

Academic mothers with disabilities: Navigating academia and parenthood during COVID-19

Kathryn Wagner¹ | Summer Melody Pennell² | Meike Eilert³ | Stacey R. Lim⁴

¹Department of Psychology, Gallaudet University, Washington, District of Columbia, USA

²College of Educational and Social Services, University of Vermont, Burlington, Vermont, USA

³Department of Marketing and Supply Chain, University of Kentucky, Lexington, Kentucky, USA

⁴Department of Audiology, Central Michigan University, Mount Pleasant, Michigan, USA

Correspondence

Kathryn Wagner, Department of Psychology, Gallaudet University, Washington, DC, USA.
Email: kathryn.wagner@gallaudet.edu

Abstract

Academic mothers (including nonbinary, trans, and gender-queer parents) have always faced challenges in their profession due to systemic barriers and a “motherhood tax”; however, COVID-19 has exacerbated already existing inequalities (Oleschuk, 2020). This study examines how the pandemic has affected academic mothers with mental health and physical disabilities, as these voices often remain hidden and unheard in academia despite increased awareness of their presence (Brown & Leigh, 2018; Kelly & Senior, 2020). Here, we share the voices of 23 participants using a qualitative methodology drawing from social justice and feminist theories to highlight the lived experience of academic mothers with mental and/or physical disabilities and their experiences as a scholar and parent during COVID-19. Understanding the lived experience of this intersectional population can provide invaluable insights into ableist privilege within higher education, especially in the context of COVID-19 which has substantially disrupted work and homelife routines.

KEYWORDS

academia with disabilities, mental health in academia during pandemic, motherscholars with disabilities, parenting during academia

1 | INTRODUCTION

Academic mothers¹ have historically faced challenges in their profession due to systemic barriers within academia and a “motherhood tax”; however, COVID-19 has exacerbated already existing inequalities (Oleschuk, 2020). Studies report that academic mothers, especially those with young children, are experiencing a significant decline in research productivity and output during the pandemic (Gabster et al., 2020; Myers et al., 2020). A recent study about the lived experience of academic mothers during COVID-19 discuss the potential of a “feminist parental ethics” (Kelly & Senior, 2020) where the question of “who is caring for the parents” comes to the forefront. Due to the increased child-care and homeschooling responsibilities combined with working lower paying and less secure jobs, academic mothers are particularly vulnerable during the pandemic and drop out of the workforce at higher rates than men (Collins et al., 2020; Power, 2020). Those that continue to work in academia despite these increased responsibilities experience competing demands on their limited resources with little relief from their institutions.

The intersection of motherhood with other demographics further exacerbates these challenges and adverse consequences to women's careers. We are particularly interested in the intersection of academia, motherhood, and mental and physical disabilities, as these voices often remain hidden and unheard in academia despite increased awareness of their presence (Brown & Leigh, 2018; Burk et al., 2021). In recent years, research has begun to look at the relationship between multiple marginalized identities within academia and experiences of discrimination and oppression, as well as the need for a policy framework to address such disadvantages (Liasidou, 2014). Specifically, researchers have started calling for transformations of the academic profession in the wake of COVID-19, advocating for fostering an ethics of care (Corbera et al., 2020; Miller, 2021) and more inclusive environments (Maas et al., 2020). However, much remains to be uncovered when it comes to the challenges and barriers academic mothers with disabilities experience in this context. The COVID-19 pandemic presents a unique opportunity to understand these challenges and therefore function as a catalyst to spark change and potentially break down these systemic and situational barriers that academic mothers, especially those with disabilities, face in their ability to work and excel in their profession relative to their colleagues.

Moreover, given the dearth of research of disability issues within the field of mental health, understanding the lived experience of academic mothers can provide invaluable insights into ableist privilege as it plays out within the profession. Studying disability is a “prism through which one can gain a broader understanding of society and human experience” (Linton, 1998, p. 118), including that of the impact of COVID-19 on the overall well-being of academic mothers. Given that COVID-19 has disrupted careers as well as routines for motherscholars, especially those with young children, we would expect an impact on their physical and mental health. The intricacies of this impact, however, have yet to be uncovered. Finally, we must consider how academia itself, as an institution, systemically exacerbates the aforementioned struggles, and further disables those with disabilities when accommodations are not provided to working parents with children (Brown & Leigh, 2018; Inckle, 2018). There is a paucity of data on academic parents with disabilities, however, we do know that mothers with mental health disabilities tend to be highly stigmatized.

