

# **The Role of Stage of Motherhood, Work Commitment and Identity on the Well-being of Professional Women**

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This study explored the impact of stage of motherhood, work commitments and aspects of identity on wellbeing. Mothers (n=133) who had valued their careers and had at least one child under 22yrs described their stage of motherhood based upon the age of their youngest child (stage 1 (0-4yrs); stage 2 (5-12yrs); stage 3 (13+)); work commitment (at home, part-time, full-time); aspects of identity (as a woman; mother; someone with a career) and wellbeing. Those at stage 2 reported highest levels of anxiety and depression; those not working reported greatest fatigue; greater wellbeing was associated a lower endorsement of being a woman or having a career and a higher endorsement of being a mother. Further, the influence of identity on wellbeing varied as children became more independent or work commitments changed highlighting the importance of consonance between identity and reality. For example, a stronger sense of having a career or being a woman was associated with less wellbeing in those at home full-time or with children in stage-1. Whereas a stronger identity as a mother was associated with greater wellbeing in those staying at home. To conclude, adaptive identities across the life course may facilitate wellbeing in professional women.

*Key words:* motherhood; wellbeing; identity; work commitment; adaptation

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Over the past few decades research has explored the wellbeing of mothers and in the main, most studies have emphasized the negative consequences of having children. For example, Feldman and Nash (1984) reported that whilst expectant parents are optimistic and excited about the birth of their first child parenthood itself is associated with unexpected upheaval and distress. Similarly, Elliott and Huppert (1991) reported that women with children aged under 5 had lower wellbeing and that those with several children under 5 reported even lower wellbeing and Willen and Montgomery (1993) concluded that having a child was associated with a sense of emotional separation, alienation and disappointment. Furthermore, Belsky and Rovine (1990) concluded from a longitudinal study that whilst marital quality decreases after the birth of a child, those relationships already under strain will deteriorate the most following parenthood. Evidence also suggests that those with children are more likely to experience lower levels of happiness, life satisfaction, marital satisfaction and mental well-being (eg. For a review see Powdthavee, 2009). Some research has also explored what factors are related to changes in wellbeing following motherhood and in particular highlight the issue of partners' roles and the division of labour. For example, research indicates that perceived inequity in household tasks between partners following the birth of a child relates to decreased marital quality (Terry, McHugh and Noller, 1991) and that this is particularly the case if women have high expectations that are not met (Cowan and Cowan, 1988; Hackel and Ruble, 1992; Nicolson, 1990).

However, indicates that motherhood is systematically a negative event. For example, Moss, Bolland, Foxman and Owen (1986) explored British couples' experiences of becoming parents and reported that 90% reported no significant deterioration in their marriages. Similarly, Palkovitz and Copes (1988) contacted new parents within a month of the birth of their first child and reported increases in self-esteem for both parents and a large Australian study found that being a mother is associated with enhanced mental health for women (Holton, 2010). Furthermore, research shows more positive reactions to motherhood in older mothers who have delayed childbearing, older fathers who can be more involved with their children and couples who have been together for longer (Robinson et al, 1988; Dion, 1995; Cooney, Pedersen, Indelicato and Palkovitz, 1993). It has been suggested that such parents are more likely to have less traditional approaches to the division of labour and to believe in the achieving life goals before embarking upon parenthood (Cooney, Pedersen, Indelicato & Palkovitz, 1993; Dion, 1995; Robinson et al, 1988). Taking a broader perspective Smith (1994; 1999) also identified some more positive aspects of motherhood. He carried out an in depth idiographic case study analysis of four women's experiences of pregnancy and early motherhood involving interviews

and diaries. Over the course of the study women expressed a range of experiences including feeling more self-contained and less concerned about external events, feeling more self-confident, seeing birth as a primeval experience, wondering about the birth process and feeling fear and anxiety about pain, realizing that the baby is becoming an independent being, building connections with important other people such as their partner and mother and coming to terms with their future selves. Overall, Smith (1994; 1999) concluded that pregnancy is a time when women become both more autonomous and more affiliated at the same time and that these factors are not mutually exclusive.

Research has therefore explored the impact of motherhood on women's wellbeing and has highlighted both negative and positive consequences. In a similar vein, research has also assessed how women manage returning to work after children and the impact of different ways of working on their psychological state and again the results are mixed. For example, some studies indicate that working mothers experience negative moods such as guilt, upset and embarrassment (Christopher, 2012; Millward, 2006) following their decision to return to work and experience lower job satisfaction as they face reduced career prospects and lower employee status as mothers (Dick, 2010; Newman, 2011). Further, Millward (2006) also concluded that working mothers struggle to maintain their identity within their workplace whilst simultaneously managing their needs and concerns as mothers. In contrast, however, Barnett (2008) reported more positive effectiveness of working and concluded from their study that the dual role of motherhood and employee was associated with lower levels of stress and higher levels of mental well-being.

