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Motherhood and Professional Identity in the Context of Female Clinical

Psychologists with Children

Section A: The Identity of Working-Mothers and Clinical Psychologist-Mothers:

From Modernism to Post-Modernism

(Word count: 5500 plus 49)

Section B: The Identity Constructions of Female Clinical Psychologists with Young

Children: A Foucauldian Discourse Analysis

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Summary of MRP

Section A situates female clinical psychologists with children within the wider socio-historical context of working-mothers. Theoretical and empirical evidence of modernist and post-modernist approaches on the development of the working-mother identity is provided. This is followed by the literature on mothers employed in the caring profession and in psychology. The review highlights the need to further explore the relationship between social, professional and personal for female clinical psychologists with children within a socio-constructionist perspective.

Section B introduces the social and professional challenges encountered by female clinical psychologists with children. The rationale for exploring the identity construction of clinical psychologists who are mothers is provided. Foucauldian discourse analysis is described as the chosen methodology to unveil the discourses clinical psychologist-mothers drawn upon to construct their identity, and it aims to explore their subject positions. It concludes with discussing the results and presenting the study's limitations and implications.

Section C aims to elaborate on the research skills learnt during the research process, and on the abilities that need to be further developed. It continues with a critical appraisal of the study, before reflecting on possible clinical recommendations. Lastly, a potential new project is presented.

As a consequence of doing this study, would you do anything differently in

If you were to undertake further research in this area what would that research

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Section A

The identity of working-mothers and clinical psychologist-mothers: From modernism to post-modernism

Word count: 5500 (plus 49)

ABSTRACT

This review discusses the theoretical and empirical evidence provided by modernist and post-modernist perspectives on the development of the working-mothers' identity. The wider context of working-mothers provides the setting to the literature on mothers employed in the caring profession and in psychology.

The literature described a shift from the modernist ideas of working-mothers identity formation as a linear process to create a stable and unique self, to the post-modernist concept of a multifaceted individual constructed through contexts and language.

The literature on mothers in the caring profession yielded similar results to the studies on mothers employed in other professions: They combined, separated or negotiated motherhood and professional identity.

A limited number of studies addressed the development of the identity of mothers in the psychology profession. Psychologist- mothers attempted to redefine their personal and professional goals and priorities. However, these studies failed to explore the relationship between social and personal, and the way identity is co-constructed through language. The review highlights the need for further examining the identity construction of clinical psychologist- mothers, and it suggests adopting a discourse analytical approach.

INTRODUCTION

"One of the major aspects of wider social context in which motherhood and mothering is positioned is employment"

(Woolett & Marshall, 2001, p. 181)

There has been an increase in the number of female clinical psychologists in recent years (Clearing House, 2009), and many of these clinical psychologists (CPs) are or will be mothers. It will be argued in this review that this has both organisational and personal implications for the profession and its members, as female CPs with children are likely to embark on a journey to reconcile their professional and personal identities. As other working-mothers, CPs are also exposed to societal ideologies of employment and motherhood. The literature evidences the social perception of motherhood as low in status with stereotypical views of reduced competence and commitment of mothers to work (Ridgeway & Correll, 2004; Weaver & Ussher, 1997). As professional women, the tension between traditional views of motherhood and the pursuit of their career might affect the way in which clinical psychologist- mothers (CP-Ms) combine personal and professional identities (Buzzanell et al., 2005). There has been some suggestion of the emotional consequences of such conflicting ideas: Roland and Harris (1979) wrote that "It is rare to have new identity integrations occur without the arousal of anxiety, guilt and conflict" (p.16).

Traditional views of female and working identity of professional working women could be considered to be in conflict (Martin, 2000; Martin, 2004; Siegel, 1996). Work has been described as a part of the individual's process of self- realization (Miller & Rose, 1995) offering a structured place to express and develop (Grey, 1994). Yet another predominant societal belief assumes that a good mother "nurtures her family and considers care giving to be more fulfilling than work" (Buzzanell et al., 2005, p. 263). This seems at odds with women constructing an identity through work (Machung, 1989). Indeed, although nurturance

is seen as a normative competence of mothers and one that is relevant for healthcare professions, several authors commented that caring continues to be devalued by society (Crittenden, 2001; Fiske, Cuddy, Glick, & Xu, 2002).

Past research on working-mothers has focused on either role strains, beneficial effects of employment or division of domestic labour, within developmental models of identity (Gatrell, 2005). In recent years, the shift to post- modernism and post- structuralist theories of identity is evidenced in discursive psychology's interest in the experiences of mothers and the formation of their identity (Gatrell, 2005). The shift is from studying how working-mothers behave (i.e. roles) to how they negotiate employment and motherhood identities. It will be argued here that a socio-constructionist perspective is helpful at this time, that is, to understand the linguistic resources used by clinical psychologists who are mothers.

This review aims to provide a socio-historical background to working-mothers in society and in clinical psychology. Modernist and post-modernist research and theories on employed mothers forming their identities are reviewed, followed by studies on mothers working in the caring profession and specifically in psychology. Finally, the need for research within the post-modernist paradigm is discussed. The next section opens with defining this review's key terms.

BACKGROUND

DEFINITIONS

This review uses the widespread term working-mothers, or employed mothers, to describe women who have children and are employed, in a variety of professional settings or not (Palladino Schultheiss, 2006). Within this category, the term professional working mother is adopted to highlight specifically research and theories that focus on mothers employed in professional careers, defined as "an occupation with a specialised body of knowledge that provides an intellectual base for practice and for which the profession can claim exclusive

control" (Lancaster & Smith, 2002, p. 48). The term clinical psychologists-mothers (CP-Ms) refers to clinical psychologists who are mothers.

THE CONTEXT OF WORKING-MOTHERS

In the UK, mothers who had been employed during the Second World War were expected to return to full time motherhood at the end of the conflict (Bailey, 2000). However, many continued to work, thus challenging the traditional concept of motherhood (Wojciechowski, 1982). The 1970s saw the movement for women's rights in education and employment (Blair-Loy, 2001). Currently, working-mothers' economic contributions have gained the public attention due to the recession and the criticisms to the Coalition's pension proposals as potentially reducing working-women' choices, particularly for those in the public sectors (BBC news, 2011).

In relation to professional women, Williams (2000) described how women often face a choice between children and career, which then taints the way they are publicly and privately portrayed: career women or stay-at-home mums, supermoms, and wanting-it-all mums. Despite these views, some of which portray working in a negative light, promoting return to work after childbirth has been in the political agenda (Aston, Clegg, Diplock, Ritchie, & Willison, 2004). In 2008, the UK Office for National Statistics reported that 68% of women with children were employed, 38% percent worked part-time and about 30% worked flexible hours.

Blau, Ferber and Winkler (1988) reported that the greater the educational and professional investment before childbirth was, the more likely was mothers' return to work after childbirth. Nevertheless, research showed that many women do not enjoy the same earnings or careers as their male counterparts (Spain & Bianchi, 1996) who are more likely to reach managerial positions (Office for National Statistics, 2008).

The Work, Parenting and Careers survey (Chartered Institute of Personnel and Development, 2002) found that one in three women feel they had to lower their career expectations as a result of having children and working part-time, and they occupy less senior positions regardless of their qualifications (Houston & Marks, 2003; Millward, 2006).

Within the National Health Service (NHS), 77% of the workforce is female (NHS, 2008), however "while nearly half of appointments and re-appointments in 2006 were women, only 38% of executives are women, and women are less likely than men to be appointed Chair" (Women Resource Centre, 2007, p. 6).

WOMEN IN CLINICAL PSYCHOLOGY: BACKGROUND

Clinical psychology was once predominantly a male discipline. However, since the 1980s, a gradual gender shift has led to the profession becoming predominately female (Ussher & Nicolson, 1992). In 2008, 86 % of women were accepted onto clinical psychology doctoral courses in the UK (Clearing House, 2009) and 62.4% of CPs registered with the British Psychological Society (BPS) were female (BPS, personal communication, September 7, 2009).

Rezin and Elliott's (2004) survey of UK female CPs found that 42% of the sample worked part-time, and 48% of the sample was at consultant level of which only 8% worked part-time. The authors noted the concerning career discrimination highlighted by female clinical psychologists working part-time as they tended not to reach consultant positions. The part-timers at consultant level reported having difficulties with childcare arrangements and workload. This is consistent with studies reporting a "stigma" associated with adopting flexible working (Grady & McCarthy, 2008, p. 604) and bias against mothers in employment (Heilman & Okimoto, 2008; Williams, 2000), such as career promotions' restrictions, and being perceived as less committed or competent (Gray, 1983). Moreover, William (2000) argued that some employed mothers tend to sacrifice their career in favor of family life.

A recent audit of 121 clinical psychologists working in an NHS Trust showed that 79% were women and 21% were men, of which 32% worked at consultant positions (band C and above) whilst only 21% of female CPs occupied these bands (NHS Trust, personal communication, May 15, 2011). The challenges of negotiating between striving for equality and combining motherhood with a career may account for clinical psychology's gender imbalance at high levels (Ussher & Nicolson, 1992). Hence, it seems relevant to reflect on the challenges faced by female CPs with children (Cushway & Tyler, 1996), as part of the wider working-mothers' group.

CLINICAL PSYCHOLOGIST-MOTHERS' IDENTITY: THE SOCIO-PROFESSIONAL RELEVANCE

Through supervision and reflective practice, the BPS' Generic Professional Practice Guidance (2008) advocates for the development of professional and personal identities as enhancing clinical practice. Being a reflective practitioner is part of CPs' professional and practice development and postgraduate training accreditation criteria (BPS, 2001, 2006; Lee, Reissing & Dobson, 2009). Chinn (2007) defines reflexivity as "an appreciation of one's own social position, preferences and desires, and how they impact and constrict what can be known" (p. 13). This also means considering professional and personal identities within the contexts we live in (Wilkinson & Kitzinger, 1996).

CP-Ms might meet parents who face similar quandaries in negotiating their working parent identity, which might resonate with their own dilemmas (Zager, 1988). CP-mothers reflecting on their own identity as working-mothers might raise awareness of the clients' socio- political contexts and assist them to challenge social exclusion. This is consistent with the No Health Without Mental Health policy (Department of Health, 2011), which places reducing inequalities and promoting mental health as part of our socio-political context. It seems critical for clinical psychologist-mothers and the profession to be aware of wider social issues faced by working-mothers, as well as of power imbalances within the clinical

psychology profession itself. Therefore, this review will consider the broader context of working-mothers and the specific context of CP-Ms.

Davidson and Patel (2009) stated that "power is inextricably linked and central to the development of our personal and professional identities" (p. 75). In clinical psychology, there could be an impact from an increased number of female CPs with children in terms of challenging existing power relationships, or indeed not challenging them. The difficulties in creating this change might relate to the fact that these power relationships are built into common discourses, defined as "practices which systematically form the objects of which they speak" (Foucault 1972, p. 49). The function of discourses in constructing identities will be further discussed as relevant in the post-modernist perspective. Firstly, the contrasting modernist view on identity formation is presented.

MODERNIST PERSPECTIVE

Modernist philosophies translated, in research, into an empiricist epistemology. It is realist, essentialist and totalistic and its language describes "something real having an absolute meaning" (Hoffman, Stewart, Warren, & Meek, 2006, p. 3).

In this framework, identity theories assume that there is a true representation of one's identity, with individuals possessing a core unchangeable and stable adult self, which can be objectively studied (Marshall & Wetherell, 1989). The next section provides an overview of three elaborations to working-mother identity formation. They have been chosen because they accounted for a continuous identity development in adulthood, and they have been elaborated and applied to womanhood studies.

ROLE RELATED IDENTITY THEORY

Developed from Marcia's (1966) ego identity framework, and expanded by Côté and Levine's (2002) personality and social structure perspective, the role related identity theory accounts for the interaction between personal and social identities within one's core identity.

Using content analysis, Graham, Sorell and Montgomery (2004) found that the expectations, values and roles of mothers employed in a variety of jobs, including career jobs, were integrated with their ego identity to maintain a unique sense of self within conflicting commitments. They identified five structures:

- Working-mothers prioritised one role over another (hierarchical structure).

- All roles were equally important and integrated (holistic structure).

- Both roles are important and impossible to divide (multiple role structure).

- The ego identity is stronger than professional or motherhood roles (unembedded structure).

- A continuous exploration of their sense of self (identity transition structure).

They found that most professional working-mothers adopted a hierarchical structure and invested in their professional role-related identity. They did not reach a unique sense of self, rather they separated personal and social identities. The minority of professional working-mothers who prioritised their mother-role and used caring values to enrich their professional life achieved a greater sense of self coherence (Graham et al., 2004).

MULTIPLE IDENTITIES THEORY

McMahon (1995) adopted the concept of having multiple interacting identities, drawing upon McCall and Simmons (1978) who distinguished between situated self and ideal self. The first indicates how certain identities emerge in various contexts. The second refers to an identity which is stable and non-context specific.

Using thematic analysis, McMahon's (1995) study with mothers employed in a variety of professional jobs, found that working-mothers' multiple identities were organised hierarchically around an ideal self. The structure was determined by their commitment and investment to a particular identity, and its associated social support and rewards (McMahon, 1995). The author found that motherhood was central to working women's identity

formation. It provided them with a "distinct maternal identity and maternal consciousness" (p.270). Strikingly, McMahon's eloquent description of motherhood identity lacked a counter analysis of the participants' professional identities and the interaction between their personal and professional selves.

SOCIAL IDENTITY THEORY

Tajfel's (1981) social identity theory described how individuals belong to particular social groups, often pre-determined, which structure society. The individuals' self-worth and identity is associated with their identification with the group, intragroup interactions and comparisons with other distinctive groups on status and power (Gatrell, 2005). This author explained that if an individual's efforts to achieve social mobility fail then "the members of the group may consider options for collectively enhancing the status of their own group" (p.88).

Skevington and Baker (1989) applied this theory to professional working-mothers to understand "the changing social identities of contemporary women" (p. 1). Using respectively repertoire grids and discourse analysis, Baker (1989) and Gatrell (2005) noticed that professional working-mothers' positive social identity was associated with identifying with their chosen ingroup members. These women found it difficult to divide their personal and professional selves and attributed positive characteristics to their social identity as career women (Gatrell, 2005).

LIMITATIONS

Deaux and Stewart (2001) have suggested that traditional identity theories and their modernist underpinning reduced the complexity of forming identities by ignoring contradictions or overlooking the various components of the self. Although the multiple identity and social identity theories assumed multiplicity of identities and, in the social identity theory these are dependent on the context of intergroup comparisons, their interaction

was not considered (Deaux & Stewart, 2001). The role related identity theory examined these relationships but continued to assume a central self, rejected by post-modernism as described in the next section.

From a wider contextual perspective, traditional models of identity formation implied a stable society with clear roles and values aiding individuals in forming and maintaining mature selves (Côté & Levine, 2002). This seems a challenge for the modern working-mother facing multiple demands in a fast changing multi-cultural society (Gatrell, 2005).