To address these issues and gaps in our understanding, our qualitative study examines how the COVID-19 pandemic has affected academic motherscholars with mental health and physical disabilities. Overall, we found that the shift of resources towards caretaking, increase in health issues, and lack of accommodations by academic institutions resulted in many participants describing a loss of identity, either as an academic scholar or mother. To illustrate, one of our participants, Jo, described how her sense of identity as an academic scholar shifted after birth and during the pandemic. She wrote: “In becoming a mother, I had not considered the overlap in my identities as both academic and mother to become a motherscholar. I struggle a lot as both a mother and scholar with self-doubt and crippling anxiety. I wonder if I'm doing enough in either role and if I'm doing each role correctly. *Is my work good enough? Am I parenting well-enough?* The constant self-evaluation and doubt are challenging.” Jo's example here highlights many of the struggles that our participants face, with regard to changes in identity as it relates to being an academic mother with a disability. We now turn to our methodological approach, which is rooted in feminist and social justice theory in the service

of bringing to light the lived experience of academic mothers with disabilities during the pandemic. We then conclude with recommendations for changes that could be implemented as a result of our qualitative findings.

2 | METHODOLOGICAL APPROACH

Participants are from a research collective (“Motherscholar Collective”) that formed in the summer of 2020 and includes motherscholars with children born between 2017 and 2020, including the authors of this manuscript. The objective of the Motherscholar Collective was to engage in meaningful scholarship while coping with the stressors of being an academic parent of young children. Participation in this collective and in data collection was voluntary and anonymous as each response was tied to a pseudonym chosen by the participant. Given the intent of the Motherscholar Collective, the authors are therefore participant-researchers; however, not all participants are involved in this study as researchers.

Our study used a flexible, reciprocal methodology drawing from aspects of social justice and feminist theories (Ackerly & True, 2020; Hesse-Biber, 2014). In addition to the theory surrounding our research principles, we specifically chose a narrative inquiry method of data collection, using journaling prompts as a means to invite participants to share their experiences as a motherscholar with a disability during the pandemic. A social justice approach ensures that motherscholars from our collective have opportunities to join in on research projects at various stages, thereby honoring inevitable work-life commitments that arise throughout the research process. Additionally, this approach also allows historically marginalized groups, such as those with disabilities, to become part of the research project and design, thus providing a sense of empowerment (Lyons et al., 2013). A feminist approach further allows that a variety of voices are heard across the motherscholar spectrum.

To best capture the lived experience of being a motherscholar with a disability during the pandemic, and to respect the various at-home demands experienced by many motherscholars, we invited participants to write about their experiences as a parent within academia. We then analyzed these written accounts using a thematic analysis approach (Braun & Clarke, 2006).

3 | DATA COLLECTION

The data set examined here comes from the Motherscholar Collective's larger, ongoing research project on the impact of COVID-19 on academic mothers with young children. We collected data over a period of five months in late 2020. All participants were asked to create a pseudonym that they used throughout the study, and only the lead researcher on the overall project had access to identifying information. The first survey asked for basic demographic information (known as the “demographic survey”), tapping into participant identities related to age, gender, race, parenting status, income, employment status, and academic duties before and after the onset of the pandemic. Importantly, this survey asked participants whether they experienced a disability or chronic condition, and was used to form our initial group of participants.

Participants were then invited to write about their experiences as a parent with a disability or mental health condition during the pandemic in a second survey. This open-ended qualitative survey (known as the “mental health and disability survey”) was available to anyone who had a physical or mental disability or condition, regardless of official diagnosis and treatment. Participants were asked to describe their experiences as a motherscholar with a disability or chronic condition; how the disability or chronic condition impacted their motivation, ability, and/or opportunity to manage both work and life at home; the challenges during the pandemic they have experienced that were exacerbated by having the disability or chronic condition; how they managed and coped with such challenges; and, finally, how various intersectional identities impacted their life during the pandemic.

We then conducted a thematic analysis (Braun & Clarke, 2006) of 23 unique survey responses in the service of understanding the lived experience of participants at the intersection of parenting, academia, and disability. Utilizing a thematic analysis allowed us to identify both common and diverging themes across the responses, a particularly useful method for understanding participant views, opinion, knowledge, experiences, or values from a set of qualitative data (Creswell & Poth, 2017). We used an inductive approach (i.e., we allowed the data to determine themes) with a focus on semantic analysis and storytelling.