Staying at home full time with children, however, also brings with it negative consequences. For example, although Vejar et al (2006) concluded that women who had decided to stay at home due to religious beliefs around family ideals and gender specific roles found comfort from these beliefs when presented with the challenges of motherhood other studies indicate that women who elect not to work face similar emotions to those who do. For example, Rubin and Wooten (2007) interviewed 10 highly educated stay at home (SAH) mothers and indicated that they reported a loss of identity, lowered self-esteem and independence and like working mothers, also expressed feelings of guilt for not doing enough for their children and not making the most of their education and skills.

Both working and not working seem to impact upon a mother's wellbeing. Research has therefore explored the impact of part time work which may be a good compromise (Buehler &

O'Brien, 2011; Millward, 2006). For example, Buehler and O'Brien (2011) reported that mothers who worked part time were less depressed and reported better health than stay at home (SAH) mothers when children were preschool. Such mothers were also reported as being more sensitive when interacting with their children and more likely to be involved with school activities and homework (Buehler & O'Brien, 2011). Millward (2006) described these women as 'adaptive' and estimates that about 60% of mothers fall into this category. Furthermore, the mothers in Millward's study (2006) who worked part time showed a better work / life balance and if either work or 'life' took priority at any time, she stated that it was generally a temporary measure and circumstantial. Part time work, however, does have negative consequences with women reporting being stigmatized in the work place due to their perceived inability to commit fully to the organization (Dick, 2010; Newman, 2011). Furthermore, those who work part time also report that their careers have been compromised (Millward, 2006).

Research to date has, therefore, focused on the wellbeing and psychological state of mothers with an exploration of the impact of having children and the role of work commitment. In particular, much research has focused on the transition into motherhood and has generated mixed results. Similarly, research exploring the impact of working hours also illustrates conflicting findings and has tended to indicate that no one form of work commitment is consistently positive. One possible explanation for this variability may lie in the impact of the mother's own identity and the emphasis and priority she places upon the different roles in her life. Some research has explored a woman's identity as someone with a career and how this changes following childbirth. For example, research highlights particular problems for professional women as they become mothers for the first time who not only have to come to terms with the loss of important aspects of their personal world, but also face the loss of their professional identity and with it social status and possible financial independence (Christopher, 2012; Dick, 2010; Millward, 2006; Nicholson 1998). Similarly, Grant-Vallone and Ensher (2011) argue that some women return to work after children due to a need for challenge and highlight the need to maintain an identity of being someone with a career. In line with this, Christopher (2012) argues that working mothers may have repositioned their image of a 'good mother' to incorporate their need to work and justify their decision by re-framing their return to work in terms of benefits to the child, whether it is financial benefits to the family or the social interaction gained from child care. Christopher (2012) terms this 'extensive mothering' with mothers who work being more likely to perceive the role of mother as the care-taker of the

children, whose responsibility it is to make sure the children are looked after through the organization of childcare but not to do it themselves.

In contrast, those who identify with the importance of 'intensive mothering' may be more driven to stay at home and find caring for their children full time a means to fulfill their identity as a 'good mother' (Christopher, 2012). Accordingly, women with children also develop the identity of a mother and research suggests that despite changes to society over the past few decades, elements of a more traditional 'intensive mothering' ideal still persists as a dominant ideology (Christopher, 2012). In addition, all women who have children, to some extent will adopt the role of mother and include the identity of being a mother into their repertoire.

Women with children, however, may not only identify with notion of being someone with a career or a mother. It is possible that they also resist the drive to be consumed by these two roles and persist with a third identity, that of being a woman and the desire to carry on relationships and activities beyond the domain of either work or the home. These three parallel identities of having a career, being a mother and being a woman are exemplified in classic study by Oakley (1980) which involved 66 interviews with women whilst pregnant and shortly after childbirth. She presented a detailed analysis of their experiences and argued that pregnancy results in an overwhelming loss of identity for women due to four major changes; becoming a patient, stopping paid work, becoming a housewife and becoming a mother. Further, she argued that these changes are all experienced as loss by the woman as they are all considered to result in lowered status by society. Similarly, Nicolson (1999) also argues that any post natal emotional instability during the first few months of motherhood reflects the time when women make meaning of the changes to their life, their relationships and loss of autonomy.

