

# Current Issues

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## A Phenomenological Investigation of Counseling Doctoral Students Becoming Mothers

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Women often face challenges when balancing academic and familial responsibilities (Gilbert, 2008; Trepal & Stinchfield, 2012). This phenomenological study explored women's ( $N = 10$ ) experiences of becoming mothers during a doctoral program in counseling. The results highlight the importance of mentorship and other protective factors associated with a successful transition from student to mother.

*Keywords:* counselor education, motherhood, transition, experiences

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From 1970 to 2000, women obtaining a doctoral degree increased from 11% to 45% (Kuperberg, 2009). In 2010, women represented approximately half (53%) of those conferred with doctoral degrees (Aud et al., 2012). With increased time pursuing education, women may be more likely to consider how, if at all, to pursue motherhood simultaneously. However, Rindfuss, Morgan, and Offutt (1996) found that, with each additional year of higher education a woman pursues, she delays her decision to begin motherhood by three quarters of a year. Furthermore, only one third of women who enter a faculty position without children will pursue motherhood in the first 12 years of their academic career (Mason & Goulden, 2004). With delays in motherhood, the risk of infertility steadily increases. Researchers examining fertility rates found that women's fertility decreases rapidly after age 30, and, by age 35, one third of couples will have fertility issues (U.S. Department of Health and Human Services, 2012). Thus, women who delay motherhood in pursuit of education or a career in academia may inadvertently increase their likelihood of fertility issues. Considering the increased rates of women conferred with doctoral degrees, a need exists to consider motherhood in academia and the potential challenges.

### Motherhood in Academia

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Although women earn approximately half of the doctoral degrees in the United States (Aud et al., 2012), fewer women accept tenure-track assistant professor positions than their male counterparts (Wolfinger, Mason, & Goulden, 2009). Researchers have suggested that balancing motherhood and careers in academia involves a unique set of challenges and sacrifices (Gilbert, 2008; Trepal & Stinchfield, 2012). Because tenure often coincides with childbearing years, women have reported pressure surrounding decisions to have families or to

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advance in academic careers (Philipsen, 2010). Furthermore, women who had children within the first 5 years of starting their academic careers were 20–24% less likely than their male counterparts to achieve tenure (Goulden, Mason, & Frasch, 2011). Therefore, women may be unfairly forced to choose between children and tenure. Some universities have instituted policies that allow faculty members to delay the tenure review process (e.g., stop the clock) in the event of new parenthood (Gatta & Roos, 2004). Even though this option is intended to provide flexibility for new mothers, women have reported a fear of increased research demands as a consequence of the additional time. Moreover, women have perceived the stop-the-clock option as an exception only to be used for extreme circumstances or as a gender stigmatization if they used the policy (Gatta & Roos, 2004; Philipsen, 2010). Unfortunately, case law serves as supportive evidence of such stigma. For example, *Back v. Hastings* (2004) reported on a faculty member who was denied tenure because of the perception that her workload would decrease posttenure so that she could tend to her young children. Therefore, to remain within the academic setting, women have intentionally planned pregnancies around university breaks (Gatta & Roos, 2004), or they have accepted adjunct faculty and other non-tenure-track positions at disproportionate rates compared with their male counterparts (Wolfinger et al., 2009).

Women who have obtained tenure-track positions have indicated the perception that the responsibility to balance family and academic demands must be done without university support (Gatta & Roos, 2004; Misra, Lundquist, & Templer, 2012). Women attempting to create a work–life balance reported increased feelings of guilt and an overall self-dissatisfaction with decreased time spent with children and in academic pursuits (Ward & Wolf-Wendel, 2004). Misra et al. (2012) found that women with young children sacrificed research rather than teaching or service in an attempt to find a balance because it only affected them, not their colleagues. Misra et al. found no gender differences between faculty members in time spent at work; however, women demonstrated more time spent on caregiving and household tasks compared with men. Moreover, Philipsen (2010) reported that the benefits of a flexible academic daily schedule (e.g., working from home) resulted in blurred boundaries of self-care or increased feelings of isolation. Philipsen suggested that mothers in academia identified positive outcomes in the balance of family and work at later stages in their careers, which perpetuated the pressure felt by early-career, tenure-track assistant professors. Unfortunately, the increased pressure may lead to women leaving academia. For example, Dryfhout and Estes (2010) asserted that women left academic jobs at higher rates than did men for cited reasons of unfair treatment. The outlined challenges for women in faculty positions coupled with the increased rates of women in graduate school evoke the need to consider how graduate students make decisions regarding the pursuit of motherhood.