4 | PARTICIPANT DEMOGRAPHICS

Our data set included 23 unique respondents that met the following criteria: identified as a woman, transwoman, genderqueer, or non-binary; worked in higher education; and self-reported a mental health condition and/or a physical disability. Regarding the diversity of our participant demographics, three respondents identified as being a person of color, six identified as either lesbian, gay, bisexual, or queer, and two identified as genderqueer or non-binary. Two participants identified as a single parent. All participants had at least one child under two years and six identified as having more than one child. Participants lived in the US, mostly in the Northeast or Midwest. With respect to their academic careers, participants were a mix of assistant and associate professors with 7 being in tenured positions.

In this sample the most prevalent mental health conditions were anxiety, depression, postpartum anxiety, or postpartum depression (occurring in 83% of the sample). The most prevalent physical condition was an autoimmune disorder, followed by a sensory disorder, with physical conditions occurring in 33% of the sample. Therefore, the data underlying our analysis reflects both mental and physical disabilities but primarily mental ones.² Next, we discuss the limitations of our data collection and then turn to presenting our findings.

5 | LIMITATIONS

While our study covers novel ground and provides a greater understanding of the experiences of scholars in academia during COVID-19 at the intersection of motherhood and disabilities, we note a few limitations regarding data collection. As previously mentioned, we used feminist and social justice approaches to be inclusive; at the same time, we are mindful of the context in which this data was collected (the pandemic). Therefore, not all participants were able to complete all questions in our surveys. One reason for these incomplete responses may be the increased labor in taking time to respond to an open-ended survey during the pandemic as opposed to a survey using a closed-ended question format. Additionally, some respondents may have had additional caregiving, service, or work-related responsibilities, limiting the time that respondents were able to take to complete the questions. Not surprisingly, responses varied in depth, and some surveys were started and not completed. This pattern further highlights the impact of the pandemic on navigating multiple demands, including completing interview questions.

Although the participants' responses provided insight into the challenges faced by motherscholars in the Motherscholar Collective, these experiences may be limited in the extent to which they can be generalized to a larger population of academic mothers. The majority of the respondents were white and in heterosexual marriages, and few participants discussed the impact of race on their experiences. To provide greater insight to the experiences of motherscholars future research could use in-depth interviews or add modifications such as additional questions to capture additional data.

6 | FINDINGS

Below, we present four qualitative themes that emerged from our thematic analysis as they relate to the topic of this paper. Please note that participants are referred to by pseudonyms.

6.1 | “No one was available to help us”: Increased isolation resulting from managing a disability during the pandemic

Generally, many respondents felt isolated during the pandemic because of the need for social distancing and working from home which, in turn, impacted the lived experience of having a disability. For mothers with disabilities, this sense of isolation increased as they were juggling increased caretaking roles at home and working full time – often without needed support and accommodations. In turn, the lack of support and accommodations increased stress, depression, and other mental health concerns of our participants.

Vanessa, a white married mother-scholar in her late thirties, noted that her “anxiety and OCD contributed to [her] stress of juggling both jobs (mothering and academia)” from home, which was also compounded by social isolation and “digesting all the crazy societal events of the year.” She described how “[managing] dynamics around [her] husband and [their] extended family’s safety choices regarding COVID-19” meant less time for herself, which in turn, increased her depressive symptoms. Similarly, Alex, a bisexual woman in her mid-thirties with a young child, described how her depression was impacted by the closing of her son’s daycare during the beginning of the pandemic. She wrote: “I was so depressed when my husband and I were the sole caretakers of my son while daycare was closed. Every day was the same. No one was available to help us. Occasionally we would visit with friends outside, but other than that, we didn’t see anyone. My family lives 3.5 hours away and while we would Zoom with my parents every day, it wasn’t the same as having an extra set of hands to help with a busy toddler.” Alex noted that getting ongoing help for depression was also isolating as her providers were less available due to increased demand on medical resources.