Psycho-social models of identities emphasised the existence of an organised internal cognitive and mental structure that individuals can communicate (Marshall & Wetherell, 1989). These authors questioned how much people can consciously and linguistically express the representations of themselves. They argued that the modernist assumption that language conveys meaning overlooked how "it is constructive of social and psychological process" (Marshall & Wetherell, 1989, p. 109).

Baker (1989) wrote that applying a modernist theory of identity formation to womanhood "necessitates an analysis of the global rather than the particular, the consensual as opposed to the personal" (p.102). A major criticism of traditional identity theories is embedded in the post-modernist movement and its post-structuralist theoretical framework. Therefore, the next section presents an overview of these principles.

POST-MODERNIST PERSPECTIVES

Principles of post-modernism, feminist research, and power and identity are described here in an attempt to summarise the vast literature on post-modernism.

Socio-constructionism characterises the post-modernist epistemological position (Anderson, 1995). It is anti-realist, holding that our experience, understanding and description of the world are not a result of testable hypotheses or observations (Anderson, 1995). It is anti-essentialist as it questions the existence of a true unchangeable self, which is

objectively verifiable (Hoffman et al., 2006). It is anti- totalistic as the truth cannot be known. Hoffman et al. (2006) wrote that there are numerous ways of knowing, which are interconnected and dependent on the contexts.

FEMINIST RESEARCH

Feminist scholars majorly contributed to criticizing modernist epistemology, focusing on the social construction of gender, the notion of power, and the centrality of language, which build and shape dominant discourses (Kowitz, 2010; Wilkinson, 2001). Feminist social constructionists adopted a post-structural theoretical framework which highlighted that the world and our identity are constructed through language (Kowitz, 2010). In turn, language is created and maintained by relevant social groups (Wilkinson, 2001).

Social, historical and economical practices form plural identities that individuals can adopt (Reynolds & Wetherell, 2003). Contradictions and similarities can co-exist in these identities as they are fluid and interdependent (Hall, 1996; Kowitz, 2010) but not organised around a core stable self. The relational nature of identity is also emphasised as an individual relates to others, society (Hall, 1996) and power structures (Goldberg, 1996).

POWER AND IDENTITY

Power in modernism is associated with authority, knowledge, ownership and accessibility to resources (Morgan, 1986). However, post-modernist scholars consider power as less evident and "hidden in the social body" (Foucault as cited in Gatrell, 2005). Gatrell (2005) explained that Foucault believed that the state and related powerful institutions regulate people's behaviours and lives. However, as power is fluid, individuals retain agency by becoming aware of inequalities and challenging the social structure, norms and dominant ideologies (Giddens, 1991; Latour, 1986; Law, 1991).

Discourses represent different power relationships (Gilbert, 1994) and they are shaped by power groups to perpetuate certain privileges (Gilbert & Rader, 2001). Some ideologies

become dominant and internalised, which means that we adopt certain ways of being and behaving within social and cultural contexts (Gilbert, 1994; West & Zimmerman, 1987) which in turn construct our identities.

The next section presents the research on working-mothers constructing their identities. It starts with studies exploring societal ideologies, followed by research adopting opposing views. The review continues with research specific to clinical psychology and related disciplines.

POSITIONING EMPLOYMENT AND MOTHERHOOD RESEARCH

WORKING-MOTHERS' IDEOLOGIES

Hays (1996) defined the shared ideology amongst working and stay-at-home mothers as the intensive mothering ideology (IMI), which is "child-centred, expert-guided, emotionally absorbing, labour intensive and financially expensive" (p. 129). This ideology expects mothers to be emotionally, cognitively and physically merged with their child (Johnston & Swanson, 2006). Several other scholars agreed with this analysis (Garey, 1999; Hattery, 2001; Uttal, 1996). Gender moral ideologies[1] (GMI; Duncan & Edwards, 1999) and family/work devotion schemas[2] (Blair-Loy, 2001) similarly referred to Hays' IMI (1996).

Since the 1970s, the majority of the research on work and family life depicted employment and motherhood as in opposition (Gilbert & Rader, 2001). A growing body of research began to question if career and motherhood identities should be necessarily considered as separate entities rather than interwoven constructs (Bailey 2000; Palladino Schultheiss, 2006).

Research covering both perspectives, conflictual and woven, is presented with their associated theoretical premises. Searched databases and terminology is presented in

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[1] GMI are "the social understandings of the appropriate decision a mother should make in regards to employment, co-parenting, and childcare" (Johnston & Swanson, 2007, p. 448).
[2] "The family devotion schema assigns responsibility for housework and child rearing to women" and "the work devotion schema is a model of devotion to a managerial career that shapes managers' commitments" (Blair-Loy, 2001, p. 690).

Appendix A. The studies were chosen if they included at least mothers employed in professional jobs. The number and ages of children varied, however the majority of studies focused on mothers with pre-schoolers. As Davies and Harré (1999) explained, roles are generally thought of as 'static, formal and ritualistic aspects' (p.32) of social life, thus not encompassing the dynamic aspects of identity. Hence, studies were selected if they focused on the working-mother identity construction rather than role management.

RESEARCH ON EMPLOYMENT AND MOTHERHOOD

THEORETICAL PREMISES: IN TENSION

Johnston and Swanson (2006, 2007) used the dialectic theory (Baxter & Montgomery, 1996) to underpin their research on motherhood and career as competing ideologies.

The theory assumed that motherhood and employment were in tension as positioned along a continuum "pulling in mutually exclusive directions" (Johnson & Swanson, 2007, p. 449). Baxter and Montgomery (1996) described four strategies to integrate opposing mother and worker identities:

(1) Select one position while ignoring or denying the other; (2) separate competing options by satisfying each in separate contexts and spheres; (3) neutralize the contradiction by satisfying both competing needs to some extent, without fully realizing either; or (4) reframe the contradiction by socially constructing a reality whereby the two competing needs are no longer perceived as contradictory (as cited in Johnston & Swanson, 2007, p 450).

Balancing the two identities is achieved by selecting, separating, neutralizing or reframing. However, the tension cannot be resolved because motherhood and employment are in bipolar positions (Johnston & Swanson, 2007). Reframing is considered the best option, which requires re-structuring of the intensive mothering ideology (IMI), professional ethos and personal meaning about work and motherhood. For instance, professional mothers

might consider working as a central component of caring for their children because it brings needed income or leads to a happier mother.

RESEARCH: IN TENSION

The literature suggested that professional working-mothers adopted a variety of solutions to combine motherhood and professional identities. They modified their work situation (Hattery, 2001; Lewis, 1991), adopted different mothering ideological positions (Guendouzi, 2006; Uttal, 1996) or separated employment and motherhood identities (Duncan & Edwards, 1999).

In the UK, Guendouzi (2006) built on a study with Swedish working-mothers (Elvin-Nowak & Thomsson, 2001). The author analysed the discourses of teachers on mothering and career. She confirmed three dominant positions: accessibility, happiness and maintaining separate spheres. Accessibility refers to the continuous presence of the mother and access to the child. Happiness suggests that if the mother is happy by fulfilling herself outside the mother-child relationship then also the child will be happy. Separate spheres refer to creating separate areas for each identity.

Using discourse analysis, Johnston and Swanson (2006) noted that women chose their type of employment (part time, full time or staying-at-home) depending on their mothering ideology. However, this ideology is also modified to fit women's life choices (Johnston & Swanson, 2007). Uttal's (1996) research found that constructing an understanding of motherhood different from the intensive mothering ideology, for instance in Guendouzi's happiness scenario, might help to resolve the tension between being accessible as a mother and being a working-mother (as cited in Elvin-Nowak & Thomsson, 2001). Reframing emerged as an option to employed mothers to resolve the contradictions between IMI and employment ideologies (Blair-Loy, 2001; Guendouzi, 2006; Johnston & Swanson, 2006, 2007).

According to Buzzanell et al.'s (2005) research reframing meant constructing a "good working-mother image" (p. 276) by a) arranging good child care, b) dividing domestic and caring tasks with partner, and c) achieving self-actualization at home and work. Employed mothers would state that employment contributed to their children's wellbeing and made them better mothers (Buzzanell et al., 2005).

The reviewed literature acknowledged that one position of employed mothers was the integration of two identities achieved by altering the intensive mothering ideology (Johnston & Swanson, 2006, 2007; Vincent, Ball, & Pietikainen, 2004). Integrating two identities questioned if motherhood and career need to be conceptualised in tension as this assumption perpetuates traditional beliefs about working-mothers (Blair-Loy, 2001). Nevertheless, the research suggested that this integration was fragile resulting in women often accepting their identities being in conflict (Vincent et al., 2004). Several studies suggested that, as a result, mothers re-organised their career goals to minimize their time away from their children (Hattery, 2001; Hays, 1996), they sacrificed their own time (Vincent et al., 2004), or were perceived as less committed if not present at work (Ridgeway & Correll, 2004).

The literature highlighted that although some professional working-mothers adopted a more equal distribution of childcare responsibilities with a partner, they remained primarily responsible for their children thus maintaining traditional gendered ideologies (Blair-Loy, 2001), and yet work remained central for their personal growth and societal contribution. Vincent et al. (2004) paralleled this ambivalence towards conflicting economic and social discourses on employment and motherhood: professional skills vs. natural carer and self-actualization vs. self-sacrifice. To understand these dilemmas the assumption of motherhood and employed as weaved components of identities began to emerge in the literature.

THEORETICAL PREMISES: WEAVED

Giddens (1991) was the most cited author in socio-constructionist studies about weaved working-mother identities. Giddens (1991) described the project of the self as "the process whereby self-identity is constituted by the reflexive ordering of self-narratives" (p. 244), and individuals "reflect upon, negotiate and expand a range of diverse lifestyle choices in constructing their identity" within dynamic and changing society (Haynes, 2008, p. 623).

As mentioned, post-modernist studies reject the notion of an authentic self. Elliott (2001) considered the individual to be "affected by discourse, a product or construct of the ambiguous and unstable nature of language" (p.11, as cited in Haynes, 2008). However, Hall (1996) accepted that it is semantically impossible not to refer to a self, although he considered it formed by multiple interconnected identities within cultural ideologies.

Alvesson and Willmott (2002) attempted to find a position that superseded the dichotomy of a core versus a fractured self. Similarly to Hall (1996), they assumed that identity is constructed within dominant discourses in certain socio-economical contexts. Like Giddens (1991), the product of this construction is a continuously revised identity which holds a "precarious sense of distinctiveness" (p. 626).

RESEARCH: WEAVED

Bailey (2000), Haynes (2008) and Repo (2004) argued that discourses of motherhood and employment presented "continuities and contrasts between them being multiple and complex" (Haynes, 2008, p. 639). Although the authors accepted the presence of conflicting ideologies, they argued that, as motherhood and employment identities are "interlocking parts of their lives" (Bailey, 2000, p. 53), they could not be conceptualised as using a dialectic theory. Therefore, these authors focused on the overlaps between the worker and mother identities. Their position was that societal discourses constructed working-mothers' identities within power structures, and that working-mothers showed agency in forming their identity.

This was evidenced by employed mothers referring to motherhood and employment as a personal ongoing project.

Repo's (2004) professional working-mothers highlighted three main discourses that constructed their identity. Shared parenthood referred to notions of gender equality at work in terms of career progression and at home with equal parental care responsibilities. Parallel realities referred to individuals accepting that their working-mother identity was complex with conflicts and similarities. Care was a discourse that rejected the devalued status of caring in society and promoted its societal value.

Haynes (2008) found that professional and motherhood identities of a group of female senior accountants were intertwined and characterised by contradictions and similarities. The participants felt both a sense of continuity between work and motherhood, and experienced these two aspects as disjointed. This led to re-valuing their positions and practices (Haynes, 2008). Similarly to Repo's (2004) parallel realities' discourse, integrating their professional and motherhood identity was an ongoing reflective process of connecting public and private identities (Haynes, 2008).

A continuous re-definition of one's identity was also explored in Bailey's (2000) study, which found three common discourses of motherhood and employment. The hierarchy discourse spoke about motherhood as liberating employed mothers from the competition of their workplace, as they reframed work in terms of personal fulfillment and skills development. The control discourse was salient for both employment and motherhood. However, control was discoursed as being easily achieved in employment but not so much in motherhood. Time was discoursed as linear and defined at work, but endless and continuous at home. Yet, some employed women discoursed time as flexible and versatile to accommodate work and motherhood demands. Although care for their children was discoursed as salient, care for their jobs was discussed as contributing to society and an

expression of the employed women's moral values. Bailey (2000) noted that those mothers employed in caring professions discoursed care as care overload due to the emotional demands of work and motherhood.

LIMITATIONS

The majority of the reviewed studies did not account for professional differences amongst the participants. Professions provide their workforce with norms and practices, specific to the organizational culture. Society might have certain views about some professions, which would influence its members, their views about themselves and society. Within the post-modernist approach, the interactions between these aspects would shape people's identities, hence the need to explore working-mothers' identity constructions in specific professions. Mothers in the caring professions are particularly interesting given the centrality of care to both motherhood and work, thus they might be potentially subjected to ideologies on gender and working-mothers.

Having considered the wider research with professional working-mothers to account for the social-cultural aspect of identity construction, the next section focuses on studies with mothers in caring professions in the UK.

THE WORKING-MOTHER IDENTITY IN THE CARING PROFESSION

NHS

Most of the reviewed studies were conducted within the nursing profession and adopted qualitative methodologies. Although Garey (1999) coined the concept of weaved motherhood and working identities, she found that many nurses combined these conflicting identities by working night shifts to be physically present with their children during the day. Therefore, her participants modified situational factors and continued to adopt an intensive mothering ideology (IMI), which they perceived in conflict with their professional identity (Bailey, 2000).

Using thematic analysis, Edwards, Callender and Reynolds (2005) noted that the employed mothers occupying senior and middle positions in a hospital adopted the NHS values of "connection, community and caring" (p. 288) which were central to their identity. Simultaneously, they reframed traditional mothering models of physical presence by offering their children emotional availability and security, and passing on the value of community integration and caring for others (Edwards et al., 2005).

Using content analysis, the study by Firmin and Bailey (2008) with female nursing managers with children noted that professional and personal identities could complement each other within an ongoing consideration of their benefits and disadvantages. However, the emotional exhaustion due to the constant caring could challenge this balance, leading to a wish for clearer boundaries, stronger support systems, time for self- care and re-valuing their priorities (Firmin & Bailey, 2008).

PSYCHOLOGISTS

As beyond the scope of this review, studies on pregnant therapists' counter transference were excluded. Research on academic psychologists was omitted because it focused on a) gender stereotypes in academia, b) the logistics of combining academia and family, and c) university employment policies. Moreover, by the nature of their job, academic psychologists differ from NHS based clinical psychologists. Due to the dearth of research on CP-Ms in the UK, studies were included if they researched female qualified practitioner psychologists, with children, who were employed in a variety of contexts.

