



Mothers in Academia: Balancing Roles and Mental Health

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ABSTRACT: As women can we truly 'have it all'? This is often cited as the ideal for women when entering the demands of academia and motherhood, but the reality is not so idealistic. Women are challenged with integrating their emotional, intellectual, and physical selves within their professional and personal lives. They also face gender bias, unequal pay, and lack of transparency surrounding university policies. Specifically, trainers of psychology are responsible for developing future psychologists. Women trainers, who are also mothers, provide a differing perspective to their male counterparts. The purpose of this mixed methods study was to provide an understanding of female psychology trainers' perspective of their mental health, if there are differences between academic mothers and non-mothers mental health, and describing how academic mothers' multiple roles impact their overall well-being.

Research Questions

1. Do women who are mothers in academia experience greater levels of depression, anxiety, and stress compared to women in academia who are not mothers?
2. Is there a difference in levels of depression, anxiety and stress between female trainers of school and clinical psychology?
3. How do women in academia who are mothers and trainers of psychology describe their experiences of multiple professional and family roles?
4. How do women in academia who are mothers and trainers of psychology perceive their roles impacting their overall sense of wellbeing?

Method

Participants

Participants from Phase I were 40 female school psychology trainers and 45 female clinical psychology. The participants in Phase II (qualitative portion) were 13 women recruited from Phase I who met the predetermined criteria.

Materials

Phase I: A demographic survey was completed by each participant which included a quantitative survey, as well as a Depression Anxiety and Stress Scale.

Phase II: Participants completed a semi-structured interview that consisted of open-ended questions that related to daily lived experiences of each participant who identified as both a mother and trainer of school or clinical psychology.

Procedure

Phase I: Consent was obtained through the demographic survey accessed through PsychData. The participants first completed the demographic survey and then moved on to the DASS-21 which was answered on a 4-point severity/frequency scale.

Phase II: If participants in Phase I met the criteria of being a mother and a trainer of clinical or school psychology then they were asked to participate in the semi structured and recorded interview to discuss their lived experiences. A secondary consent was obtained for Phase II. The interviews took place via Zoom and lasted approximately 45 minutes.

Results

Question 1: Using Wilk's statistic, a significant effect was not found regarding the impact of motherhood and academia based on their scores on the DASSd-21, $\Lambda = .94$, $F(3, 81) = 1.60$, $p > .05$. Using Wilk's statistic, a significant effect of the intersectionality of being a mother and trainer type on participants reported perceptions of stress, anxiety, and depression was not found, $\Lambda = .90$, $F(2, 77) = .119$, $p > .05$.

Question 2: Using Wilk's statistic, the researcher discovered there was not a significant effect of training type on participants' reported perceptions of stress, anxiety, and depression, based on their scores on the DASS-21, $\Lambda = 1.00$, $F(3, 81) = .121$, $p > .05$

Question 3: In order to answer the third question a qualitative approach was used to determine perceived quality of life. Eighty-five participants responded to these questions, and thirty-seven reported negative experiences, twenty-eight described positive experiences, and 20 reported neutral experiences. The levels of depression, anxiety, and stress for the 85 respondents were also analyzed via their responses to the DASS-21. Overall, reported depression levels ranged from 17.8 to 25.3, placing participants in the Moderate to Severe range. For anxiety levels ranged from 15.9 to 21, placing participants in the Severe to Extremely Severe range. Reported stress levels ranged from 22.8 to 33.7, which placed participants in the Moderate to Severe range. The qualitative analysis is reflected in the DASS-21 scores. Within Phase II, the following themes emerged from the 13 participants: overall wellbeing, perception of success, impact of support, types of support.

Question 4: Of the thirteen participants in Phase II, 6 perceived themselves as successfully navigating both roles, and 7 reported being unsuccessful. Of the thirteen participants, 5 endorsed having helpful supports, and 8 reported not having supports in place. They also discussed factors and strategies to help overcome barriers. Nine of the respondents endorsed having social supports (family, partner, etc., and four mentioned environmental supports (flexible schedule, commute, university setting, and administrator).

Conclusion and Implications

This study provided a snapshot of the overall status of mental health for mothers in academia. In addition, qualitative data was provided describing the lived experiences of mothers who are also trainers of school or clinical psychology. The quantitative data revealed that there was no significant effect of being a mother and an academic on participants reported perceptions of depression, anxiety, and stress. Additionally, no significant effect was found for differing training types on their perceptions of depression, anxiety, and stress. However, the DASS-21 scores placed the participants at significantly high levels of depression, anxiety, and stress. The qualitative data indicated that mothers in academia experience greater difficulty managing responsibilities compared to non-mothers and men. This study has implications for university policies, workplace culture to support mothers in academia, and the importance of their wellbeing and career trajectory.