Some participants described how these issues were present pre-pandemic and COVID-19 only exacerbated them. Heather, an Asian American married mother of two, with a history of depression and anxiety, noted that her mental health conditions made it difficult for her to be social and bond with her first child. Since the pandemic, her anxiety has worsened. She wrote: “It has been a cycle of isolation because I don’t want to socialize with people on Zoom or whatever. Anxiety has been difficult to control since there are so many things out of my sphere of influence – there has been complete terror (beginning of the pandemic) to depression (long months into the pandemic).”

For mothers with physical disabilities, the pandemic presented increased challenges with navigating everyday situations, which compounded mental health challenges. Kai, who identifies as white, nonbinary, and queer, is also deaf and relies on lipreading and/or American Sign Language (ASL). She described the challenges of accessing health-care services during the pandemic: “The wearing of masks during COVID-19 makes it impossible for me to lipread conversations, which is my primary mode of communication. For this reason, I’ve had to do the labor of seeking out accommodations (such as ASL) when medical centers do not have the resources or time. It also meant that my wife (who is hearing) attended our daughter’s medical appointments due to accessibility reasons. I often felt left out, which worsened my postpartum anxiety.”

For single parents the social isolation during COVID-19 was frightening. Jessica, a white single mom and tenure track assistant professor, wrote: “It is just my son and I and there were definitely times, especially early on in the pandemic, where I freaked out about the fact that something could just happen to me and no one would know since we live alone. It sucks to be this detached from a support system with no one checking up on you regularly.” Without local family, or clear institutional support, single parents were left to navigate the pandemic and resulting isolation alone without backup care.

As described by Heather above, the “cycle of isolation” was deeply felt by academic mothers with disabilities. Accommodations were unavailable or difficult to find given the need for masking and social distancing, and the emotional labor of trying to find accommodations only increased the stress of these motherscholars.

6.2 | “I always go last”: Shifting and navigating priorities for home, health, and work to manage disabilities

As portrayed by the participants, the pandemic contributed to an increase in demand for resources, rendering a work-life balance nearly impossible to manage, especially in the presence of a disability. At the same time, needed resources to manage stressors and care for oneself were reduced due to the effects of the pandemic, as we described in the previous theme of isolation from social, health, and institutional resources. Specifically, participants had to shift their priorities to manage their responsibilities. This shift was more successful for some than others, and many still struggled with their health regardless of success and despite seeking help. Participants discussed the impact of disability on motivation and ability to find a workable and sustainable work-home life balance since the onset of COVID-19, with the result being a need to shift priorities.

Jessica noted that since the pandemic she had to shift her priorities to tackle the many demands of her job. She wrote: “I’ve primarily worked on easing up my workload and now, during my teaching semester, making sure that my classes are structured in a more efficient way. At this point in time, I’ve mentally given up on doing much meaningful work during a time like this and just focus on the bare minimum anyway. I’ve had to shift my priorities.” In this way, Jessica was able to prioritize the mental health of herself as well as her students in a mutually beneficial way.

For others, this shift was impossible due to a lack of necessary medical support. The bulk of participants described feeling “unheard” and “not understood” by others (family, friends, supervisors, and doctors). Aline, a white partnered mother of a young infant, shared the following story: “I went to my yearly doctor’s appointment and sobbed because I was so depressed. I had a 30-min session with a mental health counselor who told me to do more deep breathing and watch less news. I felt unheard...and wanted to meet with a psychologist who practices cognitive-behavioral therapy... but my provider’s coordinator couldn’t come through for me.” Aline also noted that since the pandemic she has come to experience the following pecking order: “kids come first, then academic research, then I come last.”

The shift of priorities to care for family in times of increased stress also resulted in an exacerbation of mental health issues. Participants had to make difficult decisions to support their health needs; yet many still suffered and felt they could not do everything that was required of them as parents and scholars. A Latinx motherscholar, Pau, has a history of postpartum depression which worsened during the pandemic. Since the birth of her child, she has experienced ongoing guilt in her roles as a mother, academic, and person with depression. She wrote: “I question my ability to be both a good mother and a good scholar. I constantly feel guilty for not doing ‘more’ for my son and yet I feel I’m not as productive with work as I should be. I also ended up getting COVID and felt like I couldn’t care for my son well enough when I was so sick.”