Stevanovic and Rupert (2009) surveyed qualified psychologists and reported that women psychologists stressed the importance of striving for positively combining professional and personal lives, and setting priorities and goals. They concluded that work as psychologists offered opportunities for personal growth, self-worth and job satisfaction that

positively impacted on their family life. However, the emotional demands of their profession meant that, although infrequently, the family could be negatively affected.

Using thematic analysis, Lev-El's (1983) study described the commitment, satisfaction, emotional investment and identification of female psychologists towards their profession. She conceptualised the combination of personal and professional selves as an adult development phase, stressing that psychologists with children accepted the traditional division of childcare responsibilities but also integrated new ideologies by identifying their professional and personal needs.

Seeking external support (Lev-El, 1983) and building a network of peers (Zager, 1988) were considered critical to the psychologists' wellbeing. Zager (1988) argued that psychologists often failed to address their own self-nurturing needs, focusing instead on caring for their clients, children and family. In her personal account, Zager suggested maintaining motherhood and psychology identities as separate, as overstepping the boundaries might lead to becoming a therapist to one's own children or mothering one's clients. According to Derry's (1994) phenomenological study, motherhood could provide psychologists with clear boundaries to lessen feeling emotionally overwhelmed by work and help with prioritising tasks and goals. She found that both professional and motherhood identity remained salient for psychologists with children. However, professional identity became less important as personal fulfillment was achieved outside professional roles, which maintained their centrality (Derry, 1994).

Critically, all of the above studies were set in the USA; CP-Ms in the UK might have a different professional and clinical identity as their social context differs. Overall, the studies indicated that to define priorities and goals individuals have to revisit their values and self-reflect to negotiate their identity (Derry, 1994; Lee et al., 2009; Zager, 1988). However,

none of these studies on CP-Ms explored in depth the relationship between social and personal and the way identity is co-constructed through language.

SUMMARY

Feminist research moved the focus to women's personal and social constructions of their identities (Baker, 1989). This review has highlighted that the current research status lacks an in-depth consideration of CP-mothers' identity. Despite a growing number of female psychologists with children, theoretical and clinical knowledge of identity formation, and awareness of power differentials within social structures, there is limited research about clinical psychologists constructing their motherhood and clinical psychology identity.

CONCLUSION

The notion of the reflexive practitioner stresses the importance of considering clinical psychologists' own social positions and their interface with those of their clients (Wilkinson & Kitzinger, 1996). However, power positions can be invisible unless their 'problematizing' is unveiled through research (Foucault, 1978). It seems timely to investigate the experiences of CP- Ms in relation to their social world within a socio-constructionist epistemology. Analysing the language used to construct their working-mother identity could usefully allow this exploration (Crawford & Valsiner, 2002). Clinical psychologists access dominant societal and professional discourses about motherhood and employment, which might serve to maintain the organisation's structure. Discursive analytic approaches can accommodate for analysing cultural and societal ideologies that influence CPs' understanding of themselves as working-mothers.

REFERENCES

Alvesson, M., & Willmott, H. (2002). Identity regulation as organisational control: Producing the appropriate individual. Journal of Management Studies, 39, 619- 644.

Anderson, W. T. (1995). Introduction: What's going on here? In W. T. Anderson (Ed.), The truth about the truth: De-confusing and re-constructing the postmodern world (pp. 1-11). New York: Tarcher/Putnam.

Aston, J., Clegg, M., Diplock, E., Ritchie, H., & Willison, R. (2004). Interim update *of key indicators of women's position in Britain*. UK: Institute of Employment Studies.

Bailey, L. (2000). Bridging home and work in the transition to motherhood. A discursive study. *The European Journal of Women's Studies, 7*, 53-70.

Baker, D. (1989). Social identity in the transition to motherhood. In S. Skevington and D. Baker (Eds.), The social identity of women (pp. 84- 06). London: Sage.

Baxter, L., & Montgomery, B. (1996). Relating: Dialogues and dialectics. New York: Guilford Press.

Blair- Loy, M. (2001). Cultural constructions of family schemas: The case of women finance executives. Gender & Society, 15, 697-709.

Blau, F. D., Ferber, M. A., & Winkler, A. E. (1998). The economics of women, men and work. New Jersey: Prentice-Hall.

British Broadcasting Corporation News (2011). Government policies an assault on women, Labour claim. Retrieved 18 June, 2011, from http://www.bbc.co.uk/news/uk-politics-13702115

British Psychological Society (2001). Criteria for the accreditation of postgraduate training programmes in clinical psychology. Leicester: British Psychological Society.

British Psychological Society (2006). Code of ethics and conduct. Leicester: British Psychological Society.

British Psychological Society (2008). Generic Professional Practice Guidelines. Leicester: British Psychological Society.

Buzzanell, P. M., Meisenbach, R., Remke, R., Liu, M., Bowers, V., & Conn, C. (2005). The good working mother: Managerial women's sensemaking and feelings about work-family issues. Communication Studies, 56, 261 – 285.

Chartered Institute of Personnel and Development (2002). Work, parenting and careers. Retrieved September 5, 2009, from

http://www.cipd.co.uk/NR/rdonlyres/3BE89C0F-C9B8-4C72-876A

Chinn, D. (2007) Reflection and reflexivity. Clinical Psychology Forum, 178, 15-18.

Clearing House (2009). Equal opportunities numbers. Retrieved September 7, 2009, from http://www.leeds.ac.uk/chpccp/BasicEopps.html

Côté, J. E., & Levine, C. (2002). Identity formation, agency, and culture. New Jersey: Lawrence Erlbaum Associates.

Crawford, V., & Valsiner, J. (2002). Phenomenon, methodology and interpretation in the study of meaning: American women constructing themselves as mothers and career workers. Psychology Developing Societies, 14, 91- 129.

Crittenden, A. (2001). The price of motherhood: Why the most important jobs in the world is still the least valued. New York: Metropolitan Books.

Cushway, D., & Tyler, P. (1996). Stress in clinical psychologists. International Journal of Social Psychiatry, 42, 141-149.

Davidson, S., & Patel, N. (2009). Power and identity: Considerations for personal and professional development. In J. Hughes and S. Youngson (Eds.), Personal development and clinical psychology (pp. 75- 89). Chichester: Wiley.

Davies, B., & Harré, R. (1999). Positioning and personhood. In R. Harré & L. van Lagenhove (Eds.), Positioning theory: Moral contexts of intentional action (pp. 32-51). Blackwell: Oxford.

Deaux, K., & Stewart, A. (2001). Framing gender identities. In R. K. Unger (Ed.), Handbook of the psychology of women and gender (pp. 84- 97). New Jersey: Wiley.

Department of Health (2011). No health without mental health: A cross-government mental health outcomes strategy for people of all ages. UK: Department of Health.

Derry, P. S. (1994). Motherhood and the importance of professional identity to psychotherapists. Women & Therapy, 15, 149-163.

Duncan, S., & Edwards, R. (1999). Lone mothers, paid work and gendered moral rationalities. New York: Palgrave McMillan.

Edwards, R., Callender, C., & Reynolds, T. (2005). Social and family responsibilities or self-interest? Community, work and family, 8, 281-300.

Elvin-Nowak Y., & Thomsson, H. (2001). Motherhood as idea and practice. A discursive understanding of employed mothers in Sweden. Gender & Society, 25, 407-428.

Firmin, M. W., & Bailey, M. (2008). When caretaking competes with care giving: A qualitative study of full time working mothers who are nurse managers. Journal of Nursing Management, 16, 858-867.

Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. Journal of Personality and Social Psychology, 82, 878- 90.

Foucault, M. (1972). The archaeology of knowledge. London: Routledge.

Foucault, M. (1978). History of Sexuality: An introduction. USA: Vintage Books.

Garey, A. (1999). Weaving work and motherhood. Philadelphia: Temple University Press.

Gatrell, C. (2005). Hard labour: The sociology of parenthood. England: Open University Press.

Giddens, A. (1991). Modernity and self-identity: Self and society in late modern age. California: Stanford University Press.

Gilbert, L.A. (1994). Current perspective on dual-career families. Current Directions in Psychological Science, 3, 101-105.

Gilbert, L. A., & Rader, J. (2001). Current perspectives on women's adult roles: Work, family and life. In R. K. Unger (Ed.), Handbook of the psychology of women and gender (pp. 156- 169). New Jersey: Wiley.

Goldberg, N. (1996). *Knowledge, difference and power: Women's ways of knowing*. New York: Basic Books.

Grady, G., & McCarthy, A. M. (2008). Work-life balance integration: Experiences of mid-career professional working mothers. Journal of Managerial Psychology, 23, 599- 622.

Graham, C. W., Sorell, G. T., & Montgomery, M. J. (2004). Role-related identity structure in adult women. Identity: An International Journal of Theory and Research, 4, 251-271.

Gray, J. (1983). The married professional woman: An examination of her role conflicts and coping strategies. Psychology of Women Quarterly, 7, 235- 243.

Grey, C. (1994). Career as a project of the self and labour process discipline. Sociology, 28, 479- 497.

Guendouzi, J. (2006). The guilt thing: Balancing domestic and professional roles. Journal of marriage and family, 68, 901-909.

Hall, S. (1996). Introduction: Who needs 'Identity'? In S. Hall & P. Du Gay (Eds.), Questions of cultural identity (pp. 1-7). London: Sage.

Hattery, A. (2001). Women, work and family: Balancing and weaving. California: Sage.

Haynes, K. (2008). Transforming identities: Accounting professionals and the transition to motherhood. Critical Perspectives on Accounting, 19, 620-642.

Hays, S. (1996). The cultural contradictions of motherhood. New Haven, CT: Yale University Press.

Heilman, M. E., & Okimoto, T. G. (2008). Motherhood: A potential source of bias in employment decisions. Journal of Applied Psychology, 93, 189-198.

Hoffman, L., Stewart, S., Warren, D., & Meek, L. (2006). Multiple selves in postmodern theory: An existential integrative critique. Paper presented at the American Psychological Association's Annual Convention, New Orleans, LA. Retrieved October 16, 2010, from http://www.louis-hoffmanvirtualclassroom.com/Publications_Page/Multiple_Selves_in_Postmodern_Theory.pdf

Houston, D. M., & Marks, G. (2003). The role of planning and workplace support in returning to work after maternity leave. British Journal of Industrial Relations, 41, 197–214.

Johnston, D. D., & Swanson, D. H. (2006). Constructing the "good mother": The experience of mothering ideologies by work status. Sex roles, 54, 509-519.

Johnston, D. D., & Swanson, D. H. (2007). Cognitive acrobatics in the construction of worker-mother identity. Sex Roles, 57, 447-459.

Kowitz, S. (2010). Learning in a masculine environment: Female engineering students' negotiation and construction of identity. Psychology of Women Section Review, 12, 11-21.

Lancaster, S., & Smith, D. I. (2002). What's in a name? The identity of clinical psychology as a specialty. Australian Psychologist, 37, 48-51.

Latour, B. (1986). The Powers of Association. In J. Law (Ed.), Power, Action and Belief: a New Sociology of Knowledge? (264-280). London: Routledge.

Law, J. (1991). Power, Discretion and Strategy. In J. Law (Ed.), A Sociology of Monsters? Essays on Power, Technology and Domination (165-191). London: Routledge.

Lee, C. M., Reissing, E. D., & Dobson, D. (2009). Work-life balance for early career Canadian psychologists in professional programs. Canadian Psychology, 50, 74- 82.

Lev-El, I. (1983). The entrepreneurial woman psychologist: Origins of the species. Psychotherapy in Private Practice, 1, 5- 18.

Lewis, S. (1991). Motherhood and employment: The impact of social and organizational values. In A. Phoenix, A. Woollett & E. Lloyd (Eds), Motherhood: Meaning, practices and ideologies (pp. 195- 215). London: Sage.

Machung, A. (1989). Talking career, thinking job: Gender differences in career and family expectations of Berkeley seniors. Feminist Studies, 15, 35-58.

Marcia, J. E., (1966). Development and validation of ego identity status. Journal of Personality and Social Psychology, 3, 551-558.

Marshall, H., & Wetherell, M. (1989). Talking about career and gender identities: A discourse analysis perspective. In S. Skevington & D. Baker (Eds.), The social identity of women (pp. 84- 06). London: Sage.

Martin, J. (2000). Hidden gendered assumptions in mainstream organizational theory and research. Journal of Management Inquiry, 9, 207- 216.

Martin, D. M. (2004). Humor in middle management: Women negotiating the paradoxes of organizational life. Journal of Applied Communication Research, 32, 147- 170.

McCall, G. J., & Simmons, J. L. (1978). Identities and interactions: An examination of human associations in everyday life. New York: Free Press.

McMahon, M. (1995). Engendering motherhood: Identity and self-transformation in *women's lives*. New York: Guilford Press.

Miller, P., & Rose, N. (1996). Production, identity and democracy. Theory and Society, 24, 427- 467.

Millward, L. J. (2006). The transition to motherhood in an organizational context: An interpretative phenomenological analysis. Journal of Occupational and Organizational Psychology, 79, 315- 333.

Morgan, G. (1986). Images of organizations. USA: Sage.

Mosley, B. (2006). Identity formation: Exploring the discourses of adolescents of mixed race heritage. Unpublished doctoral dissertation, Canterbury Christ Church University- UK.

National Health Service (2008). The workforce. Retrieved January 16, 2011, from http://www.nhs.uk/Livewell/NHS60/Pages/Didyouknow.aspx

Office for National Statistics (2008). Working Lives. Retrieved January 15, 2011, from http://www.statistics.gov.uk/cci/nugget.asp?id=1654

Palladino Schultheiss, D. E. (2006). The interface of work and family life. Professional Psychology: Research and Practice, 37, 334- 341.

Repo, K. (2004). Combining work and family in two welfare contexts: A discourse analytical perspective. Social, policy & Administration, 38, 622- 639.

Reynolds, J., & Wetherell, M. (2003). The discoursive climate of singleness: The consequences for women's negotiation of a single identity. Feminism and Psychology, 13, 489- 510.

Rezin, V., & Elliot, D. (2004). Workplace difficulties of female clinical psychologists. Clinical Psychology, 41, 5-10.

Ridgeway, C. L., & Correll, S. J. (2004). Motherhood as a status characteristic. Journal of Social Issues, 60, 683-700.

Roland, A., & Harris, B. (1979). Career and motherhood: Struggles for a new identity. New York: Human Science Press.

Siegel, R. S. (1996). Ambition and accommodation: How women view gender relations. Chicago: University of Chicago Press.

Skevington, S., & Baker, D. (1989). The social identity of women. London: Sage.

Spain, D, & Bianchi, M, (1996). Balancing act: Motherhood and employment among American women. New York: Russell Sage Foundation.