Accordingly, research has explored the impact of having children and work commitment on the wellbeing of mothers, at times producing conflicting results. One possible explanation for this variability may lie in the woman's sense of self and the degree to which she conceptualizes her identity as someone with a career, a mother, or a woman. Furthermore, the decision to return to work and for how long, and even the choice to have children, may be governed by financial issues, family expectations or cultural norms rather than the woman's own priorities. As a result, women may find themselves in situations which either concur or conflict with their identities which in turn may impact upon their wellbeing and the ways in which they respond to the changes having children brings.

The present study, therefore, first aimed to explore the impact of motherhood on women's wellbeing with a focus on professional women as previous studies indicate that such women may experience most change. However, whereas most research to date has emphasized the early transitional stage into motherhood, the present study aimed to expand upon this perspective and address differences in wellbeing across the stages of motherhood from having babies through to children leaving home. Second, the study aimed to explore the impact of work commitment on wellbeing by comparing mothers who stay at home with those who work part time or full time. Finally, the study aimed to explore the ways in which three aspects of identity as a woman, someone with a career or a mother may predict or explain variation in wellbeing as children grow up and work commitments change.

## **Method**

### **Design**

A cross sectional design was used to evaluate the impact of stage of motherhood, work commitment and aspects of identity on the wellbeing of professional women. Stage of motherhood was defined in line with the level of dependency of the youngest child (0-4 (total dependence), 5-12 (dependent outside school hours), 13-22 (growing independence)). Work commitment was defined in terms of number of days worked (stay at home, part time (1-3 days), full time (4-5 days)). Aspects of identity focused on being a woman, someone with a career or a mother and wellbeing was defined in terms of mood, life satisfaction, quality of life and benefit finding. All but six subjects completed the questionnaire online. The remaining six completed a hard copy.

### **Participants**

Inclusion criteria were professional women who had considered their career as important before having children and with at least one child aged less than 22. 137 mothers responded to the survey. Two were excluded due to missing data on one or more measures and 2 further cases were excluded because all their children exceeded the maximum age of 22. The final sample consisted of 133 mothers, all of which had at least one child under the age of 22. Prior to starting a family they all considered their career as important scoring a minimum of 4 out of 6 on a Likert scale.

## Procedure

Ethics approval was granted by the University Ethics Committee. Mothers were approached through contacts at primary and secondary schools across West Sussex and Surrey, UK. Those willing to participate were sent an email containing the link to the survey.

## Measures

Participants completed the following measures. Where appropriate reliability was assessed using Cronbach's alpha:

**Wellbeing:** Wellbeing was assessed in terms of negative mood, life satisfaction, quality of life and benefit finding as follows:

**Negative mood:** This was measured using Profile of Mood States (POMS) (McNair, Lorr & Droppleman, 1992) using 32 items rated on a 5-point likert scale ranging from 'Not at all' (1) to 'Extremely' (5) with 4 subscales: Anxiety ( $\alpha=0.84$ ); Vigor ( $\alpha=0.84$ ); Fatigue ( $\alpha=0.85$ ) and Depression ( $\alpha=0.85$ ). A total negative mood score was also computed (anxiety + depression +fatigue- vigor), ( $\alpha=0.92$ ).

**Life satisfaction:** This was measured using Satisfaction with Life Scale (SWLF) (Diener et al, 1985) which consists of 5 items (eg. 'If I could live my life again, I would change almost nothing'; 'in most ways my life is close to ideal'), ( $\alpha=0.88$ ).

**Quality of Life:** This was measured using an amended version of the SeQoL (McGee, 1991). The participant was asked to identify the three areas in their life which were most important to them and then to rate each area in terms of importance and how satisfied they were with each, using a 6-point scale ranging from 'not very important' (1) to 'very important' (6), ( $\alpha=0.88$ ).

**Benefit finding:** This was measured using the Benefit-Finding Scale (BFS) (Tomich & Helgeson, 2004) which was amended to reflect the mothering experience using 11 items (eg. 'Having children has made me a more responsible person'; 'having children has given my life better structure'), ( $\alpha=0.88$ ).

Mean scores were computed for all components of wellbeing reflecting greater anxiety, depression, fatigue, vigour and overall more negative mood and greater life satisfaction, quality of life and benefit finding.