Navigating health needs caused participants to balance their needs with their children’s, analyzing the risk of getting (or foregoing) the care they required. Paige, a white married mother of two in her early thirties, described the intersection of breastfeeding and anxiety during the beginning of the pandemic, and wrote about how this anxiety impacted the choices she made. She described choosing to prioritize her own health, which would allow her to better function for herself and her family. She wrote: “I was on anti-anxiety medication during the first 2 months of the shutdown. My hormonal insomnia flared up in March, so I stopped breastfeeding so I could take my sleep aid. Thus, my body went into a lurch suddenly weaning, so I required an anti-anxiety medication to help curb the panic attacks I began having.” Another participant, Denise, also a single parent, wrote about the intersection of meeting her own health needs for rheumatoid arthritis with that of caring for her son. She wrote: “Every time I need a medication I have to do the calculus of whether I need it so acutely that it’s worth taking my son into a risky area for a minute (since he can’t wear a mask yet), or if I can go an extra day or two until he has care.” These difficult situations were frequent

throughout the pandemic as both healthcare support and childcare were difficult to find. Thus, the aforementioned theme of isolation further exacerbated our participants' assessment of risk and need to prioritize the well-being of their children over their own.

6.3 | “We are expected to support our students but we don't get support in return”: The systemic oppression of academia and its failure to support parents

Participants further discussed how their struggles as a motherscholar with a disability during the pandemic was exacerbated by lack of support from their academic institutions, which, historically, has oppressed minority groups. Paige noted that the “stigma attached with mental health is very difficult in academia.” Jo, who is white, partnered, and queer, noted that her institution has failed to acknowledge “that parents may be struggling with lack of childcare or tough childcare decisions.” She went on to say, “We are certainly expected to make allowances for and support students but we don't get support in return. I don't see the same care being given to faculty members.” She described the experience as “disappointing.”

Participants described how their academic institutions frequently placed demands on them to support their students above their own health. Lizzy, a white assistant professor in her mid-30s and parent of a young baby, noted that “having to constantly check on students who are not engaging with online classes has increased [her] anxiety, especially as mental health has always been an issue for students at our institution.” Kai noted that her workload increased during the pandemic due to heightened student needs, especially for LGBTQ+ students who were sent home and did not have support from family members. They wrote: “Students were reaching out to me on a daily basis for support, and yet I was still being asked to teach three classes, supervise, and do research and service, as normal. Yet this was anything but normal.”

Participants also described the failure of academic institutions to support COVID-19-related safety practices. Alex, who describes herself as being “sensitive to germ-y surfaces” even pre-pandemic, wrote about feeling unsupported by her institution, especially regarding safety. She wrote: “I didn't want to look like a ‘crazy’ person in front of my students but I couldn't help but sanitize my hands after touching everything in the classroom. Touching and storing my mask after taking it off was anxiety-provoking...I found myself getting really irritated with my college's facilities folks when they asked why I would need cleaning supplies for my work station. They kept telling me there would be cleaning supplies in the classrooms but there weren't.” The repetition of this anxiety-provoking situation, which occurred each time Alex came to campus, impacted the overall quality of her life.

Single parents also described the challenges of balancing parenting and academic work with a disability. Denise, a single mother in her early 40s with a history of rheumatoid arthritis diagnosed in graduate school, described the ways she had to cope with her physical condition such as completing all academic work way in advance of deadlines. She wrote: “I have gotten used to working around my condition. For example, I never ever let things go until the last minute (like grant applications) because I can't be completely confident that at the last minute I'll feel well enough to do it, and that has worked for me along with other adaptations.” Since the pandemic, however, Denise has found it harder to meet deadlines, especially with no support from her institution.

Despite the isolation, lack of resources, and lack of institutional support, participant stories often showed glimpses of resiliency and a sense of community, as described in our final theme.

6.4 | “We just need to get through this”: Resilience and working for change

The theme of resiliency and working for change was the undercurrent of a lot of our participant's stories. Participants discussed getting support from an online support group of academic mothers, through lowering expectations, focusing on the good in their relationships, and building advocacy as ways to reduce stress, depression and isolation.

Participants noted their appreciation of support at home and the Motherscholar Collective. Monroe, a white queer-identified parent in their mid-30s, noted that they “try to experience gratitude for what I do have – my partner and I have been fighting more as a result of being home and being around each other all the time and I’m trying to step back and appreciate her for all that she does for our family and for me.” Other participants described the merging of identities and how being part of the Motherscholar Collective served as a source of support, as exemplified in this quote from Vanessa: “I think I am starting to merge and appreciate the overlap in my identities as mother and scholar. The roles themselves are challenging to navigate in that both require so much of me and so much time. I wonder if the support of various academic mama groups online has helped with the merging of those identities, in seeing other mamas navigate their roles and identities with such grace.”