Stefanovic, P., & Rupert, P. A. (2009). Work-family spillover and life satisfaction among professional psychologists. Professional psychology: Research and practice, 40, 62-68.

Tajfel, H. (1981). Human Groups and Social Categories. Cambridge: Cambridge University Press.

Ussher, J. M., & Nicolson, P. (1992). Gender issues in clinical psychology. London: Routledge.

Uttal, L. (1996). Custodial care, surrogate care, and coordinated care: Employed mothers and the meaning of child care. Gender & Society, 10, 291-311.

Vincent, C., Ball, S. J., & Pietikainen, S. (2004). Metropolitan mothers: Mothers, mothering and paid work. *Women's Studies International Forum, 27,* 571- 587.

Weaver, J., & Ussher, J. (1997). How motherhood changes life- a discourse analytic study with mothers of young children. Journal of Reproductive & Infant Psychology, 15, 51-68.

West, C., & Zimmerman, D. (1987). Doing gender. Gender & Society, 1, 125- 151.

Wilkinson, S. (2001). Theoretical perspectives on women and gender. In R. K. Unger (Ed.), Handbook of the psychology of women and gender (pp. 17- 28). New Jersey: Wiley.

Wilkinson, S., & Kitzinger, C. (1996). Representing the Other. London: Sage

Williams, J. C. (2000). Unbending gender: Why work and family conflict and what to do about it. England: Oxford University Press.

Women Resource Centre (2007). *Uncovering women's inequality* in the UK: Statistics. Retrieved September 7, 2009, from

http://www.wrc.org.uk/includes/documents/cm_docs/2008/s/statistics.pdf

Wojciechowski, D. (1982). I am a working mother… but who am I? Journal of Employment Counselling, 19, 106-112.

Woolett, A., & Marshall, H. (2001). Motherhood and mothering. In R. K. Unger (Ed.), Handbook of the psychology of women and gender (pp. 170- 183). New Jersey: Wiley.

Zager, K. (1988). Women, private practice and the family: Special needs/ special problems. Psychotherapy in Private Practice, 6, 9- 14.

SECTION **B**

The Identity Constructions of Female Clinical Psychologists with Young

Children:

A Foucauldian Discourse Analysis

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ABSTRACT

Clinical psychology is an increasingly female profession, and many clinical psychologists are or will be mothers. Yet, proportionately fewer reach consultant positions (Band 8c and above) compared to their male colleagues. Existing historical professional structures, and traditional societal ideologies about motherhood and employment might be continuously negotiated within broader social positionings of working-mothers. This study aimed to explore the constructions of a sample of clinical psychologists who are mothers (CP-Ms) of their social identity. Foucauldian discourse analysis was used to explore the discourses available and drawn upon by CP-Ms to construct their professional and motherhood identity, and what were the subject positions they occupied. Ten qualified female clinical psychologists with pre-school children employed in a local NHS Trust were individually interviewed. CP-Ms' identity was constructed as either a mother or a clinical psychologist, as being similar and different to other working-mothers. CP-Ms discoursed psychological knowledge and practices as potentially damaging their motherhood experience and their social relationships; they also discoursed motherhood and psychology as mutually enriching. Motherhood and professional identity were discoursed in opposition to one another, and yet the participants also constructed their CP-M identity as a continuous dynamic journey of reframing, of which they were agentic. This study suggests that the construction of CP-Ms' identity is complex as it involves actively negotiating contradictions and overlaps between motherhood and clinical psychology. Further research is needed. Professional and clinical implications are discussed.

Since the 1980s, there has been an increasing entrance of women into clinical psychology, which was once a predominately male discipline (Ussher & Nicolson, 1992).

In 2008, 86% of women were accepted onto clinical psychology doctoral courses in the UK (Clearing House, 2009) and 62.4% of clinical psychologists (CPs) registered with the British Psychological Society (BPS) are female (BPS, personal communication, September 7, 2009). Many of these women are or will be mothers, and, as other working-mothers, most are likely to work part time (Office for National Statistics, 2008).

In the UK, Rezin and Elliott (2004) found that 42% of female CPs worked part-time. Forty eight per cent of the sample was at consultant level (Grade B/Band C or above), of which 8% worked part-time and reported having difficulties with childcare arrangements and workload. A recent audit in an NHS Trust showed that 79% of 121 clinical psychologists were women and 21% were men, of which 32% worked at consultant positions whilst only 21% of female CPs occupied these bands (NHS Trust, personal communication, May 15, 2011).

The gender imbalance at high levels might be associated with a variety of factors. There might still be a residual of a time when clinical psychology was mainly a male discipline. Female CPs might face some gender barriers in accessing consultant positions (Ussher & Nicolson, 1992), thus occupying less powerful professional positions, as is true of the wider social domain affecting working-mothers. Numerous studies have reported a "stigma" associated with adopting flexible working (Grady & McCarthy, 2008, p. 604) and bias against mothers in employment (Heilman & Okimoto, 2008; Williams, 2000), such as career promotion restrictions, and being perceived as less committed or competent (Gray, 1983).

Clinical psychologists who are mothers (CP-Ms), as working-mothers, are subject to societal ideologies, which may carry traditional attitudes regarding mothers' employment. Several studies found that the dominant model of motherhood is one of intensive mothering ideology (IMI; Hays, 1996) based on being child centred, and always physically and emotionally present (Garey, 1999; Hattery, 2001). Using content analysis, Blair- Loy's (2001) study found that regardless of mothers' commitments to their professions, they are perceived as primarily responsible for childcare. These findings were confirmed by the review of the work/family literature by the American Psychological Association Presidential Initiative on Work and Families (2004). In summarising the literature that conceptualises motherhood as a social status, Ridgeway and Correll (2004) reported that caring was attached to a devalued social status, which might have disadvantaging effects on mothers' career opportunities.

Women might choose to revisit, or sacrifice, their career aspirations in favour of family life (Williams, 2000). For CP-Ms, the challenges of negotiating between striving for equality and combining motherhood with a career may account for clinical psychology's discrepancies at high levels (Ussher & Nicolson, 1992). As educated women, the tension between traditional views of motherhood and the pursuit of their career might affect the way in which CP-Ms combine personal and professional identities (Buzzanell et al., 2005).

Recently, the UK coalition government's pension proposals are criticised for reducing working-women's choices, particularly for those in the public sectors (BBC news, 2011). Kinderman (2011) expressed his concerns about the impact of the proposed NHS reform on the profession and its members. Therefore, more research is needed to highlight how CP-Ms might respond to mounting clinical demands whilst negotiating personal and professional identity.

The clinical psychology ethos is often associated with commitment (Lev-El, 1983), high ethical and working standards (Kottler, 1993), continuous learning, intellectual abilities and determination (Siebert & Siebert, 2007), and a privileged social position (Nace, 1995). CPs might experience a discrepancy between their idealized and realistic personal standards of mental wellbeing. These idealized standards might make it difficult for CPs to reflect on their multiple demands and seek support (Siebert & Siebert, 2007). Set against this is the reflective practice model (Lavender, 2003), which is part of training accreditation criteria, and personal and professional development (BPS, 2001, 2008).

Bolton (2010) defined reflective practice as "paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively" (p. 19). Reflexivity is a process of becoming aware of one's own context and social positions, also in relation to others (Wilkinson & Kitzinger, 1996).

Being a reflective practitioner involves a process of thinking emotionally and cognitively about one's clinical decisions whilst practising (reflection in action) and afterwards (reflection on action), in supervision for instance (Lavender, 2003). It involves considering theoretical knowledge and its limitations within clinical uncertainty, and social and personal contexts. It includes reflections about CPs' impact on others and reflections on the self to enhance awareness and promote development.

For CP-Ms, reflective practice may involve recognizing their assumptions about being a working-mother, so to avoid imposing their own views on how to balance work and motherhood. It may include considering their own vulnerabilities as working-mothers, which might be exposed in therapeutic contexts. Becoming aware of these contexts, social positionings and wider discourses could help CP-Ms to more fully understand the impact of these factors on their clients' difficulties, and the relationship between their own and their

clients' dilemmas (Derry, 1994), in turn potentially enhancing their clinical decision-making (Lavender, 2003).

Stevanovic and Rupert (2009) found that emotional exhaustion at work and limited time with one's family could impact on psychologists' emotional functioning, thus leading to personal and professional dissatisfaction, and affecting clinical provision. Therefore, reflecting on their identity might help CP-Ms to find a better life/work balance, which could improve clinical provision.

For CP-Ms considering wider social mobility issues affecting working-mothers involves reflecting on their own power positions as working-mothers and as members of clinical psychology. This might help to challenge taken-for-granted assumptions about how it is to be a clinical psychologist, which has not traditionally included being a mother, and highlight power positions and professional structures that might otherwise be left unchallenged. These concepts guided the author to adopt a socio-constructionist epistemology.

THEORETICAL BACKGROUND

Within the post-modernist movement and its socio-constructionist epistemology, a person's experiences are understood as historically, culturally and linguistically mediated (Willig, 2001).The concept of identity adopted here is one in relation with societal discursive practices (Haynes, 2008), where contradictions and overlaps exist and are constructed in specific socio-historical contexts (Hall, 1996).

Individuals are multifaceted and "discursively position themselves to speak and act from particular identities" (Buzzanell, Waymer, Tangle, & Liu, 2007, p. 198) or they can be given a position that can represent the group the person stands for (Harré & van Langenhove, 1999), such as a professional group. Through positioning 'a person creates a possible

identity,…, in relations to or perhaps in opposition to elements of their discursive cultural contexts' (Linehan & McCarthy, 2000, p. 449).

As part of societal and professional structures, working-mothers are both recipients and agents of dominant discourses on motherhood and employment which they can "resist or challenge" (Woolett & Marshal, 2001, p. 182) in their attempts to reconcile their working-mother identity (Wojciechowski, 1982). Considering these societal and cultural contexts, research that includes career-mothers defined as mothers employed in professional careers is now presented.

MOTHERS EMPLOYED IN PROFESSIONAL CAREERS

One strand of research portrays motherhood and professional identity as being in tension and locked in dialectic positions (Baxter, 2004). Women might attempt to focus on one identity and ignore the other by separating and satisfying the two identities distinctively, or satisfy them both but unsuccessfully (Guendouzi, 2006; Johnston & Swanson, 2006, 2007). Yet it seems that some women attempt to reframe their identities, leading to questions as to whether the two identities are necessarily in tension.

A second strand suggests the possibility of weaved identities, emphasizing the continuous nature of negotiating motherhood and employment (Bailey, 2000; Repo, 2004) and the ongoing reflective process of connecting public and private identities (Haynes, 2008). This personal project grants career-mothers the agency to form their identity (Bailey, 2000) and to promote the societal value of childcare (Bailey, 2000; Repo, 2004). Career- mothers' discourses have been reported to include striving for gender equality at home and work, accepting the conflicts and similarities of work and motherhood (Repo, 2004) and re-valuing their positions and practices (Haynes, 2008). To re-contract the meaning of work and mothering, career-mothers might negotiate, reject and integrate cultural ideologies with personal experiences and values (Crawford & Valsiner, 2002).

MOTHERS EMPLOYED IN CLINICAL PSYCHOLOGY AND RELATED CARING DISCIPLINES

There are limited published studies that have considered psychologist-mothers negotiating their professional and motherhood identity. An analysis of the caring profession literature yielded similarly limited results. Relevant themes included the emotional toil of caring for their clients and their children, and the need for replenishing the self (Edwards, Callender & Reynolds, 2005; Firmin & Bailey, 2008; Lev El, 1983). Providing for the community and caring for the disadvantaged were social values employed to negotiate motherhood and a nursing career (Edwards et al., 2005; Firmin & Bailey, 2008). Work as intellectually stimulating, and motherhood and employment as mutually enriching were found in both the nursing and the psychology literature (Garey, 1999; Zager, 1988). Seeking external support (Lev- El, 1983) and building a network of peers (Zager, 1988) were considered critical to psychologists' wellbeing. Clear work/home boundaries were advocated to protect psychologists from analyzing their children or mothering their clients (Zager, 1988).

Overall, the literature indicated that working-mothers might revisit their values to negotiate their identity within societal discourses of intensive mothering and female caring responsibilities (Dillaway & Paré, 2008). There is a dearth of research on CP-Ms' identity construction, and the way identity is constructed through its context and discourses, thus through language. This study responds to this gap.

RATIONALE

Social contexts affected by historical traditions, dominant discourses and social positioning are considered to influence the way CP-Ms describe and position themselves within their social context. Unveiling the existing dominant discourses available to CP-Ms could alert the profession to potential power issues for these members, their social positioning and its consequences, which might be influenced by established social conventions and

institutions (Dillaway & Paré, 2008). It might provide new ways of talking for and about working-mothers and allow for favorable social positioning (Dillaway & Paré, 2008). Therefore, it seems relevant to explore CP-Ms' socially constructed positions.

This study took place at a time when the reflective practice model is prominent in clinical psychology; yet, this model has not been specifically considered in relation to clinical psychology and motherhood. Psychologists are in a position to support clients to reframe their work and family balance (Palladino Schultheiss, 2006). As more females enter the profession they might face similar difficulties; however, limited research has been conducted on how CP-Ms construct their identity. This study mainly responds to this gap.

Theoretically, the study could contribute to extending existing theory on identity construction to this particular group of career-mothers. It hopes to contribute to further highlight the impact of the social context of CP-Ms' dilemmas and help in considering how social conventions might influence CP-Ms' dilemmas as working-mothers. This might help them to include these contextual factors in a more considered way, where applicable, alongside individual issues, in the formulation of their clients' difficulties.

Although it is difficult to say how social exclusion could be challenged clinically, nevertheless, it is hoped that unveiling potentially complex ideologies about working-mothers in the CP-Ms' discourses may help CP-Ms to support their clients to find their own resources and strengths to challenge some of the inequalities that they might face either at work or at home. Unveiling wider discourses might help CP-Ms, and in turn their clients, to develop richer narratives about being working-mothers, and to define their personal and professional goals and options by considering their working-mother situation holistically (Lee, Reissing, & Dobson, 2009).

RESEARCH QUESTIONS

This study adopted a socio-constructionist epistemology based on three main assumptions: anti-realism, anti-essentialism and anti- totalism. It helps researchers to question a taken-for-granted reality as knowledge of the world is derived from "social artifacts, products of historically situated interchanges among people" (Gergen, 1985, p. 267), thus there is not one truth or one stable self (Hoffman, Hoffman, Robison, & Lawrence, 2005).

1. What discursive resources are available and drawn on when participants occupy the socially defined roles of both mother and female clinical psychologist?

2. How does a sample of female clinical psychologists use discourses to construct their identity and reflect on their own position as clinical psychologist-mothers?