### Graduate Students and Motherhood

Because of the struggles of balancing a career in academia and motherhood, researchers have suggested that becoming a mother during graduate school may increase the likelihood of successful tenure later (Spalter-Roth & Kennelly, 2004), although limited research exists on the pressures faced by mothers

during their pursuit of a doctoral degree. Kuperberg (2009) asserted that the rates of motherhood during graduate school are increasing compared with the rates of motherhood among the comparable general population of women. However, students have reported feelings of guilt and pressure to be a good parent while upholding the many responsibilities of being a graduate student (Khadjooi, Scott, & Jones, 2012; Trepal, Stinchfield, & Haiyasoso, 2014). Moreover, because of the constraints of child care and struggles with finding a work–life balance, doctoral students have often felt unable to share in the same academic activities as their graduate student peers, resulting in feeling disconnected personally or professionally (Khadjooi et al., 2012).

University policies that support women in graduate school may help to mediate the increased attrition rates. However, researchers have reported that 89% of students could not identify the support available to student parents (Khadjooi et al., 2012). Similarly, department chairs could not identify the university services available to graduate students with families (Springer, Parker, & Leviten-Reid, 2009). Mason, Goulden, and Frasch (2007) analyzed university programs and found that only 26% retained a maternity leave policy, with only 10% offering financial compensation during that leave. Although the federally mandated Family Medical Leave Act (FMLA) allows up to 12 weeks of unpaid maternal leave, graduate students may not be eligible for these services (Kuperberg, 2009). For example, FMLA eligibility requirements include an average of 24 hours of employment per week in the past year, whereas graduate students typically work 10 hours or 20 hours per week on assistantships (Springer et al., 2009). Even with programs in place to aid new mothers, students expressed concern about taking time for a family, because it might be perceived as a lack of commitment to their studies (Khadjooi et al., 2012; Lynch, 2008).

### Counselor Education and Motherhood

To date, three studies exist that examine motherhood in counselor education (Stinchfield & Trepal, 2010; Trepal & Stinchfield, 2012; Trepal et al., 2014). Stinchfield and Trepal (2010) and Trepal and Stinchfield (2012) specifically focused on counselor educators who became mothers while in academic careers. Although Trepal and Stinchfield (2012) assumed that flexibility would be a perceived benefit to an academic mother, they found that the women in their qualitative study reported flexibility as a stressor. Furthermore, the ability to achieve tenure while experiencing overt and covert discrimination remained an identified concern (Trepal & Stinchfield, 2012). Similar to the research in general academia, women in counselor education have reported higher rates of caregiving and household responsibilities, as well as finding more balance between work and family in later stages of their careers (Stinchfield & Trepal, 2010). Therefore, a female graduate student in counseling who is at the earliest point in her career may be at a substantial risk of not finding a balance. When we designed our study, no published research studies existed that investigated motherhood for graduate students in counseling.

Trepal et al. (2014) conducted a qualitative study that examined the experiences of doctoral students in counselor education who were also mothers. The women in their study reported struggles in managing the dual role of mother and student and inconsistent support from their programs. Although similar, the purpose of our study was to explore the lived experiences of women who

embarked on motherhood during a doctoral program in counseling, rather than those who were already mothers at the onset of their program.

## Method

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Previous studies of graduate student motherhood used census data, discussion groups at conferences, and Internet surveys (see Khadjooi et al., 2012; Kuperberg, 2009; Spalter-Roth & Kennelly, 2004) rather than individual interviews pursuing the essence or meaning of mothers' experiences. Furthermore, qualitative studies investigated those who were already mothers (Lynch, 2008; Trepal et al., 2014) rather than the transition to motherhood during a graduate program. Therefore, we chose a phenomenological approach to best understand the lived experience of women who became mothers during a doctoral program in counseling (Patton, 2002). This approach was most appropriate because it values the individual and collective experiences of a phenomenon, developing reflective meaning rather than a theory (Hays & Singh, 2012; Hays & Wood, 2011; Wertz, 2005).