**Aspects of identity:** Aspects of identity was assessed in terms of being a woman, mother or having a career as follows using a 6 point Likert scale ranging from 'Not at all' (1) to 'Extremely' (6):

**A woman:** This was assessed using 3 items (eg. 'It is important to me to develop my own life outside of the family'), ( $\alpha=0.76$ ).

**A mother:** This was assessed using 3 items (eg. 'Motherhood makes me feel fulfilled'), ( $\alpha=0.85$ ).

**Having a career:** This was assessed using 3 items (eg. 'Having a career is central to how I see myself'), ( $\alpha=0.90$ ).

A higher score for each indicated a greater endorsement of this aspect of their identity.

## **Demographics**

Participants also described their age, marital status (single vs. married), responsibility for the children (sole vs. shared), highest level of education, and work commitment before children, current work commitments, who was the main salary earner in the family and the number and ages of their children. They were also asked to rate how important their work had been to them before children and how important it was now using 6 point Likert scales ranging from 'Not at all' (1) to 'Extremely' (6).

## **Data reduction**

**Work commitment:** on the basis of their current work commitments participants were divided into three groups: stay at home; part time (1-3 days per week); or full time (4-5 days per week).

**Stage of motherhood:** On the basis of the age of their youngest child women were divided into three stages of motherhood: stage 1 (totally dependent child (aged 0-4)); stage 2 (dependent child outside school hours (aged 5-12)); stage 3 (child becoming independent (13+)).

## **Data analysis**

Data were first analyzed to assess differences in demographics according to stage of motherhood and work commitment and using ANOVA and Chi Squared. Second, data were analyzed to explore the main effects of both stage of motherhood and work commitment controlling for demographic differences between these groups using ANCOVA. Next, data were analyzed to assess the association between aspects of identity and wellbeing using correlation analysis. Finally associations between aspects of identity and wellbeing were assessed within each stage of motherhood and according to each level of work commitment



using correlation coefficients. For the latter two correlational analyses total negative mood was used rather than its subscales to reduce the number of comparisons being made.

## Results

### Demographics

Participants' demographics are shown in Table 1.

**Table-1: Participant demographics**

		n	%	M	SD	Range
Age		133	100%	41.92	6.25	28-62
Marital Status	Married	119	89.5%			
	Single	14	10.5%			
Child responsibility	Sole	27	20.3%			
	Shared	106	79.7%			
Highest qualification	No qualifications	0	0%			
	GSCE	13	9.8%			
	A-level	15	11.3%			
	Diploma	14	10.5%			
	Degree	44	33.1%			
	Post grad degree	47	35.3%			
Number of children	One	28	21.1%			
	Two	85	63.9%			
	Three	16	12.0%			
	Four	4	3.0%			
Age of eldest child		133	100%	9.53	6.84	32
Age of youngest		105	78.9%	7.01	6.05	0-22

child					
Employment prior to motherhood					
Work commitment	Full time	123	92.5%		
	Part time	10	7.5%		
Number of days worked				4.91	0.62
Importance of work Current employment				4.93	0.96
Stay at home mum					
Work commitment	Part time	48	36.1%		
	Full time	63	47.4%		
Number of days worked				3.81	1.21
Importance of work				3.99	1.23
Primary Earner	Participant	21	15.8%		
	Partner	82	61.7%		
	Joint responsibility	30	22.6%		
Stage of Motherhood					
	Stage 1 (Age 0-4)	63	43.4%		
	Stage 2 (Age 5-12)	45	33.8%		
	Stage 3 (Age 13+)	25	18.8%		

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Participants were aged between 28 and 62 years (mean age was 42 years). The majority had 2 children ranging in age from 0 to 32. Nearly 70% of the mothers were educated to degree level and above. The majority had worked full time before motherhood and most had switched to part time once they had a family. The importance of their work reduced after they became mothers and for most, their partner's salary was the main income for the family. In terms of stage of motherhood, 63 women were classified as stage 1, 45 were classified as stage 2 and 25

were classified as stage 3. In terms of work commitment 22 were classified as stay at home, 48 were classified as part time and 63 were classified at full time.

