	X	X				X	X	
<i>Miscellaneous</i>	X	X			X	X	X	X		X	X			X
<i>Communication, Awareness, & ...</i>	X		X	X	X	X	X	X	X	X	X	X	X	X
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Outside Resources	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Community</i>	X	X	X		X	X	X	X	X	X	X	X		X
<i>Family</i>	X		X	X	X	X	X	X	X	X	X	X	X	X
<i>Partner</i>	X	X	X	X		X	X	X	X	X	X	X	X	X
<i>Self</i>		X		X	X	X	X	X	X	X	X	X	X	X
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Microaggressions	X		X	X	X	X	X		X	X	X	X	X	X
<i>Microassaults</i>			X									X	X	X
<i>Microinsults</i>	X		X	X	X	X	X		X	X	X	X	X	X
<i>Microinvalidations</i>	X				X	X	X		X	X		X	X	X
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Identity	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Expectations, Pressure, &</i>	X	X	X	X	X	X	X		X		X	X	X	
<i>Intersectionality</i>		X	X	X	X	X			X	X		X	X	X
<i>Privilege</i>	X					X					X	X		

<i>Gender</i>	X		X	X	X	X	X	X		X	X	X	X	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Relationship between Mother and	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Role Adjustment</i>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Role Interactions</i>	X	X		X	X	X		X	X		X			X
<i>Role Strain</i>	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Role Conflict</i>	X	X	X	X	X	X	X		X	X	X	X	X	X
<i>Role Fulfillment</i>	X	X	X		X	X	X	X	X	X	X	X	X	X

*Note: Co-R #1: Angelica, Co-R #2: Cassandra, Co-R #3: Claire, Co-R #4: Dahlia, Co-R #5: Lauren, Co-R #6: Madeline, Co-R #7: Mandy, Co-R #8: Marie, Co-R #9: Maura, Co-R #10: Natalie, Co-R #11: Pauline, Co-R #12: Rachel, Co-R #13: Serena, Co-R #14: Tanya

APPENDIX L: ARE WE FAMILY FRIENDLY? A CHECKLIST ON
BEST PRACTICES FOR INCLUSIVITY OF STUDENT PARENTS

- Program Handbook includes:
 - Leave policy
 - Reasons for leave clearly include “pregnancy,” “parenting,” or “family choices”
 - Leave policy uses non-gendered language and is open to all types of families
 - Describe how employment and coursework will be accommodated
 - Students do not lose student benefits if they choose to take leave
 - Title IX and Disability Services information
 - Alternate timelines for completing doctoral work
 - Zero tolerance policy on discrimination/harassment for parental/family status or pregnancy
 - Campus resources for student parents (e.g. childcare, stipends)
 - Map of nursing rooms and changing tables on campus
 - Map of stroller/wheelchair accessible places on campus
 - Encourage both personal and professional development in the program
 - Indicate students can receive a list of resources on request for family/personal needs or general self-care (e.g. sliding scale counselors, family centers)
- Faculty include non-discrimination and accommodation policy in their syllabi that explicitly includes pregnancy and parenting
- A private and locked nursing room with electrical outlet, sink, and fridge for storing milk is provided within the building the department is housed in
- New faculty and staff training include information on working with student parents, non-discrimination, leave policy, Title IX resources, and providing accommodations
- Sensitivity training is incorporated annually into faculty meetings which include reviews of resources and awareness of and responding to student mother microaggressions
- Students have a safe avenue to voice concerns about discrimination and harassment faced within their program without fear of repercussion or retaliation

- Program actively solicits feedback from student parents in program and encourages their feedback through student representatives
- Program events are inclusive of parents and welcome both children and partners
- Faculty supervisors create space in relationships with their supervisees to discuss the effects of the pregnancy on their clinical work
- Advisors work with students to create adjusted and flexible timelines that accommodate the students' needs and prioritize a student's physical and mental health
- Faculty have access to a list of resources (e.g. *The Pregnant Scholar*, community resources, student mother alumni) for their own benefit and to provide to students
- Opportunity for a student parent support group within the college or program depending on the number of student parents or desire for such group
- Student parents can apply for hardship stipends through student union/council or program
- Student health insurance covers family (e.g. partner, dependent)
- Student parents can use departmental or college grant budgets to pay for childcare as needed to attend research meetings, conferences, etc.
- Faculty engage in local and national advocacy to support policy change for student parents
- Representation of parents, especially mothers, in tenure positions within the department

APPENDIX M: ADVICE AND WISDOM FROM THE EXPERTS

The following quotes are in response to the question, “Based on your experience, what advice would you give women who become pregnant in Ph.D. programs?”