### *Research Team*

In qualitative research, researchers' personal characteristics may influence the data collection and analysis process (Patton, 2002). Our research team consisted of a faculty member (second author) and two doctoral students (first and third authors) in a counselor education program at a large southwestern public university. Each member of the research team identified as a European American, heterosexual woman, with a mean age of 28.7 years ( $SD = 2.9$ ). The first and third authors proposed the study to the second author, who agreed to develop the methodology and provided qualitative research training to the team. The first author conducted four interviews; the third author conducted five interviews; and the second author conducted one interview. To include independent and consensus coding, we equally shared in the responsibility of data analysis to include independent and consensus coding.

Before engaging in the research process, we met as a team to discuss the assumptions related to becoming a mother during a doctoral program, and we recognized our unanimous negative assumptions. We assumed that program faculty members and student peers would not respond favorably to a doctoral student becoming pregnant. We found that our assumptions developed based on our knowledge of the literature related to being a mother in academia, which reported several challenges to motherhood and a successful academic career. Acknowledging our biases and bracketing our assumptions allowed for *epoche*, a foundational element of phenomenology, which implies that our perspectives will not affect the perspectives of the participants reported in the results (Hays & Wood, 2011; Wertz, 2005).

### *Procedure and Participants*

We recruited participants on two professional counseling electronic mailing lists (CESNET-L, NFIN) for an online survey via e-mail, which included a letter of invitation and a link to the survey. The participants self-selected and self-identified as meeting the inclusion criterion of becoming a new mother during a doctoral program in counseling. We chose not to use graduation as an exclusionary item because we did not want to limit our findings with an

assumption that graduating or not graduating informed experiences. The online survey included informed consent and a demographic questionnaire. After completion of the demographic questionnaire, 15 participants provided contact information (i.e., a phone number or e-mail) for a qualitative interview, and we contacted them to schedule a Skype or telephone interview. Five potential participants did not return telephone calls or e-mails, and, after two follow-up attempts, we decided not to pursue them for interviews.

The participants ( $N = 10$ ) ranged in age from 28 to 37 years old ( $M = 32.5$ ,  $SD = 2.7$ ) at the time of our study and ranged from 25 to 36 years old ( $M = 30.0$ ,  $SD = 2.8$ ) at the time of their pregnancy. All participants identified as heterosexual, married women. They identified their racial/ethnic background as European American ( $n = 8$ ) and African American ( $n = 2$ ). Eight of the participants attended programs accredited by the Council for Accreditation of Counseling and Related Educational Programs. In addition, five of the participants attended programs that used a cohort model. The participants identified their specialty areas as counselor education and supervision ( $n = 7$ ) or clinical track with varying client population specialty areas ( $n = 3$ ). Four of the participants graduated from their doctoral programs within the past 3 years, three reported enrollment in their 5th year, two were in their 3rd year, and one was in her 4th year. Of the four graduated participants, three reported employment as full-time assistant or associate professors, and one participant chose not to respond regarding her current employment status.

### *Data Sources*

*Demographic questionnaire.* The participants completed a demographic questionnaire that inquired about age, sex, race/ethnicity, and relationship status. They reported information about their doctoral programs, including accreditation status, cohort structure, date of graduation, and years to complete the program. Participants reported employment starting after doctoral graduation, as applicable.

*Individual interviews.* The participants provided contact information for the research team to schedule a 45- to 60-minute telephone interview. A semistructured interview format provided flexibility in understanding the participants' lived experiences (Patton, 2002), so we created a six-question, semistructured interview protocol. We developed the questions based on our understanding of the previous literature that examined motherhood among graduate students and faculty members, which seemed to identify the importance of the work environment (i.e., academic community). We intentionally wrote the questions to be open ended, which allowed participants to describe their own experiences without the influence of our identified assumptions. The questions included (a) "What was your experience of becoming a mother during your counselor education doctoral program?" (b) "What factors, if any, contributed to your decision to pursue motherhood during your doctoral program?" (c) "Can you describe your program's response to your decision to become a mother during your doctoral program?" (d) "What resources, if any, were available to you for support?" (e) "What resources would you have found helpful during

this time?” and (f) “Can you speak to your work–life balance during this time?” With participants’ permission, we audio recorded and transcribed the telephone interviews.