Some participants described how various aspects of their identities came to the surface during the pandemic, particularly with respect to disability advocacy in the workplace. Alex wrote: “Seeing women (colleagues and friends) drowning under all the work makes me furious. I’ve gotten more bold in emails and Zoom meetings when I believe there is pressure to do unnecessary work. I’m pursuing policy development to help mothers and parents in academia [with disabilities]. I’m reminding colleagues that now is not the time to ‘function as usual.’” This relates to Jessica’s shift in priorities, as previously discussed, which also involved advocating for less pressure on everyone during the pandemic. Jessica wrote, “It’s not the time to make things difficult on either the students or myself. All of us just need to get through this.”

By striving to see the positive in their relationships and working to create change in their working styles and institutions, academic mothers show their resiliency in working and mothering through the pandemic.

7 | DISCUSSION

Taken together, our results show that participants had to make difficult choices during the pandemic related to disruptions in childcare and routines and isolation from resources that typically would help overcome these disruptions. These choices included concentrating less on teaching and/or research and saying no to career opportunities due to lack of time, which in turn impacted mental and physical health as well as the motherscholar’s sense of identity across the domains of parenting, academia, and relationships.

These disruptions were further exacerbated by a lack of accommodations from academic institutions and support from family, spouses, and partners regarding physical and mental health conditions. Many participants discussed the difficulties of balancing mental and physical health needs with being a stay-at-home parent (due to the pandemic making childcare unavailable or unsafe) while also working full-time. For some participants, the combined identities of being an academic and a parent with a disability during COVID – especially for those who did not have childcare – meant that the academic side suffered as caretaking responsibilities were prioritized. These conflicting roles caused participants to struggle finding time for their children, partners, and work at the same time as demands for both increased during the pandemic. All participants felt they could not adequately fulfill all their roles and wished for more institutional support, and almost all participants noted a shift in identity. Ongoing mental and physical health suffered as a result of this lack of support and time; additionally, many participants cited the onset of anxiety and depression as a result of the pandemic and difficulty accessing high quality mental healthcare remotely. While some participants were able to easily access telehealth therapy, others struggled to find competent and available providers in their location. Given the aforementioned findings, we now discuss the implications of our study and recommendations that may be useful for academic workplaces to consider when implementing resources.

8 | IMPLICATIONS AND RECOMMENDATIONS

The challenging experiences of academic mamas with mental health and physical disabilities during the pandemic identified in this project highlight the need for additional accommodations and support in higher education to ensure that these academic mothers are not left behind. This work further underscores the need for long-term policy reform such that academic workplace structures become more equitable and resilient to external shocks that could otherwise widen existing inequalities as we have observed during the pandemic.

Based on the themes that emerged from our data, we see an opportunity for academic workplaces to cultivate positive changes that support academic mothers who have disabilities. All of these suggestions would also benefit students which, in turn, may increase enrollment and retention as students with disabilities will be better supported. These suggestions for creating positive, supportive work environments are:

- More support from teaching and learning centers on how to structure courses (especially online and hybrid) for efficiency and inclusivity. This inclusion will benefit both students and instructors, as noted by our participant Jessica.
- More support for physical disabilities – access to captioning services or sign language interpreters for deaf and hard of hearing instructors and extended time to complete tasks to allow for times when it is difficult to work for health reasons. Allowing more time to meet deadlines also accommodates fluctuating childcare availability.
- Increase in access to mental health support for faculty through the workplace such as counselors who are specifically knowledgeable about disabilities and academic job stress/unique challenges. Providing counselors through the university counseling center or EAP who specialize in faculty experiences would likely result in an increase in coping skills and decrease in mental health struggles within this population.
- Acknowledgment of additional stress caused by intersectional identities and effort to provide support and relief to acamamas with disabilities facing racism, homophobia, and/or transphobia. As noted by Manchanda (2020), accommodations and supports for disabilities must also be inclusive and anti-racist.
- Taking a “universal design”³ approach so more people are supported without having to out themselves (Goldsmith, 2012). This proactive approach will accommodate those who develop a disability later in life, and those who do not realize they would benefit from support (Hamraie, 2017).
- On-site childcare, or employer-supplemented childcare. This will ensure that motherscholars can better focus on their health and their work knowing that their children are safe and cared for during work hours.
- Stronger “listening” procedures to capture and include the voices of motherscholars with disabilities, especially in times of crises such that these voices are represented and included in crisis decision-making (and decision-making in general).