METHODOLOGY

FOUCAULDIAN DISCOURSE ANALYSIS

The study used Foucauldian Discourse Analysis (FDA), which defines discourses as "sets of statements that construct objects and an array of subject positions" (Willig, 2001, p. 69). Foucault (1978) wrote that discourses shape individuals' subjectivity, understanding of their experiences and ways in which, unknowingly, they enact their status in society through language. Of note is that power relations are fluid, context dependent and "can always be modified" (Foucault, 1989, p. 153).

DESIGN

Employed clinical psychologists with pre-school children were interviewed once using a semi-structured interview questionnaire. FDA allowed the researcher to explore how CPs build their identity drawing from what Elliott (2005) described as the socially shared understandings, social status and personal views about their positions to make sense of their lives.

PARTICIPANTS

RECRUITMENT CRITERIA

Qualified female clinical psychologists, with at least one pre-school child, employed by a local NHS Trust were included in this study. This age limit was set in the context that regardless of the number of children, women who care for a child of pre-school age have different levels of caring responsibilities than mothers with older children (Johnston & Swanson, 2007). Although there might be variations in caring for children of different ages, Nicolson (1998) noted that even with subsequent children women experience the same physical and emotional uncertainty in relation to their identity.

PARTICIPANTS' CHARACTERISTICS

Ten qualified female clinical psychologists with pre-school age children were included in this study. Their age ranged between 32 and 40, nine were White British and one was White Irish. The participants qualified between 1999 and 2007; five were married or in civil partnership, and five were co-habiting. Three worked in learning disability teams, two in children and adolescents mental health teams, three in adult mental health teams and two in adult forensic inpatient units. Eight participants had all of their children after qualifying. Table 1 summarises the demographic characteristics.

Table 1

Participants' Characteristics

Name[3]	Ethnicity	Children (Age)	Team	Working hours	Band
Helen	White British	Boy (4)	CAMHS	26 ¼ hours in 4 days	8a
Emily	White British	Girl (2)	Adult	3 days	8b
Rebecca	White British	Girl (2) Expecting	LD	3 days	8a
Hannah	White British	Girl (5) Girl (2)	LD	3 days	8b
Kathryn	White British	Boy (14 months) Expecting	LD	3 days	8a
Claire	White British	Girl (10) Girl (7) Boy (2)	CAMHS	22.5 hours in 3 days	8a
Jane	White British	Girl (14 months)	Adult	22.5 hours in 3 days	8a
Shirley	White British	Boy (3)	Forensic Adult	4 days	8a
Louise	White British	Girl (5) Boys (19 months)	Adult	3 days	8b
Anita	White Irish	Girl (6) Boy (3)	Forensic Adult	22.5 hours in 3 ½ days	8a

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[3] Pseudonyms.

INTERVIEW SCHEDULE

The semi-structured interview schedule (Appendix H) was piloted with a trainee clinical psychologist with one pre-school child. The schedule was based on Haynes' (2008) suggestion that narratives unveil identity construction as individuals narrate their stories within broader social narratives. Topics covered included: clinical psychology identity (training, working as a qualified clinical psychologist) motherhood identity (becoming a mother and maternity leave), and clinical psychology and motherhood identity (returning to work, and being a clinical psychologist- mother).

PROCEDURE

Clinical psychologists within a local NHS Trust were approached by email sent out by the psychology secretary. The email included an invitation to participate in the study, highlighting its aims and selection criteria (Appendix E). Thirteen clinical psychologists replied to the initial email; two did not meet the inclusion criteria and one could not participate due to work commitments. The researcher emailed the information sheet (Appendix F) and consent form (Appendix G) to those who showed an interest in the research. The researcher waited at least 24 hours before contacting the participants to check if they wanted to continue with the study and agree an interview date. Ten female clinical psychologists consented to be interviewed. Individual semi-structured interviews lasting between 60 and 90 minutes were conducted and audio-taped.

ETHICAL APPROVAL

Ethical approval (Appendix B) was obtained from a local Research and Ethics Committee (REC). Research and Development (R&D) approval was secured from the local NHS Trust (Appendix C). Written consent was obtained from all participants before starting the interviews. A summary of the report was sent to the REC, R&D and participants as requested (Appendix K).

QUALITY ASSURANCE

This study followed the guidelines of Elliott, Fischer and Rennie (1999) to increase the credibility of the interpretations of the results. Particular attention was paid to three of these:

- Owning one's perspective: I am a mother and a trainee. I might have been drawn to search for a positive resolution to the working-mothers' dilemma. Through a research diary and discussions with my supervisors, I tracked my assumptions.

- Credibility checks: These have been sought with my supervisors to identify possible alternative readings of the data, which they saw in anonymised transcript form.

- Grounding in examples: Quotations are provided for the reader to check the author's interpretations.

ANALYSIS PROCEDURE

The researcher started with immersion in the transcripts by reading them repeatedly and making general notes about the data, followed by asking oneself questions about the purpose of each account (Fairclough, 2003) to develop intuitive hunches. Willig's (2001) six stages of FDA guided the analysis: discursive constructions, discourses, action orientation, positionings, practice and subjectivity.

The researcher noted the different ways in which the clinical psychologist-mother identity was constructed in the texts (discourses), their reciprocal relation and connections to wider discourses, with attention to ideological dilemmas, e.g. competing discourses (Billig et al., 1988) and the subject positions in social negotiations, which provide rights and limitations (Edley, 2001).

Personal and societal ideologies are frequently contradictory (Kowitz, 2010), and are spoken about as dilemmas. This is characteristic of topics that lack societal definitions and certainty, such as motherhood and career (Derry, 1994). Therefore, dilemmas are discussed,

and opposing constructions are presented sequentially to account for multiple understandings of the CP-M identity.

Extracts show evidence of the discourses; the participant's name, page and lines are provided in brackets, dots symbolise omitted portions of the text, and square brackets indicate the author's clarifications.

RESULTS

THE CLINICAL PSYCHOLOGIST-MOTHER IDENTITY CONSTRUCTED AS EITHER MOTHER OR CLINICAL PSYCHOLOGIST

CP-Ms constructed their identity as belonging to two distinct social categories: mother or clinical psychologist. Each of these categories positioned CP-Ms in respectively lower or higher social positions within three overarching main interpretative repertoires: caring, work as stimulation and economic.

'I guess as clinical psychologists we're you know, this degree of your mind being stimulated and my mind wasn't being stimulated [on maternity leave]' (Hannah, 13, 500-506)

Motherhood was constructed as potentially deskilling:

*'I was also conscious I didn't want to ki*nd of lose the clinical *skills'* (Louise, 10, 362-368)

The negative language used to describe motherhood tasks of caring is drawn from wider societal discourses of caring as a devalued role, thus positioning being mothers as in a lower social status. The intellectual superiority and social stimulation attributed to clinical psychology legitimises a higher position and is conformant to their professional identity. Here caring is not discoursed as a competency, thus it does not overarch personal and professional identity and maintains a diminished position. On the contrary, work as

stimulating is a wider discourse evidenced in the work/home literature and one particularly relevant in clinical psychology as illustrated below:

> *'I struggled with it,…, going from reading a lot, talking to lots of people and having* very serious conversations*,…, to then just kind of having these baby conversations'* (Louise, 7, 255-260)

Motherhood does not offer a socially recognised position, rather one that is devalued and invisible. To reach the privileged position of being a clinical psychologist a personal investment might be necessary:

> *'The investment you've put into the career of clinical psychology,…, and just to be* full time [mother] and having that taken away would be quite a blow I think because *it is part of your identity'* (Shirley, 12, 440-444)

The notion of a career in clinical psychology recalls an economic discourse (Willig, 2001) of investing time and effort for a valued return, such as occupying higher socio-economic positions, which historically were not attributed to women.

These discursive resources constrain the possibility of challenging historical structures of women as providers of care, which is devalued. They also offer the opportunity to strongly define clinical psychology as an exciting profession. Simultaneously, they allow CPs as women to be in a position of power and recover the social identity provided by their profession (Sabat & Harré, 1999).

THE CLINICAL PSYCHOLOGIST-MOTHER IDENTITY CONSTRUCTED IN RELATION TO OTHER WORKING-MOTHERS

The participants constructed their identity in interaction to the wider category of working-mothers as being similar and different. The following extract illustrates Shirley discoursing her identity as similar to other multitasking working-mothers and yet different.

'You do have to have your head in lots of different places and that's probably true of any career,.., but I think because of the emotional impact of the work that we do as well and the amount of processing it all takes that sometimes that can be quite *difficult'* (Shirley, 22/23, 892-900)

The language positions Shirley as part of a distinct category, that of CP-Ms whose professional requirements lead to personal difficulties. Traditional ideologies of intensive mothering position her as responsible for being psychologically and mentally available to her child. As a CP she is limited in this because of the psychological energy required by her profession to process the content of her work. The stance in social interactions varies greatly: A higher social status for being in a demanding profession, and yet a reduced legitimacy as a working-mother for not fulfilling IMI standards. However, the combination of knowing psychological theories and reflective practice allows for questioning the dual positions of being both like other working-mothers and yet belonging to a specific CP-Ms' category. Jane offers an example when talking about having intrusive thoughts about her daughter:

'I like to think that it [psychological theories] is a benefit because otherwise what is the point in our jobs, I think what I know about mums, my friends who are mums who *aren't psychologists is that all have these things* [intrusive thoughts]*'* (Jane, 20, 753-756)

Next the unspoken discourse about the potential damage that psychological knowledge could cause to self and others is considered.

THE CLINICAL PSYCHOLOGIST-MOTHER IDENTITY CONSTRUCTED IN RELATION TO PROFESSIONAL KNOWLEDGE AND PRACTICE

CP-Ms discoursed psychological knowledge and practice as potentially damaging their motherhood experience and their social relationships. Two subject positions emerged: therapist-mother and expert-mother within a professional discourse of scientist practitioner-

mother, with attention to attachment theory, and wider discourses on psychological expertise. The following extract illustrates the worry of the therapist-mother position:

'I would apply lots of things I knew about psychology and psychotherapy and attachment and over analysed things and I wouldn't be able to just experience what it would be like,…, I suppose I let a lot of that knowledge go purposely' (Rebecca, 7, 250-254)

This language stresses the need for distinct boundaries between psychology and motherhood to overcome the fear of the professional contaminating the personal. Maintaining the separation between therapist and mother at home provides intimacy in an interpersonal relationship not dictated by professional roles but by the position as a mother. Being scientist-practitioners, who objectively analyse their own children, could deprive them from experiencing motherhood emotionally. The discourse of scientist practitioner forced a separation between having the professional knowledge, as a CP, and having a personal experience, as a mother, thus maintaining the two identities as separate.

Attachment theory emerged as relevant in constructing a CP-M identity in relation to professional knowledge. This construction was often contradictory in the accounts as illustrated below:

'Although I'd always been interested in attachment,…, I think that was enhanced significantly by becoming a mum' (Emily, 14, 524- 526)

And later:

'It [attachment theory] made me more preoccupied with attachment in relation,…, with my relationship with my daught*er and our family relationships'* (Emily, 26, 981- 983)

Emily's theoretical knowledge is constructed as having the power to affect her mothering and social experiences, thus positioning her as an expert mother. The complex

relationship with knowledge seems to be paralleled, in social contexts, by CP-Ms' ambivalent relationship with their professional identity, to the extent of some participants hiding their profession.

> *'If people I met knew about my job I thought they'd have had exp*ectations how well I could cope and I had expectations of ho*w well I should be able to cope'* (Kathryn, 7/8, 270-281)

Clinical psychologists are positioned by others as expert mothers drawing from wider discourses of psychologists holding technical and theoretical expertise, which they can apply on themselves and others. Being given rather than choosing an expert mother position limits CPs' sense of agency and positions them as outsiders to the mother social group. The expert mother stance disempowers CPs from showing their personal vulnerabilities, thus reinforcing their lack of agency, and limits their access to peer support groups, as illustrated below:

> *'A* certain pressure back in my NCT [National Childbirth Trust] group, people would say things to me like *"well you're a psychologist surely you know how to get your child to sleep",…, and I sometimes will get so down and think actually do you know I do have all this knowledge I ought to be able to,…, I was the only one who's child didn't sleep'* (Rebecca, 8, 290-297)

The experience of being a CP-M is constructed as applying psychological expertise on to the personal experiences. Unlike the forced separation between knowledge and experience in the scientist-practitioner-mother discourse, here being a CP with knowledge is seen as an established identity indiscernible from other aspects of the self, with the potential to be applied to benefit the CP and others. However, the discourse of being an expert differentiates CPs from the social category of mothers, thus leaving them without a sense of belonging apart from their professional group, which they often denied. The construction of the CP-M

identity in relation to their professional knowledge is influenced by societal expectation of psychologists as mentally healthy and robust individuals (Lev-El, 1983).

CLINICAL PSYCHOLOGY AND MOTHERHOOD CONSTRUCTED AS OVERLAPPING IDENTITIES

In contrast to the aforementioned separate identities, the participants discoursed motherhood and psychology as mutually enriching as they overlap in several areas as illustrated below:

> *'You've got the whole child development,…, attachment, availability, communication,* thinking about psychological availability, thinking about their [clients and children] communica*tion,…, it's such a good overlap'* (Hannah, 27, 1016-1022)

Here the relational discursive resource constructs motherhood and psychology in a reciprocal positive relationship rather than in conflict, similarly to previous research findings (Vincent, Ball, & Pietikainen, 2004). Motherhood and employment are not discursively distinct, but their interaction creates a new position for CP-Ms, freeing them from society positioning them, as working-mothers, as either immersed in their career or immersed in their children. Consequently, this relational construction empowers CP-Ms to reject the dominant ideology that employment and motherhood are in tension (Johnston & Swanson, 2006, 2007). As being a mother and being a CP was spoken about as continuously present in their identities, it meant that CP-Ms have the right to draw from the commonalities and contradictions of both spheres. Practical resources and caring are relevant themes within the discourse of overlapping identities.

PRACTICAL RESOURCES

Clinical psychologist-mothers referred to having privileged access to psychological skills, which positively influenced their mothering experience as illustrated below:

> *'I have this enormous bank of solutions because I've learnt them from all the different families that I've met. When I'm at home with my kids,…,* I can access that bank of ideas*'* (Claire, 20, 764-776)

The language here suggests that motherhood and professional resources bridge the work and home contexts, positioning CP-Ms within their specific social category with rights to access their professional resources and legitimacy to speak about the overlap between motherhood and psychology.

CARING

Caring was discoursed as providing a special connection with clients:

> *'*I think it [motherhood] must sort of make your experience a bit deeper in terms of under*standing clients' emotional life'* (Anita, 13, 474-475)

However, discourses of psychological connections being impaired by the personal impact of their clinical practice emerged as a competing construction:

> *'*The stress of having to manage the e*motional impact of my work,... I'm sure that impacted on my daughter, she was picking up on that I wasn't coming home as this calm,…, mum'* (Emily, 29, 1111-1119)

This language emphasises the emotional component of caring in both the professional and motherhood contexts. Being a clinical psychologist could damage the natural connection between mother and children, conforming to wider traditional societal views of maternal work as stressful (Becker, 2010). The stress discourse positions CP-Ms as having limited caring-emotional-resources constructed in a dialectic stance, whereby using them with their clients would deprive their children from receiving good enough care. In turn, CP-Ms are responsible for these choices leading to feelings of guilt. The discursive practice closes down the opportunity to construct caring-emotional-resources as limitless or qualitatively different.