### *Data Analysis*

In accordance with the phenomenological approach, after completing all interviews, we independently engaged in horizontalization, the process of identifying nonoverlapping statements from the interview transcripts (Hays & Wood, 2011), for the first three transcripts. In a team meeting, we discussed each identified statement to establish the meaning (i.e., meaning unit). The analysis of the first three transcripts required two team meetings. In phenomenological research, the process of attributing meaning to participants’ statements is known as *textural description* (Hays & Wood, 2011). We created a textural description, which was added throughout data analysis. Next, we assigned the remaining seven transcripts to team members for independent analysis (three for the second author, two each for the first and third authors). The team met on two occasions to discuss the seven remaining transcripts and reflected on the identified statements to determine their meaning units. To ensure rigor, we allowed new meaning units to be added throughout the analysis, and the first author reanalyzed previous transcripts when new meaning units were added. We met on two more occasions to identify larger central themes and subthemes from the structural descriptions, which helped to develop a holistic understanding of the participants’ collective lived experiences (Hays & Singh, 2012). All team members attended data analysis meetings. We also performed descriptive statistics on demographic questionnaire items.

Trustworthiness must be established for qualitative research studies (Hays & Singh, 2012). Lincoln and Guba (1985) described four requirements of trustworthiness in qualitative research: credibility, confirmability, transferability, and dependability. To support credibility, our team meetings allowed for triangulation, a reflective process to ensure that biases are not interfering with data analysis. Furthermore, we sent participants a summary of identified themes and subthemes to ensure that they reflected the participants’ experiences, a process known as *member checking*. One of the 10 participants, who responded via e-mail, asserted that the themes accurately represented her experience. We kept a detailed audit trail of transcripts, codebooks, member-checking responses, and notes to ensure confirmability. Our use of thick description of participant criteria and identified themes confirmed transferability. We addressed dependability by providing our interview protocol and thick description of our methodological choices, which allows for study replication.

### Results

We identified three central themes (i.e., structural description) from our analyses of the experiences of counseling graduate students who became mothers during their doctoral programs: protective factors, evolving identity, and hindrances. Within the overarching themes, we identified 10 themes corresponding with the textural description. When presenting the results, we chose to use pseudonyms to protect participant anonymity.

## Protective Factors

When describing their experiences of becoming mothers during doctoral studies, participants ( $N = 10$ ) identified resources and people as helpful or as sources of support. We named the theme “protective factors” because participants attributed positive experiences or successes to the named people and resources. Stephanie valued her protective factors (e.g., familial caregiving, mentor support) to the extent that she remained adamant that they influenced her decision to have a baby during her doctoral program: “I wouldn’t have done it on my own. I don’t think I could have created that space to and I think that is important in my story.” Within the theme of protective factors, participants described unique relationships and resources that alleviated the transition to motherhood while completing their doctoral degrees. We clustered the protective factors into three subthemes: mentors, family, and work reductions.

*Mentors.* Participants used the title of *mentor* consistently across interviews when referencing a dissertation chair or major professor. Because of the participants’ use of this word, we determined it to be a meaningful construct. Participants ( $n = 8$ ) identified mentors as providing logistical and emotional support. Logistical support included a mentor’s detailing of programmatic options for completing requirements. For example, Angie noted that her mentor provided administrative information for meeting program requirements and assignments, thereby “letting me know there were different ways that I could handle it.” Emotional support included empathic responses or support as participants navigated pregnancy, motherhood, and school responsibilities. Ashley explained that her mentors encouraged her to reach out to them, resulting in her feeling “free to call them and talk to them about things.” Angie described how her mentor recognized stress and empowered her to make healthy choices:

She kind of saw early on that I was running out of time, and I wasn’t going to have enough time to finish [my dissertation proposal], and she really encouraged me to work it out in a way that was going to be best for me, where I wasn’t going to feel rushed.

Moreover, participants described situations in which mentors continually checked on how they were feeling or what they needed. Lisa reported that her mentor was “supportive of [me] taking time off or coming back,” disengaging and reengaging in the dissertation process at her own pace. Participants reported supportive mentor relationships as a comfort or source of reassurance during the doctoral program.