9 | CONCLUSION

As the stories above have demonstrated, being an academic parent with a disability (whether physical or mental) puts an additional demand on one's resources while, at the same time, requiring additional resources from the environment to maintain a delicate balance between parenting and career progress. The pandemic added to these demands while, simultaneously, limited access to those resources needed to manage disabilities properly, resulting in an increase in symptoms related to mental and physical health. While these are issues that academic mothers face at the best of times, the pandemic magnified those issues for all academic mothers and even more so for those with disabilities. Our stories also highlight the resiliency of academic mothers in the face of impossible choices. Although participants had to make choices that sometimes put their own needs last in service of their families and careers, most participant stories had an undercurrent of resiliency as they each found creative ways to cope.

At the time of this writing, the pandemic is waning as vaccination rates are increasing. Some participants have returned to work in-person, for many childcare is available again, and for some stress is decreasing. A few are transitioning or have transitioned out of academia; in some cases, this transition was in part a result of inadequate institutional response to the pandemic. However, participants' disabilities and their need for accommodations remain, especially as academic institutions increasingly seek to focus on diversity, equity, and inclusion. We hope that the spotlight the pandemic brought to the needs of motherscholars with disabilities will remain and that positive change will occur in academic institutions.

DATA AVAILABILITY STATEMENT

Due to the nature of participant confidentiality, research data is not shared. Please direct any questions about the research data to the principal author, Kathryn Wagner at Kathryn.wagner@gallaudet.edu.

ENDNOTES

- ¹ For the purposes of this paper, the terms “academic mother(s),” “motherscholar(s),” and “motherhood” includes gender-queer, trans, and nonbinary parents who may not use the term “mother” but who nevertheless identify as a parent.
- ² It should be noted that much of disability within the field of academia has focused on physical rather than mental disabilities; in recent years there has been an increase in important research looking at the prevalence and impact of mental health disabilities within academia (see Margaret Price's *Mad at School: Rhetorics of Mental Disability and Academic Life* with University of Michigan Press).
- ³ A universal design approach ensures that products, environments, and social situations are “usable by all people, to the greatest extent possible, without the need for adaptation” and aims to meet the ability needs of all (Pilarski & Rath, 2013).

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AUTHOR BIOGRAPHIES

Kathryn Wagner earned her PhD in clinical psychology from Duquesne University. She is an assistant professor in psychology at Gallaudet University and a licensed clinical psychologist. Her research interests focus on the intersection of disability studies, gender, and psychology. She is also interested in research related to therapists with disabilities. Her work has appeared, or is forthcoming, in *Transgender Health*, *Public Health* and the *Journal of Clinical Psychology*.

Summer Melody Pennell earned her Ph.D. in education from the University of North Carolina. She is a lecturer in Education at the University of Vermont. Her research interests include social justice pedagogy and teacher education, queer theory and pedagogy, and queer Young Adult Literature. Her book *Queering Critical Literacy & Numeracy for Social Justice: Navigating the Course* details universal K-12 teaching approaches drawn from her ethnographic study in an interdisciplinary course.

Meike Eilert earned her Ph.D. in Marketing from the University of South Carolina. Her research interests are in marketing strategy, corporate social responsibility and activism. Her work has appeared, or is forthcoming, in journals including the *Journal of Marketing*, *Journal of Marketing Research*, *Journal of Public Policy & Marketing*, and *Strategic Management Journal*. She is currently an independent researcher.

Stacey R. Lim earned her Doctor of Audiology degree from The Northeast Ohio Au.D. Consortium and her Ph.D. from Kent State University. She is an associate professor of audiology at Central Michigan University and is a licensed audiologist. Her research interests are in aural rehabilitation, cochlear implants, and the perception of disability. She was co-curator of the museum.

How to cite this article: Wagner, K., Pennell, S. M., Eilert, M., & Lim, S. R. (2022). Academic mothers with disabilities: Navigating academia and parenthood during COVID-19. *Gender, Work & Organization*, 29(1), 342–352. <https://doi.org/10.1111/gwao.12751>