However, Claire constructed an alternative way of discussing caring for her children and her clients:

'As much as,.., I connect with them [clients], I can build a space between me and them, I can listen to it without being ove*rwhelmed by it,...,'* (Claire, 26, 1001- 1005)

Discoursing her emotional resources as a quantity provides Claire with the agency to safeguard some of these resources to distribute them to her children, thus positioning her as a mother fulfilling traditional mothering ideologies of availability. Next, the tension between personal and professional identities is described.

CLINICAL PSYCHOLOGY AND MOTHERHOOD CONSTRUCTED AS IN TENSION

In their accounts, CP-Ms constructed their identity in relation to wider societal ideologies that discourse motherhood and employment in opposition. Consequently, CP-Ms discoursed themselves drawing from three discursive resources: availability, self-sacrifice and separation. The following sections discuss each of these discourses with attention to emerging ideological dilemmas.

AVAILABILITY

Traditional mothering ideologies and views of women being primarily responsible for childcare emerged in the participants' accounts, as they stressed that availability at home was paramount:

'I made the decision I always wanted to spend more t*ime with him than I did at work'* (Helen, 13, 488-490)

However, being available for their children as opposed to unavailable at work raises uncomfortable conflicts when talking about their professional identity:

'*Nothing had been done while I'd been gone [on maternity leave],* a huge amount of *work, backlog and the team had been kind of left a bit unsupported,...* (Claire, 16, 613-618)

Consequently, an ideological dilemma arises:

'I think there is a kind of constant tension about am I doing enough in both camps

you know, am I *present enough for the kids'* (Anita, 16, 611-629)

The language talks of the dilemma located in the tension between dominant

discourses of mothers' availability at home and professional discourses of work commitment

and high working standards, which expect CP-Ms to be available at work. The dilemma

positions CP-Ms as holding both responsibilities and power over others' wellbeing: being

their children, clients or team. Consequently, CP-Ms are positioned as needing to choose

between two spheres with difficult compromises as discussed in the next section.

SELF- SACRIFICE

'I'm compromising constantly, at work,…, in the home,..,, but I feel like I try very

hard to make sure most of the compromise comes from work, but that does have a cost

to it' (Emily, 17, 648-649)

The language draws from dominant gendered discourses of women's natural

propensity of caring for their children and self-sacrificing their career ambitions. The

counter-discourse was one of career-mothers being abnormal mothers if they chose career

over motherhood. Thus, following gendered discourses involves using gendered strategies

(Risman, 1998) leading CP-Ms to make the right choice of sacrificing work to maintain

societal approval (West & Zimmerman, 1987).

The self-sacrifice discourse is so pervasive that clinical psychologist-mothers'

professional requirements can be overlooked by those in more powerful positions. Hannah

recalled an exchange with her boss about her wish to attend a training course:

'It was like would you be entitled to it because actually your primary role is that of a

mother?' (Hannah, 35, 1375- 138)

Managing the availability and accessibility of resources allows more powerful social groups to preserve their higher status and maintain social control. Being a mother positions Hannah in a lower status with limited rights to access resources. These would otherwise be available to her if her high professional status was recognised as legitimate by those in dominant groups. The lower position as a mother disempowers Hannah when negotiating her legitimacy to access the professional resources.

SEPARATING THE CONTEXTS

*'When I'm at work I'*m at *work and that's the way I cope'* (Hannah, 24, 922-928)

Constructing their identity within the different roles that CP-Ms perform in each context might function to maintain the boundaries between motherhood and clinical psychology. It also discourses clinical psychologist-mothers, similarly to other working-mothers, as efficient at separating the contexts (Becker, 2010). In turn, this allows CP-Ms to maintain a sense of agency over the management of the two contexts, as illustrated below:

'I've developed this sort of coping strategy of having two names Dr Brown is my *professional name,.., but my married name is White, so I'm Mrs White, but only at the* schoo*l, only in relation to the kids'* (Claire, 24, 926-924)

CP-Ms draw upon wider discourses of motherhood and employment as in conflict, thus needing to be kept separate in order to cope with its contradictions. The subject position is one of being a free agent (Willig, 2001) able to step in and out of the roles depending on the context, thus retaining power. It implies that coping by separation is the norm for working-mothers, who have a pre-determined state of managing motherhood and career. The unspoken discourse was one of there being a right way of combining professional and personal demands. Thus, not coping means failing to fulfil this right way of being a working-mother. Combining clinical psychology and motherhood seems to be an individual

responsibility, yet the system retains the power to judge if CP-Ms manage these demands appropriately.

Although separating the contexts by having two names might be a practical result of societal ideologies that discourse motherhood and employment in conflict, Claire's constructed her identity as a more complex process of negotiations:

'I have a continuum in my mind of people who I would call kind of serious earth *mothers,…, and then there's the kind of,…, suit wearing power dressing you know* executive city type mothers,..., so I kind of wobble up and down the continuum at work *and at home'* (Claire, 26/27, 961-989)

She positions herself as capable to make agentic choices in her life that is she has the power to self-organise, reflect and regulate (Bandura, 2001). Within this alternative understanding, the CP-M identity is constructed as a dynamic process of combining personal and professional identity.

THE CLINICAL PSYCHOLOGIST-MOTHER IDENTITY CONSTRUCTED AS A FLUID PROCESS

Constructing motherhood and clinical psychology identity was discoursed as a process of re-contracting conflicts and overlaps. Four relevant discursive resources emerged: journey, reframing personal and professional values, reframing career goals, and good enough.

JOURNEY

'Sometimes they [motherhood and clinical psychology] feel very separate because of *the practicalities. It's really interesting what I've noticed over the years since having* kids,.., now the*y sit alongside each other'* (Louise, 17, 475-477)

Although practical aspects of the roles of motherhood and clinical psychology can sometimes be separated, the CP-M identity can be constructed differently. The journey discourse provides Louise with the right to experience her CP-M identity as personal and

dynamic. This allows her professional and personal experiences to interact with one another. She is empowered by actively reflecting on her personal journey, and legitimised to have both identities simultaneously present, rather than hierarchically structured, in conflict or separated.

The next extract illustrates that the self was conceptualised as evolving through re-adjustments whenever a new identity was added:

> *'The addition of being a psychologist and the addition of being a mum on top of the person that I was before all that and how that's evolved over the years and will continue to evolve'* (Louise, 24, 912- 915)

The CP-M identity is constructed as part of a developing self with the individuals creating themselves with clinical psychology providing continuity to the professional identity and motherhood offering an evolving adult sense of self (Garey, 1999). This personal growth is placed within the interpersonal relationships with one's child, clients and colleagues, as well as within structural relationships based on one's social positions (McMahon, 1995). For CP-Ms an evolving identity is provided by both motherhood and clinical psychology within ongoing negotiations between professional and personal needs. This construction challenges dominant discourses of motherhood and employment as in conflict.

RE-FRAMING PERSONAL AND PROFESSIONAL VALUES

> *'I'm very glad that I have a job that I enjoy,…, I love it and it's a career,…, , but now I've had a year off with my child I think that's the real world, it's like this* [clinical *psychology] is a job'* (Jane, 6/7, 234, 238)

Here, discourses of loving clinical psychology and loving one's children are reframed by shifting clinical psychology from being a career to being a job. This shift positions clinical psychology in a less powerful status, which frees Jane from the professional constraints as she explained below:

'I just feel like in a sense clinical psychology has now taken a bit of a back seat and

that's a good thing, because it really does dominate your life for so long' (Jane, 14,

572-574)

Clinical psychology continues to define her identity, but not solely. As a free agent of

her identity, she has the opportunity to construct her CP-M identity as needing to be

congruent to her life values, as illustrated here:

'I am trying to strike a balance with what I kind of want and need for myself and

needing to carry on with my career, but needing to be the*re as a mother'* (Kathryn, 6,

200-206)

She is pro-actively considering options which will allow her to combine her career

and motherhood needs. In doing so she draws from discourses of availability ("needing to be

there as a mother"), on professional discourses of progression ("needing to carry on with my

career") and on personal discourses of self-actualisation ('what I kind of want and I need for

myself'). The interaction of these discourses opens up the construction of the CP-M identity

as an agentic act of negotiating between personal and professional goals and values.

Expressing this negotiation could challenge the ideology that there is one right way of being a

working-mother rather the CP-M identity is constructed as a multifaceted personal journey.

REFRAMING CAREER GOALS

As suggested, reframing involves practical adjustments to one's career goals:

'Maybe the process of going up the ladder is a slower process,.., but it's more

important for me that,...,I bring up my kids in the way that I'd like to' (Louise, 14,

504-208)

Unlike the discourses of self- sacrificing, Louise constructs her identity as a self-

aware adaptation between situational factors and personal values. However, gendered

discourses continue to be drawn upon when considering combining career and motherhood at home:

> *'It sometimes feels like actually we've got less rather than more now,…, and in some ways that's good because you have more choice,…,but it just is harder work and it's* still *the woman making the sacrifices'* (Shirley, 32, 1211-1217)

And at work:

> *'He [a male colleague] is gone up [banding] because he continued working, I don't feel it's unfair,.., but can feel a little bit envious of that sometimes,…, but I mean that's my choice'* (Anita, 14, 509-512)

The ideological dilemma arises from drawing upon gendered discourses and feminist discourses of equality. Drawing from the latter, CP-Ms position themselves as modern women who are free to make independent choices, thus equal to the historically more dominant male group. They retain the power of making informed adaptations to their family and career lives. In challenging the traditional social structure, they draw upon wider discourses of working-mothers wanting-it-all, which seems to be a less approved social position. They justify their positions as being their choice, thus they are making an agentic decision about how they manage being a clinical psychologist and a mother. The competing discourse is one of societal ideologies expecting mothers to self-sacrifice their careers.

GOOD ENOUGH

The dynamic process of reframing was discoursed as developing a good enough CP-M identity as illustrated here:

'I hope th*e work I'm doing is good enough'* (Emily, 9, 654-655)

And:

'You know *hopefully a good enough mother'* (Emily, 22, 839)

CP-Ms draw from a discourse of professional knowledge by using Winnicott's (1956) concept of a good enough mother as offering them a choice of mothering. The unspoken discourse is one of the profession expecting high working standards and perfectionism, which Emily challenges by discoursing her professional practice as good enough, and Hannah contests by validating others' difficulties:

> *'I'm really aware that as a manager you have a massive role to play in letting somebody know,…, that it's not about you and your c*ompetence, that actually it is damn difficult and some*times impossible to juggle both'* (Hannah, 32, 1218-1222)

The language that is afforded to Hannah in a managerial position has the potential to break the societal ideology that there is a right way of being a working-mother as well as challenging the professional bias of mothers as incompetent at work, thus indirectly challenging work inequalities. The language stresses the challenging nature of managing clinical psychology and motherhood, unveiling the possibility of feeling subjective guilt when the two spheres cannot be controlled. Yet, by acknowledging the socio-constructionist nature of societal negative perceptions of working-mothers, she gains the power to model a more positive way of being a CP-M for her colleagues.

DISCUSSION

Similarly to previous research with psychologists and nurses with children (Garey, 1999; Lev-El, 1983; Zager, 1988), clinical psychologist-mothers discoursed the emotional toil of caring, the interface of motherhood and the caring profession as both enriching and potentially unhelpful, and considered work as intellectually stimulating.

As seen in the literature, motherhood and clinical psychology were discoursed as in tension requiring CP-Ms to exercise a choice, which was influenced by wider societal views of female roles and working-mothers (McMahon, 1995).

Similarly to the literature that theorises motherhood and employment as weaved, the findings suggested that the CP-M's identity emerged as a process of contracting personal and professional spheres (Bailey, 2000; Haynes, 2008; Repo, 2004).

Coherently with the study's theoretical underpinning that individuals occupy multiple social positionings (Hall, 1996), the results seemed to indicate that CP-Ms construct their identity as both weaved and in tension. This seems conceptually different from previous studies which tended to construct motherhood and employment as either in conflict or weaved. Therefore, this study suggested that CP-Ms engaged in multiple positions: They were both CP and mother, or either mother or CP. Theoretically, the concept of "unitas complex" (Davies & Harré, 1999, p. 52) emerged as potentially helpful to understand the results.

Unitas complex refers to the dynamic experience of negotiating various ways of being with contradictions and similarities, thus providing multifaceted ways of producing personhood (Davies & Harré, 1999). Agentically assuming certain positions allowed CP-Ms to belong to socially accepted categories, which legitimised their status and practices (Sims-Schouten, Riley, & Willig, 2007). Specifically, psychological knowledge and practice was a dominant and specific discourse for CP-Ms. Nevertheless, other allocated positions were refused if disempowering or incongruent with their values, needs or career investments. This seemed to indicate that CP-Ms were not just subject of wider ideologies but also agents (Giddens, 1991), as Woolett and Marshall (2001) explained: Working-mothers attempt to negotiate their identity within a variety of societal and professional discourses.

Although agentic, CP-Ms, like other working-mothers, seemed to be subjected to wider motherhood ideologies, which appeared to transcend their socially privileged positions. This study found that CP-Ms drew upon both the concept of IMI, which was consistent with the literature, and upon professional discourses of commitment and investment.

Unfortunately, CP-Ms referred to facing difficulties in accessing training resources and career promotions, which seemed coherent with previous studies on working-mothers' career biases (Heilman & Okimoto, 2008). However, consistently with Foucault's (1989) notion of power being fluid, CP-Ms faced some ideological dilemmas when they potently challenged dominant social structures by discoursing alternative ways of constructing the CP-M identity, such as enriching and socially empowering.

Here, three interlocked ideological dilemmas are discussed: pre-determination vs. personal journey, intensive mothering ideology vs. career, and self-sacrifice vs. aware adaptation. The societal discourse of pre-determination refers to there being a correct way of balancing career and motherhood, hence a scripted way of being a working-mother. However, rather than focusing on these outer systems, it centres the conflict within the person (Becker, 2010). Nevertheless, CP-Ms positioned themselves as possible agents of an adaptive process, which afforded them authorship over their preferred ways of being (Davies & Harré, 1999). This has been found in previous studies (Bailey, 2000; Repo, 2004). However, society seems to expect that it is mothers' duty and natural propensity to care for their children, hence conflicting with career aspirations. Therefore, a further ideological dilemma arises: self-sacrifice vs. aware-adaptation. This dilemma emerges in CP-Ms' attempts to integrate their identity when they reflected on the overlaps between motherhood and clinical psychology, their caring roles, and the accessibility to psychological knowledge and resources. As in previous studies, negotiating motherhood and employment, personal and professional granted CP-Ms the agency to form their identity (Bailey, 2000; Haynes, 2008; Repo, 2004).