*Family.* In addition to mentors as protective factors, participants ( $N = 10$ ) also found family members as supports throughout the process of becoming a mother during a doctoral program. Familial support included caregiving, household help, and emotional support. Sarah reported, “If my parents weren’t living here and they weren’t available, I don’t think I would have made that decision.” Sarah described her family as being heavily involved in caretaking: “She’s [the baby] almost three now and my family still takes care of her while I’m working or I’m at the school.” She noted that others helped with everyday household tasks: “I had family members who made meals so that I didn’t have to cook whenever I came home.” Those participants whose families were not easily accessible, such as Susan, noted the importance of family support: “[It was] more difficult being far from my

own personal support system.” Participants mentioned family of origin support more often than partner support; however, when participants described partner emotional support, the quotes were powerful. For example, Meghann noted of her partner: “He was just really validating, and, also, he was really understanding and wasn’t like ‘oh just deal with it.’ ” Kristin illuminated the importance of a partner who supported her academic pursuits: “I think it’s really important to have a partner who understands the demands of a doctoral program because sometimes it gets to be kind of ridiculous.”

*Work reductions.* The final subtheme of protective factors was labeled *work reductions*. Many participants ( $n = 9$ ) described an ability to reduce the amount of hours they worked outside of their academic roles while pregnant or after becoming a new mother. Several participants reported working full-time jobs while attending the doctoral program and transitioning to part-time employment after the birth of their child. Sarah found this reduction helpful in her experience: “Working part time really helped me get balanced with my family.” Courtney also found work reduction important: “I decided it was a lot to balance being a parent, going to school, and working full time.” Several participants described maternity leave, which is a form of work reduction, as helpful in the transition to becoming a mother. Angie stated, “The 3 months that I was actually on maternity leave were really good for the adjustment.” The ability to reduce the number of work hours or take maternity leave was important to protect participants during pregnancy and the transition to motherhood.

### *Evolving Identity*

The second overarching theme, evolving identity, encompassed the transitional process of student to mother as described by all of the participants ( $N = 10$ ). The evolving identity theme included four subthemes that illuminated the chronological nature of the transitional process: student identity, influence of family values, mother identity, and reflections. Even though the participants reported safety within their student identity, their influence of family values served as a catalyst in their decision to not delay pregnancy until after graduation. Furthermore, their decision to move forward with their pregnancy resulted in the birth of a child and consequentially the fruition of their mother identity. The evolving identity theme concluded when participants shared reflections of their decisions and overall sense of their identity transition. The participants described their identity integration process, beginning with their student identity.

*Student identity.* Participants ( $N = 10$ ) described a resolve to keep the student identity by continuing with school, despite any challenges faced during pregnancy and early motherhood. Moreover, participant stories reflected dedication to education and perseverance to maintain high expectations of workload. For example, Sarah stated, “I was really dedicated to my degree. [If] I didn’t take it as seriously as it was to me, I probably wouldn’t have stayed on task.” Furthermore, she stated, “I had to keep going because I wanted to get through everything I needed to do before the baby actually came.” Kristin reflected on her continued contribution to the program:

I knew I wanted to graduate on time. I knew that I was going to do whatever it took if it was in my control to do it. I was 9 months pregnant, still doing a lot for our school.

*Influence of family values.* Many participants ( $n = 7$ ) valued the construct of family before they became mothers. These participants chose not to delay motherhood for school because of age or adherence to family values. Susan described her and her partner's decision-making process: "But I think we had both made the decision that we weren't really going to let our professional lives dictate what we wanted to do in our personal lives, and we wanted to have our kids close together." Additionally, Stephanie summarized this subtheme with the reminder that "life doesn't stop while you are in the doctoral program."

*Mother identity.* Participants ( $N = 10$ ) also described the complexity of their new identity as a mother, which included responding to new baby-related tasks, changing their work style, and attending to self-care. For example, Angie described rearranging her writing time: "I have 2 hours at night once she's asleep that I'll do things so that I'm at least doing a little bit each day. Before, I got to spend days where I had a big chunk [of time]." Furthermore, participants identified how their student skill set and personal attributes were applicable to motherhood. For example, Meghann used her study of attachment theory when developing her parenting style, which shaped her identity as a mother. Sometimes letting go of the student identity to embrace motherhood required a major adjustment from career-orientated values; Stephanie stated, "I put [school], which I pursued so drastically, on hold to develop this relationship [with my baby]." Finally, the mother identity helped to shed light on participants' priorities and brought balance to their lives. For example, Lisa noted, "My balance is much better now. I see what's really important and prioritize from that." Participants described their new identity as a mother as a motivator to finish their programs. Sherry stated, "It was my goal to have a healthy baby. . . . I wanted to finish and have my daughter see me finish and walk across that stage." Similarly, Ashley explained,

If I just took a semester off and focused on her, it would always be in my mind that I need to finish it. I'm doing this—I feel like I am doing this for her and trying to get done for my child so that I can make a better life for her.