### Demographics according to stage of motherhood

Results were analyzed to explore differences in demographics according to stage of motherhood

**Table-2: Demographics by stage of motherhood**

Stage of motherhood		1: Highly dependent at all times	2: Dependent outside school hours	3: Developing independence	F/ x2	P
Age of youngest child		0-4 years (n = 63)	5-12 years (n = 45)	13+ years (n =25)	F/ x2	P
Age	X SD	38.1 3.90	43.09 5.24	49.44 5.06	F=56.43	<0.01
Married	S M	0 (0%) 63 (100%)	8 (17.8%) 37 (82.2%)	6 (24%) 19 (76%)	F=14.73	<0.01
Childcare Responsibility	Sole Share	9 (14.3%) 54 (85.7%)	8 (17.8%) 37 (82.2%)	10 (40%) 15 (60%)	x2=7.58	0.02
No. of children	X SD	1.94 0.64	1.89 0.61	2.04 0.46	F=0.51	0.60
Education	< degree ≥ degree	18 (28.6%) 45 (71.4%)	11 (24.4%) 34 (75.6%)	13 (52%) 12 (48%)	x2 =6.15	0.046
Current work Commitment	SAH PT FT	15 (23.8%) 40 (63.5%) 8 (12.7%)	4 (8.9%) 30 (66.7%) 11 (24.4%)	3 (12%) 12 (48%) 10 (40%)	x2=11.23	0.02

Results showed that those at stage 1 of motherhood were younger, more likely to be married, to report sharing responsibility for childcare, more likely to be staying at home full time and to have a higher level of education compared to both the other two stages of motherhood. In contrast by stage 3, more mothers reported being single, having sole responsibility for the children and to be working either part time or full time.

### Demographics according to work commitment.

Differences in demographics were also assessed according to work commitment

**Table-3: Demographics by work commitment**

		Stay at home (n = 22)	Part time (n = 48)	Full time (n =63)	F/x2	p
Age	X	40.91	41.71	42.43	F = 0.52	0.60
	SD	6.97	5.90	6.30		
Marital status	S	0 (0%)	3 (6.3%)	11 (17.5%)	x2 = 6.74	0.03
	M	22 (100%)	45 (93.8%)	52 (82.5%)		
Childcare Responsibility	Sole	6 (27.3%)	10 (20.8%)	11 (17.5%)	x2 = 0.98	0.61
	Share	16 (72.7%)	38 (79.2%)	52 (82.5%)		
No. of children	X	1.95	1.96	1.98	F = 0.03	0.97
	SD	0.72	0.77	0.58		
Education	< degree	5 (22.7%)	16 (33.3%)	21 (33.3%)	x2 = 0.96	0.62
	≥ degree	17 (77.3%)	32 (66.7%)	42 (66.7%)		
Stage of motherhood	0-4	15 (68.2%)	28 (58.3%)	20 (31.7%)	x2 = 13.55	0.009
	5-12	4 (18.2%)	15 (32.3%)	26 (41.3%)		
	13+	3 (13.6%)	5 (10.4%)	17 (27%)		

The results show that those mothers staying at home full time were more likely to be married and to have a youngest child who was still fully dependent.

### Differences in wellbeing according to stage of motherhood.

Differences in wellbeing by stage of motherhood are shown in Table 4. ANCOVA was used with work commitment, age, marital status, responsibility for the children and education as covariates.

**Table-4: Main effect of stage of motherhood on maternal wellbeing (controlling for work commitment and significant demographics); x (SD)**

Stage of motherhood	1:	2:	3:	F	p
	High dependency at all times	Dependency outside school hours	Developing independence		
	Age = 0-4 (n = 63)	Age = 5-12 (n = 45)	Age = 13+ (n = 25)		
Anxiety	15.71 (4.52)	17.73 (6.25)	14.68 (4.92)	3.39	0.04
Fatigue	10.11 (3.23)	9.53 (3.6)	8.84 (3.21)	1.06	0.35
Vigour	18.32 (4.66)	17.31 (4.63)	18.76 (4.47)	0.93	0.39
Depression	23.63 (7.54)	26.78 (10.78)	22.48 (6.93)	3.36	0.04
Total negative mood	31.14 (16.14)	35.49 (18.09)	27.24 (16.37)	2.14	0.12
QOL	78.1 (16.8)	77.2 (16.31)	79.4 (15.07)	0.14	0.87

Life satisfaction	22.08 (5.02)	19.5 (5.35)	20.5 (5.3)	2.23	0.11
Benefit finding	48.0 (10.4)	47.67 (9.75)	47.8 (10.9)	1.51	0.23

The results showed significant differences across the three stages of motherhood for anxiety and depression with those in stage 2 reporting higher anxiety and higher depression than mothers at stages 1 or 3. No differences were found for fatigue, vigor, total negative mood, quality of life, life satisfaction or benefit finding.