Co-researcher	Advice
Angelica	I would say probably take advantage of the 9 months when you’re pregnant as much as possible. Like even though like, you know, you feel really crappy, you feel sick a lot, to really try and do as much as you can to get ahead because it just gets harder once you actually have a kid. So like I said, doing more hours, spending that time to build up relationships with faculty and professors so they’re on your side in a sense when the baby does come.
Cassandra	I would say, you know, for anyone who doesn’t have family in the same city that they are doing their program in, to try and get that support system together early because stuff happens. Stuff always happens...I would definitely like take inventory of your circle and remember that they’re human and to reach out to them even when you feel like they should be reaching out to you and ask for help when you need it.
Claire	Talk with your partner and what does this mean for us? How is this gonna change our lives? What are we willing to sacrifice or give up? What are we not willing to sacrifice or give up? Make sure they’re on the same page.
Dahlia	Being okay asking for help and then accepting help. I think that is important. I think that’s the message I’ve gotten when I talk to other women who got pregnant during graduate school. Especially when it comes to childcare and housework – don’t be afraid to ask and accept help in those areas.
Lauren	I guess my advice would just be surround yourself with people, with support you know? Get yourself the support, like the community. Start building community.
Madeline	I would try to find someone who’s maybe been through it before even if they’re not in the same exact program like I mentioned I have another friend who was pregnant before. That was a really important experience for me, just having her input and guidance and just someone to relate to. Another thing that I did was just look online and you know, find maybe people with blogs, or academic parents or just to know that other people are going through the same thing or are making the same choice and it is possible to be a Ph.D. student and be a good parent.
Mandy	I mean this is hard but you know when people say apply and research the program, really do the due diligence and look at things that the program provides and what type of support they have, how many people that was pregnant in that program, talk to those people if you can, like just do some, you know, those due diligence stuff

	before. It's gonna help out in the long run I think or at least put your mind at ease (laughs).
Marie	I would say don't feel guilty about taking time for yourself because that was one thing I constantly was having to remind myself of when I felt like I wasn't doing enough work or I was taking like too many breaks or something is that you know, I was growing people and that's a really hard thing to do and that the work would get done when it got done, and if it didn't, it would be there when I got back.
Maura	Funny, I have like two conflicting pieces of advice in my head. One is like I wanna be like don't take no for an answer! Just keep going, you can do it! And then also at the same time, I'm like and it's okay to slow down! It's okay if you need to do things at your own pace! (Laughs). So I wanna be like you can do it and that's great and also check-in with yourself and if you need to slow down, there's no shame in slowing down or like taking a different turn if you need to take a little turn for a moment.
Natalie	I think it's important to include people in the program about decisions that need to be made because ultimately they're gonna be the ones to like support decisions or helping you get another placement if one site doesn't work out or you know, giving you time on a paper that you wrote that you need to get edits on, whatever like they'll be more open to helping if you include them... That would be my advice to just kind of be humble and listen to your faculty and include them and also include family and friends and kind of let them know this is what you're up against and this is what you aspire to do but the backup plan is this. Have a backup plan (laughs).
Pauline	I think that listening to yourself is really important, listening to your own needs and everybody's own needs are different and everybody's family's needs are different and everybody's family resources are different, you know, and so tuning into those is the most important thing. Because nobody, no one single decision is gonna be right for two different people in the same way.
Rachel	I would suggest a breastfeeding support group (laughs). Which is something I didn't do but really would do that doesn't really have anything to do with the program but would have really helped when I was trying to cram in breastfeeding into a time span that was NOT at all feasible. Um, I would say like read all of the policies and procedures that exist from your program and for the graduate school in your university or college because you'll want to familiarize yourself with those.
Serena	Look for support like this is a time where you will need the most support from others. That this isn't like a one-man show, it definitely is everyone kind of helping you out and don't feel as if you can't ask for help from others, um, so always kind of keep that

	support system strong with the people that you going through this process with, um, if you have a cohort, of course of people in your program. I would definitely tell them to make use of your support systems in the program.
Tanya	Um, self-care in general is the only advice, to make sure that you shower and (laughs) go for a walk and you still do what you like to do at least once a week and you aren't, don't go totally crazy.