*Reflections.* Participants ( $n = 6$ ) were satisfied with their decision to have a baby during their doctoral programs, as evidenced by reflective statements of their experiences. They reported being happy with their choice to become mothers despite challenges. Angie described having no regrets even with the awareness that her progress in the program was slowed down after pregnancy: "I would definitely do it again, even though I will admit it is a challenge. I would probably be able to get things done a lot faster without a baby." In addition, participants recognized the importance of making good choices for themselves, which Susan illustrated by stating, "The decision we made for our family was separate from the doctoral program." Similarly, Sherry reported, "I don't regret being pregnant at all during my dissertation. I decided it can work."

### *Hindrances*

The final overarching theme, hindrances, included those factors that mothers ( $N = 10$ ) identified as hurdles to the experience of motherhood during a doctoral program. Three subthemes represented clusterings of the most frequently reported hindrances: unexpected experiences, time line delays, and managing resources. Moreover, when participants experienced a hurdle

to overcome, they reported it repeatedly throughout the interview, which highlights the withstanding impact of hindrances.

*Unexpected experiences.* Participants ( $N = 10$ ) described a multitude of situations that were unexpected in the process of becoming a mother. These hindrances included physical health issues, mental health concerns, and overall negative experiences. A few participants described medical emergencies for themselves or for their babies that required substantial time spent in hospitals. For example, one participant reported hospitalization with her child for several months, making her unable to communicate effectively with her program and the university. Lisa reflected,

I was unable to turn the information in; the deadline passed; they gave me an inactive quarter, but it didn't count as a health quarter, which impacted my financial aid, which impacted when my interest started accruing, which impacted . . . and all this stuff happened while I was in the hospital.

Several participants described unexpected mental health experiences, ranging from mild exhaustion to postpartum depressive symptoms. Meghann remarked on the impact of the unexpected emotional burden of her pregnancy and new baby: "I'm sure I went through some depression actually." Courtney described the severe exhaustion she experienced: "I feared my lack of sleep."

Beyond unanticipated medical or mental health experiences, several participants described unexpected negative interactions with counselor educators, mainly those outside of their own programs. Kristin described a surprising interaction with a professional in counselor education, not related to her program, who commented on the participant's obviously pregnant stomach. The professional said, "You don't actually expect that you're going to get a job with that, do you?" Although the participant described many positive supports during her pregnancy, the one negative reaction seemed to remain salient; she stated, "I believe there's still so much negative stigmatism about women having babies, and this person exemplified it." Sherry also worried about discrimination and reported, "Fear [that being a parent] is going to harm you when you are looking for a job as faculty."

*Time line delays.* Participants ( $n = 7$ ) described how pregnancy and childbirth affected their outlined doctoral time lines, delaying both their graduation dates and their ability to begin work in the field. For example, Courtney focused on the delay of her graduation: "I am anticipating that it is going to take about a year longer than my original plan." Although many participants identified that these delays could be somewhat expected, the postponements often led to feelings of stress, particularly when participants compared themselves to others students who began the program at the same time. Stephanie highlighted how this stress affected her self-image: "[My former classmate] was up for tenure when I was finally graduating . . . so I kind of felt like a loser." Furthermore, Ashley explained how disengaging and reengaging in the dissertation process led to delays when committee members were not expecting the work: "I was ready to just get stuff done. I was waiting on other people. I think that was the most frustrating thing."

*Managing resources.* When participants ( $N = 10$ ) described miscommunications with programs or university hindrances, they offered solutions to concerns or described how they created a needed resource for themselves or for other

student mothers. For example, Lisa, who was hospitalized, described difficulty communicating with a program adviser regarding medical leave. Lisa proposed having “one form for a medical leave that my husband could have printed out and the doctor could have signed when [she] came in to check on me [while I was admitted to the hospital]” as a reasonable solution to successful medical leave during an emergency or long hospital stay. Similarly, participants suggested that programs develop protocols for extensions related to doctoral curriculum milestones, which would not penalize the doctoral student.