### **Differences in wellbeing by work commitment**

Differences in wellbeing by level of work commitment are shown in Table 5. ANCOVA was used with stage of motherhood and marital status as covariates.

**Table-5: Main effect of work commitment on maternal well-being (controlling for stage of motherhood and significant demographics;  $\bar{x}$  (SD))**

<b>Work commitment</b>	<b>Stay at home</b> (n = 22)	<b>Part time</b> (n = 48)	<b>Full time</b> (n = 63)	<b>F</b>	<b>p</b>
Anxiety	16.68 (6.31)	15.67 (5.03)	16.44 (5.23)	0.44	0.65
Fatigue	11.5 (3.61)	9.15 (3.17)	9.44 (3.26)	3.87	0.02
Vigour	18.18 (4.9)	18.29 (4.69)	17.84 (4.52)	0.07	0.93
Depression	27.09 (11.63)	22.77 (7.05)	24.87 (8.7)	2.06	0.13
Total negative mood	35.77 (19.11)	29.29 (16.6)	32.49 (16.48)	1.2	0.29

QOL	77.5 (17.09)	78.5 (16.32)	77.89 (16.1)	0.04	0.96
Life satisfaction	22.55 (5.66)	21.1 (5.29)	20.22 (5.06)	0.77	0.46
Benefit finding	48.68 (9.76)	46.23 (10.24)	48.79 (9.97)	0.92	0.4

The results showed that those mothers staying at home reported higher levels of fatigue than those at stage 2 or 3. No other significant differences in wellbeing were found according to level of work commitment.

### Aspects of identity and wellbeing

The results were then analyzed to assess the association between aspects of identity and the components of wellbeing using a correlation analysis.

**Table-6: Correlations between aspects of identity and wellbeing (r (p))**

	<b>Woman</b>	<b>Mother</b>	<b>Career</b>
Negative mood	0.18 (0.04)	-0.24 (0.005)	0.03 (0.69)
Life Satisfaction	-0.24 (0.006)	0.21 (0.01)	0.07 (0.38)
QOL	-0.04 (0.62)	0.18 (0.04)	-0.02 (0.77)
Benefit finding	-0.02 (0.87)	0.29 (0.001)	0.05 (0.55)

The results showed that for all women, a stronger identity as a woman with the right to a life outside of motherhood was associated with more negative mood and lower life satisfaction. No associations with quality of life and benefit finding were found. Further, a stronger identity as

a mother was associated with less negative mood, greater life satisfaction, quality of life and benefit finding. Having an identity as someone with a career was, however, unrelated to all components of wellbeing.

***Variations in the association between components of self and aspects of well-being according to stage of motherhood and work commitment***

The data were finally analyzed to explore the ways in which the association between aspects of identity and wellbeing varied according to both stage of motherhood and work commitment using within groups correlation analysis (see tables 7 and 8).



**Table-7: Associations between aspects of identity and wellbeing according to stage of motherhood (r)**

Identity	Stage of motherhood															
	Stage 1 - Age 0-4 (n = 63)			Stage 2 - Age 5-12 (n = 45)			Stage 3 - Age 13+ (n = 25)			Stage 4 - Age 18+ (n = 15)						
	Mood	Life Satis	QOL	Benefit finding	Mood	Life Satis	QOL	Benefit finding	Mood	Life Satis	QOL	Benefit finding	Mood	Life Satis	QOL	Benefit finding
Woman	0.139	-0.273*	-0.14	-0.31	0.344*	-0.259	-0.18	0.14	0.05	-0.121	0.47*	-0.013	0.201	-0.136	-0.11	-0.105
Mother	-0.159	0.05	0.04	0.42	-0.203	0.201	0.32*	0.501*	-0.418*	0.557*	0.27	0.526*	0.201	-0.136	-0.11	-0.105
Career	0.263*	0.012	-0.17	0.68	-0.255	0.257	0.19	0.112	0.201	-0.136	-0.11	-0.105	0.201	-0.136	-0.11	-0.105

\* P < 0.05

**Table-8: Associations between aspects of identity and wellbeing according to work commitment (r)**

Identity	Work commitment											
	Stay at home mother						Part time			Full time		
	Mood	Life satis	QOL	Benefit finding	Mood	Life Satis	QOL	Benefit finding	Mood	Life Satis	QOL	Benefit finding
Woman	0.42*	-0.629*	-0.19	-0.453*	0.18	-0.183	-0.01	0.009	0.04	-0.071	0.01	0.134
Mother	-0.55*	0.389	0.42*	0.642*	-0.09	0.058	0.01	0.146	-0.29*	0.235	0.24	0.296*
Career	0.62*	-0.394	-0.25	-0.451*	0.04	0.101	-0.09	0.22	-0.28*	0.304*	0.13	0.74