CP-Ms spoke about their desire to be with their children and they unveiled feeling primarily responsible for their children. Nevertheless, they actively chose to pursue their careers, which they discoursed as a powerful representation of themselves. Thus, they

asserted their rights to choose to care for their children and continue a career they invested time and efforts in. In this way, CP-Ms' positions reflected the status of modern women as being agentic of their lives, echoing an increasingly stronger female position in society. For CP-Ms, agency was restored when motherhood and clinical psychology were constructed as providing added value to professional knowledge and mothering practices. This is coherent with previous research findings in the nursing literature (Firmin & Bailey, 2008; Garey, 1999). Specifically, CP-Ms drew from their personal experiences in connecting empathically with their clients and in adopting attachment theories to conceptualise their clients' difficulties.

Critically, being a CP was constructed as a privileged social position, which afforded them power, unlike motherhood. Nevertheless, CP-Ms' discourses seemed to portray them in a less powerful position within their profession for being mothers. It seemed somewhat surprising that CP-Ms did not draw more fully on their professional position when considering their social status as career-mothers. Particularly, CP-Ms' accounts lacked the consideration of their relationship to other working-mothers' groups with more limited choices, such as those from less privileged background or mothers employed in more rigid corporate organisations with fewer options for flexible working. It appeared that, as mothers, regardless of their higher professional status, they were limited in their ability to exercise their social privileges. This seemed coherent with the previous literature, such as Ridgeway and Correll's (2004) analysis of motherhood as a devaluing social characteristic, and the vast body of research on IMI (APA, 2004; Hattery, 2001).

Surprisingly, CP-Ms' accounts did not promote the societal value of childcare as did Bailey's (2000) and Repo's (2004) participants, nor did they drew on the importance of educating their children about community values (Firmin & Bailey, 2008). Similarly to

Dillaway and Paté's (2008) analysis of career-mothers' identity negotiations, it seemed that traditional negative views about childcare overshadowed CP-Ms' professional status.

Interestingly, the participants talked about their negotiations about being a CP-M in relation to their children but not in relation to their partners. Discourses that emerged in the literature about shared parenthood (Bailey, 2001), and equalities at work and home (Repo, 2004) seemed to be missing. Of note is that when asked about the division of childcare responsibilities, the participants seemed dismissive. This might be because they were interviewed at work, thus they were more focused on their professional rather than familial contexts. Although the focus of the research was on the interface between motherhood and the profession rather than on the distribution of care responsibilities at home, family discourses could have helped to shape the understanding of how CP-Ms negotiate complex identity dilemmas at home.

This study did not focus on the transitional point of returning to work from maternity leave, which could have highlighted discourses of financial constraints and intergenerational scripts. It explored the constructions of being a CP and a mother, rather than examining the decision-making process of returning to work. Nevertheless, these discourses could have influenced the ways CP-Ms construct themselves. The author adopted Vincent et al.'s (2004) position, which stated that career-mothers shift along a continuum: From working solely for economic reasons to working for self-actualisation. Coherently with Giddens' theory (1991) adopted in Bailey's (2000) study, CP-Ms might move along this continuum as they journey through an ongoing project of self-development.

This study did not seek to include CP-Ms with children with different ages; however it must be considered that identity constructions might be different for CP-Ms with older children as their physical and emotional needs change as their social contexts expand from

the familial to the educational environment. Therefore, CP-Ms' experiences, as reported here, may not be transferable to women with older children.

Power dynamics were likely to have influenced the interviews. As part of the same professional body, the participants might have felt restricted about expressing more negative views to the researcher about clinical psychology or their employing NHS Trust. I occupied a lower status as a trainee and yet as a researcher I was in a powerful position. I was aware that the participants might have retained power by controlling how much they disclosed about their personal life. This coupled with occupying a lower position as a trainee might have silenced me from asking more personal questions, thus limiting the emergence of family or intergenerational discourses.

Partly coherent with the previous literature the data did not seem to support more bidirectional positions, in which CP-Ms demonstrated agency to modify the dominant discourses. However, greater consideration of unspoken discourses, such as family and economic discourses, and intergenerational scripts could have provided a wider view of CP-Ms' identity constructions.

LIMITATIONS

The sample was self-selected which might have impacted on the transferability of the results to other people. However, consistently with FDA, to provide as broad as possible range of experiences, participants working in various clinical specialties were included.

The sample included only Caucasian participants, in couple relationships and employed in one Trust. Including sole parents, participants from different ethnic backgrounds and work contexts could have produced different identity constructions. This would have allowed for analysing diverse cultural, professional and personal discourses.

Within a socio-constructionist approach, this was one possible analysis. My status as a researcher and a trainee-mother might have affected the co-construction of the CP-M identity. The combination of the participants being aware of the research topic, my being a white

European female trainee coupled with their ideas about me having children or not might have influenced the interviews. These biases were limited by identifying my assumptions through supervision, using a reflective diary (Appendix L), presenting my trainee-mother's experiences during a seminar (Appendix M) and attending reflective groups on personal and professional experiences.

FUTURE RESEARCH

FDA is limited in its analysis of the person's inner world as it aims to highlight ideologies and power relations through speech or text. Interpretative phenomenological analysis (IPA) could facilitate examining the CP-Ms' reflections on the meanings of their experiences (Smith, Flowers & Larkin, 2009). Future research using FDA could be conducted with clinical psychologists who are fathers (CP-Fs). Exploring CP-Fs' discourses would allow for highlighting if different identity constructions would be found in respect to CP-Ms, and what societal ideologies would CP-Fs draw upon to discuss their identity within a profession that is increasingly female.

PROFESSIONAL AND CLINICAL IMPLICATIONS

A systemic perspective would be helpful to consider how CP-Ms attempt to claim a particular social identity within a system that substantiates it (Millward, 2006). However, like other organisations, clinical psychology is not immune from assuming dominant societal ideologies about working-mothers. Yet, clinical psychology has the added advantage of being a profession that advocates introspection, reflection about power dynamics and is based on a strong knowledge of human behaviour and development. As 86% of trainees are female (Clearing House, 2009), training courses seem a viable context to discuss women's social positioning and the negotiation of personal and professional identity.

As identities are constructed through each other (Young, 1997) keeping clinical psychology and motherhood separate can be deceptive. The profession could aim to move the

personal closer to professional development, rather than keeping them separate, only related to clinical skills or leaving the personal to introspection. Support networks, supervision and mentoring could be the system's contribution to facilitate CP-Ms' identity construction, whilst strengthening internal and social resources to lessen burnout (Maslach & Goldberg, 1998). This would facilitate shifting the responsibility for not being a good enough CP-M from the individual to the system, thus acknowledging the socio-constructive nature of being working-mothers. Moreover, CPs' time is precious, so such structures would provide a protected space to reflect on being a CP-M, as well as offering social support.

CP-Ms might have similar dilemmas to their clients (Derry, 1994), and thus reflecting on their own identity constructions could enable them to help clients to explore the multiple settlements they inhabit themselves, recognise personal and professional/employment conflicts and empower them to challenge social exclusion where applicable. Ultimately, CP-Ms might be better equipped to support their clients through a process of personal growth and exploration of their dilemmas, including establishing personal and professional values and goals (Palladino Schultheiss, 2006). However, a pitfall of this study was not to ask further about the use of personal experiences. The answers could have possibly facilitated considering more deeply the implications for clinical practices.

CONCLUSION

This study suggested that CP-Ms draw on multiple discourses to construct their multifaceted identity as in tension, enriching and fluid. Participants occupied various subject positions which afforded different strengths of power in their social negotiations as mothers, clinical psychologists and working-mothers. Within these various constructions they managed the complex relationship between societal discourses of maternal availability and caring responsibilities as well as discourses about professional availability, career investment and psychological knowledge. Greater recognition of this complexity and the dilemmas that

CP-Ms negotiate may enable them to more easily recognise similar or more extreme issues for their clients, and in turn facilitate those clients in challenging accepted social positioning of working-mothers at work or at home. More research is needed to explore the inner world of CP-Ms, and to examine the relationship between reflecting on these issues and clinical practice. Further studies with FDA could consider how male CPs discourse being a father and a clinical psychologist.

REFERENCES

American Psychological Association (2004). Public policy, work and families: The report of the APA President initiative in work and families. Retrieved July 11, 2011, from http://www.apa.org

Bailey, L. (2000). Bridging home and work in the transition to motherhood. A discursive study. *The European Journal of Women's Studi*es, 7, 53-70.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. Annual Review of Psychology, 52, 1-26.

Baxter, L. (2004). A tale of two voices: Relational dialectic theory. Journal of Family Communication, 4, 181-192.

Becker, D. (2010). Women's work and the societal discourse of stress. Feminism Psychology, 20, 36-52.

Billig, M., Condon, S., Edwards, D., Gane, M., Middleton, D., & Radley, A. (1988). Ideological dilemmas: A social psychology of everyday thinking. Beverly Hills, CA: Sage.

Blair-Loy, M. (2001). Cultural constructions of family schemas: The case of women finance executives. Gender & Society, 15, 697-709.

Bolton, G. (2010). Reflective practice, writing and professional development. California: Sage.

British Broadcasting Corporation News (2011). Government policies an assault on women, Labour claim. Retrieved on June 18, 2011, from http://www.bbc.co.uk/news/uk-politics-13702115

British Psychological Society (2001). Criteria for the accreditation of postgraduate training programmes in clinical psychology. Leicester: British Psychological Society.

British Psychological Society (2008). Generic Professional Practice Guidelines. Leicester: British Psychological Society.

Buzzanell, P. M., Meisenbach, R., Remke, R., Liu, M., Bowers, V., & Conn, C. (2005). The good working-mother: Managerial women's sensemaking and feelings about work-family issues. Communication Studies, 56, 261 – 285.

Buzzanell, P. M., Waymer, D., Paz Tagle, M., & Liu, M. (2007). Different transitions into working motherhood: Discourses of Asian, Hispanic, and African American Women. Journal of Family Communication, 7, 195-200.

Clearing House (2009). Equal opportunities numbers. Retrieved September 7, 2009, from http://www.leeds.ac.uk/chpccp/BasicEopps.html

Crawford, V., & Valsiner, J. (2002). Phenomenon, methodology and interpretation in the study of meaning: American women constructing themselves as mothers and career workers. Psychology Developing Societies, 14, 91- 129.

Davies, B., & Harré, R. (1999). Positioning and personhood. In R. Harré & L. van Lagenhove (Eds.), Positioning theory: Moral contexts of intentional action (pp. 32-51). Blackwell: Oxford.

Derry, P. S. (1994). Motherhood and the importance of professional identity to psychotherapists. Women & Therapy, 15, 149-163.

Dillaway, H., & Paré, E. (2008). Locating mothers: How cultural debates about stay-at-home versus working-mothers define women and home. Journal of Family Issues, 29, 437-464.

Edley, N. (2001). Analysing masculinity: Interpretative repertoires, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor, & S. J. Yates (Eds.), Discourse as data: A guide for analysis (189-229). London: Sage.

Edwards, R., Callender, C., & Reynolds, T. (2005). Social and family responsibilities or self-interest? Community, work and family, 8, 281-300.

Elliott, J. (2005). Using narrative in social research. London: Sage.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215- 229.

Fairclough, N. (2003). Analysing Discourse: Textual analysis for social research. London: Routledge.

Firmin, M. W., & Bailey, M. (2008). When caretaking competes with care giving: A qualitative study of full time working-mothers who are nurse managers. Journal of Nursing Management, 16, 858-867.

Foucault, M. (1978). History of Sexuality: An introduction. USA: Vintage Books.

Foucault, M. (1989). On literature. In S. Lotriger (Ed.), Foucault Live: Interviews, 1966- 84 (99. 150-154). New York: Semiotext.

Garey, A. (1999). Weaving work and motherhood. Philadelphia: Temple University Press.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. American Psychologist, 40, 266-275.

Giddens, A. (1991). Modernity and self-identity: Self and society in late modern age. California: Stanford University Press.

Goodbody, L. (2009). A critical analysis of the personal and professional development of majority and minority group clinical psychologists: Power, difference and identities. Unpublished doctoral dissertation, Canterbury Christ Church University, UK.

Grady, G., & McCarthy, A. M. (2008). Work-life balance integration: Experiences of mid-career professional working-mothers. Journal of Managerial Psychology, 23, 599- 622.

Gray, J. (1983). The married professional woman: An examination of her role conflicts and coping strategies. Psychology of Women Quarterly, 7, 235- 243.

Hall, S. (1996). Introduction: Who needs 'Identity'? In S. Hall & P. Du Gay (Eds.), Questions of cultural identity (pp. 1-7). London: Sage.

Harré, R., & van Lagenhove, L. (1999). Positioning theory: Moral contexts of intentional action. Blackwell: Oxford.

Hattery, A. (2001). Women, work and family: Balancing and weaving. California: Sage.

Haynes, K. (2008). Transforming identities: Accounting professionals and the transition to motherhood. Critical Perspectives on Accounting, 19, 620-642.

Hays, S. (1996). The cultural contradictions of motherhood. New Haven, CT: Yale University Press.

Heilman, M. E., & Okimoto, T. G. (2008). Motherhood: A potential source of bias in employment decisions. Journal of Applied Psychology, 93, 189-198.

Hoffman, L., Hoffman, J., Robison, B., & Lawrence, K. (2005). Modern and postmodern ways of knowing: Implications for theory and integration. Paper presented at the Christian Association for Psychological Studies International Conference, Dallas, TX.

Johnston, D. D., & Swanson, D. H. (2006). Constructing the "good mother": The experience of mothering ideologies by work status. Sex roles, 54, 509-519.

Johnston, D. D., & Swanson, D. H. (2007). Cognitive acrobatics in the construction of worker-mother identity. Sex Roles, 57, 447-459.

Kelly, V. (2010). Social constructions of psychlops (psychological outcome profiles) in the context of CBT for psychosis. Unpublished doctoral dissertation, Canterbury Christ Church University, UK.

Kinderman, P. (2011). NHS reforms and funding pressures. A letter from the Chair of the British Psychological Society Division of Clinical Psychology. Retrieved June 9, 2011,

from http://dcp.bps.org.uk/document-download-area/document-download$.cfm?file_uuid=BCAA6C80-CB6F-3368-21BF-DAAF68CBFBAB&ext=pdf

Kottler, J. A. (1993). On being a therapist. Sam Francisco: Jossey- Bass.

Kowitz, S. (2010). Learning in a masculine environment: Female engineering students' negotiation and construction of identity. Psychology of Women Section Review, 12, 11-21.