Although participants did not consider providing full-time child care services as a university’s responsibility, they did suggest a short-term, on-campus child care option as a potential helpful resource for doctoral student mothers. Participants suggested a resource similar to that of a gym child care center, allowing students to attend meetings or use campus resources such as libraries and computer labs. One suggestion for universities was an inclusion of lactation rooms on campus. Moreover, participants were active agents of change on their campuses, creating resources where they saw a need. For example, Susan advocated for a student–mother support group: “We started a book club and started reading *Professor Mommy* and talking about ways to navigate academia.” She also suggested that a book with more positive experiences should be written to promote a successful balance of motherhood and academia. Those who did not create their own support groups referenced disconnection from peers during their transition to motherhood. Courtney expressed feeling “alone on that journey” and Sherry struggled with “relational aggression in our department . . . unfortunately I wasn’t able to rely on or have support from my other costudents.”

## Discussion

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The participants highlighted how protective factors, an evolving identity, and hindrances shaped their experience of becoming a mother while enrolled in a counseling doctoral program. Among the identified protective factors, mentors became the most salient feature because of its pervasiveness throughout the interviews (i.e., most frequently quoted subtheme). Interview discussions frequently returned to how a mentor assisted in all aspects of the student–mother transition. Participants appreciated when their mentors took time to check on both their academic progress and personal well-being. This finding is consistent with previous studies from the mentor perspective, in which faculty members described themselves to be not only academic advisers but also concerned about the emotional well-being of their graduate students (Lechuga, 2011). By fostering the personal connection within the faculty member–student relationship, mentors created a supportive and safe environment for the participants. This finding is also consistent with Lynch (2008), who attributed faculty member emotional support to increased satisfaction among graduate students. Similarly, Trepal et al. (2014) found that graduate student mothers identified another mother as a role model in their counseling programs. The results of our study indicate that protective factors served as foundational support while participants transitioned from being students to being mothers.

Throughout the interviews, participants discussed their evolving identity from student to mother and how they successfully navigated the balance of

being both. The participants cited the importance of personal values and self-determination to start a family while completing a doctoral program. Trepal et al. (2014) noted that mothers enrolled in a doctoral program felt guilty for time spent away from children, although they perceived that the investment in a doctoral degree would allow more time for work–family balance in the future. The results of our study indicated the desire to find balance between school and baby commitments, integrating the identities of student and mother. The identity integration method that emerged from our results is different from previous studies of graduate student mothers. For example, Lynch (2008) found that graduate student mothers often separated their role as a mother from their school environment (e.g., not talking about children, no pictures of children in the work space). Graduate student mothers feared that they would not be accepted into the culture of academia if their mother identity was revealed (Lynch, 2008). The participants of our study were not afforded the opportunity to hide motherhood because they were noticeably pregnant and gave birth during the course of their doctoral programs. Therefore, the integration of identities may have been a necessity of their lived experiences. The inability to conceal their transition to motherhood may have also influenced the barriers they experienced.

Although participants described the transition to motherhood in nearly all positive terms, in a few instances, they described hindrances to their experiences. Specifically, participants noted how some university policies remained inflexible to graduate student mothers (e.g., medical leave, extended graduation dates). However, despite setbacks, the participants in our study were confident that graduation, even though delayed, remained inevitable. Moreover, they did not identify a hindrance without also identifying a potential solution, demonstrating the resilient nature of the individuals in our sample. For example, a participant who needed extended medical leave from the university suggested the paperwork be simplified to a one-page document that could be completed while hospitalized.

Navigating motherhood in the work environment has long been a struggle for women. New mothers are often left to navigate the transition without support from employers (Gatrell, 2013). In our study, participants felt supported within their doctoral counseling programs; however, participants did encounter stigma in other professional relationships within the field of counselor education. Trepal et al. (2014) found that mothers entering doctoral programs perceived negative attitudes from faculty members within their own programs. Mothers reported receiving messages that children would deter successful completion of a doctoral program (Trepal et al., 2014). Our results differed from Trepal et al.'s results, which may be explained by the sample differences: becoming a mother during a doctoral program versus entering a program already a mother.