\* P < 0.05

Variations by stage of motherhood: The results showed that a stronger identity as a woman was related to lower life satisfaction in those in stage 1 of motherhood, lower mood in those at stage 2 but greater quality of life in those at stage 3 who had children who were becoming independent. Further, the results showed that a stronger identity as a mother was related to greater quality of life and benefit finding in those at stage 2 with children at school, and lower negative mood and greater life satisfaction and benefit finding in those in stage 3 whose children were becoming independent. Finally, those with a strong identity as someone with a career showed greater negative mood at stage 1 if they had children who were still fully dependent.

***Variations by work commitment:*** The results showed that a stronger identity as a woman with a right to a life outside of the family was associated with lower mood, less life satisfaction and lower benefit finding in those in stage 1 of motherhood. The results also showed that a stronger identity as a mother was related to less negative mood and a higher quality of life and benefit finding in those in stage 1 with children who were fully dependent but less negative mood and greater benefit finding in those in stage 3 of motherhood. Finally, a stronger identity as someone with a career was associated with more negative mood and less benefit finding for those in stage 1 of motherhood and less negative mood and greater life satisfaction in those in stage 3 as their children developed independence.

## **Discussion**

The present study aimed to explore the impact of stage of motherhood and work commitment on the wellbeing of women who had valued their careers before having children and to assess the role of aspects of identity in explaining differences in wellbeing as children grow older and work commitments vary.

Overall, the results showed that those mothers in the second stage of motherhood with children still dependent outside of school reported the highest levels of anxiety and depression compared to those in the other two stages, regardless of level of work commitment and other key demographics. Previous research has explored the differences between those with children compared to those without and explored both the negative and positive consequences of the transition into motherhood (eg. Belsky and Rovine, 1990; Holton, 2010; Powdthavee, 2009; Smith, 1994). The results from the present study suggest that differences are also apparent across the stages of motherhood with the middle stage resulting in some components of wellbeing being lower. Early mothering may be difficult compared to life without children due to the need to adapt to change and the associated problems of sleeplessness and small children.

This stage however, still has a sense of excitement, novelty and the possibilities of new social networks and activities. The third stage, may also bring with it new freedoms and change when children are developing their independence and mothers can start to rediscover their freedom. In contrast, however, the middle stage may well be experienced as more depressing and anxiety provoking as it is mostly 'more of the same' when the child still requires care and management but is not yet gaining independence in a way to enable life to move on. Furthermore, this middle stage often requires women to access their inner 'superwoman' as they learn the skills of juggling and multi-tasking (Nicolson, 2006) but without the rewards of the other two stages.

The study also explored the impact of work commitment on wellbeing. Previous research reports contradictory findings with both working and not working having both positive and negative consequences; women often feel guilt or lowered self-esteem whether they work or not. The results from the present study showed that fatigue was higher in stay at home mothers supporting the more positive consequences of working. Furthermore, this difference remained when stage of motherhood was controlled for. Previous studies, to our knowledge, have not controlled for stage of motherhood which could have confounded the findings. In contrast, the results from this study suggest that, regardless of the age of child, working to some extent may be protective against fatigue, possibly as working mothers can find respite outside of the home through relationships with colleagues and time away from the children.

The present study therefore shows some effects of stage of motherhood and work commitment on components of wellbeing. This approach, however, assumes that structural factors such as age of child or days worked have a consistent impact on women regardless of their priorities and sense of self. Accordingly, the final aim was to explore the ways in which wellbeing was influenced by aspects of the mother's own identity and the extent to which she endorsed her role as a woman, a mother or someone with career. Overall, the results showed that, for the professional women in the present study, a stronger sense of being a woman with the right to a life outside work and family was associated with lower mood and life satisfaction. In contrast, a stronger identification with being a mother was reflected in greater wellbeing across all measures. These results support the emphasis on identity in previous research (Christopher, 2012; Millward, 2006; Nicolson, 1999). They also highlight the ways in which a dissonance between the priority placed on different aspects of identity and the reality of mothering can result in lower wellbeing whereas a consonance may be more beneficial.