### Implications for Counselor Educators

In light of the current findings, several implications exist for counselor educators. First, a mentor can foster an environment of success for students transitioning to motherhood. Counselor educators can choose to respond from a mentor perspective when doctoral students disclose pregnancy. Fur-

thermore, acceptance of the student and her choice to start a family may help develop a meaningful mentorship. Counselor educators may demonstrate this acceptance by assisting students to create flexible course schedules that accommodate pregnancy needs (e.g., due date). Moreover, faculty members may understand the health benefits system of the university better and can connect students to resources that will help them understand FMLA or other medical leave options available. Counselor educators may choose to be intentional in the development of a mentoring relationship with students. For example, Hammer, Trepal, and Speedlin (2014) suggested that women mentor other women from a relational-cultural theory perspective, which promotes mutual respect and empathy as foundational to a relationship. Shifts toward mutuality in the mentoring relationship might allow for larger systemic change (Hartling & Sparks, 2008), which may be especially helpful in academia, where gender discrimination remains prevalent (Easterly & Ricard, 2011).

Second, awareness of hindrances may allow counselor educators to better mediate barriers of graduate student mother success. Jones et al. (2013) reported that women are more likely to hide pregnancies at work out of fear of stigma or a potentially perceived decrease in power. Counselor educators maintain more inherent power; therefore, they may intervene and redirect when negative comments are made in reference to a graduate student mother. Moreover, counselor educators' increased awareness of, and advocacy for, university policies (e.g., medical leave vs. leave of absence) may allow students to break from a doctoral program and return without penalty or stress. Although educators may not be able to control the university policies, the policies of the counseling program can be reviewed and revised to ensure that no penalties exist for delaying qualifying exams, comprehensive exams, and other important doctoral program milestones.

Finally, we surmise an opportunity for greater systemic change in the culture of academia. Counselor educators are afforded an opportunity to respond as agents for social justice with respect to parenthood lifestyle choices. Moreover, there remain several opportunities to advocate for family-friendly university policies and facilities. A family-friendly policy or facility change may be simple, such as lactation rooms on campus, which were suggested by several participants in our study. Turner and Norwood (2014) suggested that national law enforcing lactation rooms at work may be necessary to ensure that such policies are created. Similar to the suggestions from our participants, Lynch (2008) identified affordable, time-flexible, on-campus day care as a potential resource to graduate student mothers. Policy changes that may require more complex advocacy include more comprehensive leave policies, such as paid maternity and paternity leave for one semester. Furthermore, there remains room for a conversation on how to decrease stigmatizing and often discriminating attitudes toward existing policies, such as the stop-the-clock option during the tenure process. Even in Nordic countries, where generous leave-time policies exist, women remain in lower paid and lower level academic positions (Mayer & Tikka, 2008). Therefore, extending leave times may not be enough to counteract systemic gender bias in academia.

## Limitations and Suggestions for Future Research

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We identified several limitations in this study. First, transferability is limited by the demographics of the sample: All participants were heterosexual women, and most were European American. Future studies may consider same-sex couples, fathers, single mothers, or those contemplating parenthood, to diversify the sample. Although telephone interviews allowed us to overcome geographical restraints to reach a national sample, they may not allow for appropriate rapport building and response to nonverbal cues from participants (Hays & Singh, 2012). In future studies, interviews may be conducted at conferences or by using video conferencing software. Second, only one of 10 participants engaged in the member-checking process. Future researchers may contact participants earlier and throughout the data-analysis process to promote engagement. Finally, to adequately bracket our assumptions, we chose not to use the word *challenges* in our interview protocol. However, participants may not have discussed more barriers than presented in the results because we did not specifically ask. In future studies, interview protocols may include questions about perceived barriers and challenges to be addressed to support student success.

Other studies may be developed to consider parenthood in the larger academic context. Because the results of our study indicate potential differences based on academic rank, comparing faculty member and graduate student experiences when transitioning to motherhood might be of interest. Considering the profound impact of the mentor relationship, future studies can explore the mentors' perceptions of students as they become mothers. In addition, because hindrances exist, a research study investigating various university program policies regarding parenthood may illuminate optimal and nonoptimal systems to support academic parents.

Women in academia are presented with several challenging choices pertaining to motherhood. Although social justice efforts at the federal or university level are long-term endeavors, counselor educators may serve as advocates within counseling programs to ensure a supported transition to motherhood for doctoral students in the short term. We encourage continued dialogue and research of motherhood in academia for both doctoral students and faculty members in an effort to decrease stigma and discrimination, as well as increase retention of women in higher level academic positions.

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