This association, however, also varied as children became more independent. In particular, those mothers with young dependent children, reported greater wellbeing, if they had a lower identity as either a woman or a person with a career. Similarly, at the middle stage when children were still dependent outside of school an identity as a woman remained associated with lowered mood. Accordingly aiming to have a life outside of the family or trying to maintain a career does not seem to lead to wellbeing in those with fully or partially dependent children. In contrast, however, by the third stage of motherhood a strong sense of being a woman was associated with improved quality of life; perhaps as children gained independence those mothers with their own desire for freedom were most able to take advantage of this change. Likewise the influence of having a 'mother' identity also changed across the stages of motherhood. In particular, whilst a stronger 'mother' identity was unrelated to wellbeing in stage 1, for both stage 2 and 3 a greater sense of being a mother was reflected in greater wellbeing across several measures. This may be due to a ceiling effect with all mothers having a strong sense of being a mother whilst they have small children leaving little variance to be accounted for. It may also mean that it becomes easier to fulfill the desire to be a good mother as children become older and more independent which in turn leads to a greater sense of wellbeing.

Aspects of identity were also shown to influence the impact of work commitments on wellbeing. For example, and predictably, greater wellbeing in mothers staying at home was associated with a lower endorsement of being a woman or having a career and a stronger sense of being a mother. Similarly, greater wellbeing in those working fulltime was associated with a stronger career identity. Consonance between reality and priorities, again seems to be the pathway to wellbeing. However, a stronger mother identity was also associated with improved mood and benefit finding in those working full time. This may reflect the notion of 'extensive mothering' described by Christopher (2012) when working mothers define their role as organizing rather than providing childcare. Alternatively, it may be that it is easier to feel satisfied as a mother when a woman also has a fulfilling career.

In summary, the present study explored the role of stage of motherhood and work commitment on components of wellbeing and indicates that whilst those in stage 2 of motherhood with children still dependent outside of school report feeling most anxious and depressed, those mothers staying at home, regardless of age of child, showed highest levels of fatigue. Further, the study also explored the role of aspects of identity and in the main highlight the importance of consonance between a mother's priorities and the reality of her situation. In particular, a

strong sense of having a career or being a woman with a right to a life outside family show is associated with lower wellbeing when children are young and if the mother stays at home, and most wellbeing as children begin to develop their own independence. Similarly, a strong sense of being a mother is associated with higher wellbeing in those that do not work. However, it was interestingly also related to greater wellbeing for those that work full time or have children in stage 3.

It would therefore seem that although a mother's wellbeing is associated with the stage of motherhood and her work commitments, the nature of this association is influenced by her sense of self and the priority she places on different components of her identity. Due to the cross sectional status of these findings, however, they can be interpreted in two ways which have implications for conceptualizing the notion of identity and promoting the wellbeing of mothers. First, if identity is conceptualized as a trait that remains fairly consistent over time, then, in order to improve their wellbeing, mothers need to choose the work commitments that suit their priorities and wait for their children to grow into the level of independence (or dependence) best matched to their sense of self. From this perspective, many mothers will have poor wellbeing for much of the time, if they cannot control the requirements to work (or not work) or if their children are at the 'wrong age' for them. Accordingly, the dissonance between priorities and reality can be seen as an inevitable part of motherhood and poor wellbeing as an automatic consequence. In contrast, if identity is considered a malleable state that changes then a different picture emerges. From this perspective, identity may shift and adapt as the reality of a woman's life develops; when she is at home with small children the identity as a 'mother' should dominate and take precedence, whereas as the children grow older or she returns to work, alternative aspects of her identity could be allowed to emerge. This analysis not only places identity as the response to life changes but also illustrates the notion of flexibility and adaptation. Millward (2006) describes the importance of being adaptive if women are to achieve wellbeing and a better work

/ life balance. The results from the present study indicate that not only should women be adaptive in terms of what they do but also in terms of how they see themselves and the priorities they place upon different aspects of themselves at different stages of their lives.

To conclude, the results from the present study indicate that mothers' wellbeing is in part influenced by their stage of motherhood and work commitments. But more importantly, the results also show a central role for their identity. Specifically, it is the consonance or dissonance

between the priority they place on different aspects of their identity, whether it be a woman, a mother or someone with a career, and the reality of their lives that determines how they feel. This could mean that mothers are destined to feel dissatisfied with their lives for much of the time when their priorities and the reality don't match; a non-adaptive approach to motherhood which may well be experienced by those women whose identities are more fixed and unvarying. Alternatively, it could mean that mothers who show adaptive identities and are able to shift their priorities over the course of motherhood, will be better placed to find the benefit in their lives at whatever stage of life they find themselves in.

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