Lavender, T. (2003). Redressing the balance: The place, history and future of reflective practice in training. Clinical Psychology, 27, 11-16.

Lee, C. M., Reissing, E. D., & Dobson, D. (2009). Work-life balance for early career Canadian psychologists in professional programs. Canadian Psychology, 50, 74- 82.

Lev-El, I. (1983). The entrepreneurial woman psychologist: Origins of the species. Psychotherapy in Private Practice, 1, 5- 18.

Linehan, C., & McCarthy J. (2000). Positioning in Practice: Understanding participation in the social world. Journal for the Theory of Social Behaviour, 30, 435–453.

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. Applied and Preventive Psychology, 7, 63-74.

McMahon, M. (1995). Engendering motherhood: Identity and self-transformation in women's lives. New York: Guilford Press.

Millward, L. J. (2006). The transition to motherhood in an organizational context: An interpretative phenomenological analysis. Journal of Occupational and Organizational Psychology, 79, 315- 333.

Nace, E. P. (1995). The professional paradox. In E. P. Nace (Ed.), Achievement and addiction: A guide to the treatment of professionals (pp. 1-8). New York: Brunner/ Mazel.

Nicolson, P. (1998). Post-natal depression. Psychology, science and the transition to motherhood. London: Routledge.

Office for National Statistics (2008). Working Lives. Retrieved January 15, 2011, from http://www.statistics.gov.uk/cci/nugget.asp?id=1654

Palladino Schultheiss, D. E. (2006). The interface of work and family life. Professional Psychology: Research and Practice, 37, 334- 341.

Repo, K. (2004). Combining work and family in two welfare contexts: A discourse analytical perspective. Social, policy & Administration, 38, 622- 639.

Rezin, V., & Elliot, D. (2004). Workplace difficulties of female clinical psychologists. Clinical Psychology, 41, 5-10.

Ridgeway, C. L., & Correll, S. J. (2004). Motherhood as a status characteristic. Journal of Social Issues, 60, 683-700.

Risman, B. J. (1998). Gender vertigo: American families in transition. New Haven: Yale University Press.

Sabat, S., & Harré, R. (1999). Positioning and the recovery of social identity. In R. Harré & L. van Lagenhove (Eds.), Positioning theory (pp. 87-102). Blackwell: Oxford.

Siebert, D. C., & Siebert, C. F. (2007). Help Seeking Among Helping Professionals: A Role Identity Perspective. American Journal of Orthopsychiatry, 77, 49–55.

Sims- Schouten, W., Riley, S. C. E., & Willig, C. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. Theory & Psychology, 17, 101- 124.

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. London: Sage.

Stefanovic, P., & Rupert, P. A. (2009). Work-family spillover and life satisfaction among professional psychologists. Professional psychology: Research and practice, 40, 62- 68.

Ussher, J. M., & Nicolson, P. (1992). Gender issues in clinical psychology. London: Routledge.

Vincent, C., Ball, S. J., & Pietikainen, S. (2004). Metropolitan mothers: Mothers, mothering and paid work. *Women's Studies International Forum, 27,* 571- 587.

West, C., & Zimmerman, D. (1987). Doing gender. Gender & Society, 1, 125- 151.

Wilkinson, S., & Kitzinger, C. (1996). Representing the other. London: Sage

Williams, J. C. (2000). Unbending gender: Why work and family conflict and what to do about it. England: Oxford University Press.

Willig, C. (2001). Introducing qualitative research in psychology. Adventures in theory and method. England: Open University Press.

Winnicott, D. W. (1956). Primary maternal preoccupation. In Collected papers, through paediatrics to psychoanalysis (pp. 300-305). London: Tavistock Publications.

Wojciechowski, D. (1982). I am a working mother… but who am I? Journal of Employment Counselling, 19, 106-112.

Woolett, A., & Marshall, H. (2001). Motherhood and mothering. In R. K. Unger (Ed.), Handbook of the psychology of women and gender (pp. 170- 183). New Jersey: Wiley.

Young, S. (1997). Changing the Wor(l)d: Discourse, politics and the feminist movement. New York: Routledge.

Zager, K. (1988). Women, private practice and the family: Special needs/ special problems. Psychotherapy in Private Practice, 6, 9- 14.

SECTION C

Critical Appraisal

Word count: 1944

WHAT RESEARCH SKILLS HAVE YOU LEARNED AND WHAT RESEARCH ABILITIES HAVE YOU DEVELOPED FROM UNDERTAKING THIS PROJECT AND WHAT DO YOU THINK YOU NEED TO LEARN FURTHER?

I have acquired several research skills at different stages of this process. I have learnt that research is a dynamic process. It involved consulting with supervisors, peers and friends who were working-mothers to develop my research ideas. Learning to clarify my epistemological position was paramount to inform the study's theoretical background, research questions and methodology. Within the socio-constructionist approach, I was drawn towards discourse analysis. I have learnt to consider the variations between different methodologies, and that defining my research goals and aims influenced my methodological choice. I believe that I need to expand my knowledge and skills of other qualitative approaches, and continue to learn on how to build an academic argument leading to clear research questions.

Obtaining ethics' approval made me aware of the unusual methodology of discourse analysis. Being able to convey complex arguments whilst avoiding technical jargon is a skill that I need to develop. Piloting my interview was important to check for biases; I have learnt to accept constructive criticisms from both peers and supervisors. Recruiting the participants was relatively smooth, which reassured about the study's relevance. Following the interview schedule helped to limit influencing the participants' answers. However, I wished at times I was more flexible and followed the participants' leads: This I would need to further develop.

Reading several studies using Foucauldian discourse analysis (FDA) was time consuming but helpful during the data analysis as I was more familiar with the analytical method. Following the FDAs' guidelines provided a more structured approach to the analysis, thus limiting more subjective readings. Yet, my initial response to the contradictory constructions of the clinical psychologist-mother (CP-M) identity was to search for coherent ways of speaking about this identity. I realised that I was influenced by a more positivistic

assumption of finding one truth. Embracing the socio-constructionist epistemology helped me to sustain the multiplicity of the constructions. I have learnt that qualitative methodology involved proficient linguistic skills, which I steadily developed during my analysis. Methodologically, I hope that I will further learn to compare the discourses that emerged from the data with an historical analysis of how these discourses developed. Next, I elaborate on what I have learnt through the research process in terms of personal reflections.

PERSONAL REFLECTIONS

I have learnt that my worries about the relevance of this study and whether the university would accept it somehow reflected the complexity of the topic. This acknowledgement helped me to reflect on why the combination of clinical psychology and motherhood was left unspoken.

My choice of FDA might have been influenced by my experience of having lived in three countries with four different languages. This helped me to realise how language co-constructs my identity, and my various positions within changing environments and languages. I learnt that research is influenced by the researcher's context and interactions with others.

I wondered if the participants might have felt more comfortable to discuss the complexity of their CP-M identity, if they identified with me as being female, aware of the professional ethos and imagined that I had children. Although I did not disclose personal information during the interview, I might have unintentionally and non-verbally communicated my position as a trainee-mother. I learnt to discuss my personal positions with my supervisors whilst also keeping a reflective diary. During the first stages of the research, I was looking for strategies on how clinical psychologist who are mothers (CP-Ms) combine the two roles, which was not coherent with my research questions, but more indicative of my own needs at the time. During the recruitment stage, my own attempts to neutralise the

contradictions of being a trainee-mother could have led to overlooking the constructions of separating or interweaving the identity. During the analysis, my supervisor helped me to consider that I was perhaps over-interpreting the constructions of the CP-M identity as enriching. At the writing stage, I struggled with the multiplicity of the constructions: perhaps I was again searching for an answer. Supervision helped me to consider that my methodology facilitated the presence of multiple and diverse accounts unlike a more positivist approach. Reflecting on my positions and biases was an invaluable learning, and one that I hope to continue to develop.

IF YOU WERE ABLE TO DO THIS PROJECT AGAIN, WHAT WOULD YOU DO DIFFERENTLY AND WHY?

To discuss what I would do differently and why, I critically analyse my study following several guidelines on quality assurance, which aim to increase the credibility of the interpretations of the results (Elliott et al., 1999; Mays & Pope, 2000). Ethical considerations are also presented here.

OWNING ONE'S PERSPECTIVE

My own assumptions and interests were challenged throughout the research by discussions with my supervisors. Highlighting prior assumptions that could have affected the interpretation of findings was achieved by reflecting about my beliefs and expectations of the research, and describing my personal context. Discussions with trainees, keeping a reflective diary, and attending a reflective group on Personal and Professional Experiences in Training and Practice further enhanced my reflexivity. To highlight my assumptions and my own identity constructions as well as experience the level of personal disclosure that I asked from my participants, I could have been interviewed myself.

SITUATING THE SAMPLE

Participants' characteristics were described to situate the context for the reader. A description of the local NHS Trust would have helped to contextualise the participants'

workplace and organisational culture. However, this might have made the participants'

recognisable, which is an unethical practice.

I could have further considered the potential applicability of the study's finding to

other settings, such as other professionals with children. This might have enhanced the

transferability of the results.

CREDIBILITY CHECKS

Anonomysed data extracts were checked by supervisors to ensure the content and

process of the analysis. These discussions generated more readings with attention to the

respondents' social positioning and exceptions in the accounts, and helped to check for any

oversights in the analysis.

INTERNAL COHERENCE AND GROUNDING IN EXAMPLES

The data analysis represented one possible account. Internal coherence was provided

by including extracts and presenting the constructions in a logical manner, which reflected

the contradictions and complexity. Moreover, a transcript in Appendix J shows the reader

how the analysis was conducted and allows for considering the data interpretations, and if

they make sense to the reader. In the result section, I could have included my own interview

questions to show how I might have co-constructed the interview but this was not possible

because of word restrictions. However, examples of the interview's extract have been

provided in Appendix J.

RESPONDENT VALIDITY

Respondent validity is not traditionally considered in discourse analysis because of

the critical stance the researcher assumes during the analysis which could offend the

participants (Harper, 1994) and generate more comments to analyse (Kelly, 2010). It is

difficult to say when the analysis is finished as exhausting the analytical process is impossible

(Mosley, 2006). Resonating with readers is instead a more common approach in discourse

analysis. As mentioned, my supervisors thoroughly checked the results. Although I shared some of the interpretations with a trainee who also used FDA, I could have presented her with further accounts to ensure that the analysis rings true to the reader as an accurate interpretation of the respondents' accounts (Mosley, 2006).

ETHICAL CONSIDERATIONS

I wonder how much the participants were influenced by knowing my research questions, having had some time to reflect on it prior the interview. Ethically, I ponder if they were able to convey their personal experiences whilst being interviewed at their workplace. Perhaps, interviewing them in their homes might have generated different accounts, for example they might have emphasised more how they manage childcare responsibilities with their partners.

Although, the participants and I occupied different power positions they eloquently answered what might be considered existential questions about women's lives. I wondered if some intellectualised the topics to protect themselves from expressing difficult feelings to a trainee. However, I did not know the participants personally or professionally, which might have partly helped to overcome this difficulty. Being interviewed myself by my supervisor and a trainee could have highlighted any differences in my responses, which could have reflected the effects of power relations on my responses. Hence, I could have better considered how similar dynamics might have impacted on the participants' accounts.

Due to time and workload pressures, some clinical psychologists-mothers might have not been able to participate in the study even if interested. So if resources were unlimited, I would have continued the study to include those participants whose work diary did not fit with my research timetable. It is important to mention that the participants might have encountered extra stresses and time pressures as they took time off work to partake in this study.

AS A CONSEQUENCE OF DOING THIS STUDY, WOULD YOU DO ANYTHING DIFFERENTLY IN REGARDS TO MAKING CLINICAL RECOMMENDATIONS OR CHANGING CLINICAL PRACTICE, AND WHY?

The study points at systemic and narrative approaches and their socio-constructionist underpinning to support women to become aware of their social positioning. In turn, this could empower them to reflect on their choices or limitations. Furthermore, the study can provide with an understanding of the issues faced by other working-women in managing societal ideologies, personal and professional identities. Clinically, I experienced exploring these concepts with older women who reflected on their limited choices as young women because of their socio-historical background. I have also found it helpful when working with marginalised women with learning disabilities to consider society attributing them negative positions, such as seeing them as less representative of the female identity and maternity, or unable to contribute to society. I became painfully aware of the limited choices available to marginalised women, leaving them with less control and potency, thus ultimately less valued by society.

IF YOU WERE TO UNDERTAKE FURTHER RESEARCH IN THIS AREA WHAT WOULD THAT RESEARCH PROJECT SEEK TO ANSWER AND HOW WOULD YOU GO ABOUT DOING IT?

Several possible research ideas might be developed to continue an in-depth exploration of the issues related to CP-Ms. Here, one possible project using grounded theory is described. This methodology allows for building a model to understand how female clinical psychologists might cope with being a mother and being a clinical psychologist. Grounded theory might be chosen as it allows for generating theories; it is based on data rather than a more analytical process or previous theories (Willig, 2008). The research question could ask what factors influence clinical psychologist-mothers' ability to cope with being a mother and being a clinical psychologist.

The model could highlight what personal or professional supports, or both, might be helpful in facilitating the development of a fulfilling CP-M identity. In particular, factors such as workplace contexts coupled with team dynamics, the presence of support networks, and the quality of the supervisory relationship could be further explored as possibly beneficial to clinical psychologist-mothers. Moreover, the research might be able to highlight under what circumstances CP-Ms would achieve personal and professional fulfilment.

One possibility would be to run a focus group with about 10 female clinical psychologists with children to generate ideas through their interactions. Alternatively, one could do an in-depth individual interview with 10 clinical psychologists who self-report feeling fulfilled in their clinical psychologist-mother identity.

Building a theory on the factors influencing the development of a positive CP-M identity might benefit the profession as the model could potentially be adopted by various services. Benefits to the service might stem from employees feeling supported in their process of combining being a clinical psychologist and a mother. Clinical psychologist-mothers might feel more personally and professionally satisfied. This, is turn, might have an overall positive effect on their work quality, if, for instance, personal and professional discussions in supervision help to inform their clinical work. The validation of the identity of clinical psychologist-mothers might also legitimise them to bring the personal and the professional closer. For instance, clinical psychologist-mothers might feel able to draw from their personal knowledge and expertise as mothers as valuable contributing factors to their professional practice and development.

REFERENCES

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215- 229.

Harper, D. J. (1994). The professional construction of 'paranoia' and the discursive use of diagnostic criteria. The British Journal of Medical Psychology, 67, 131- 143.

Kelly, V. (2010). Social constructions of psychlops (psychological outcome profiles) in the context of CBT for psychosis. Unpublished doctoral dissertation, Canterbury Christ Church University, UK.

Mays, N, & Pope, C. (2000). Assessing quality in qualitative research. British Medical Journal, 320, 50-52.

Mosley, B. (2006). Identity formation: exploring the discourses of adolescents of mixed race heritage. Unpublished doctoral dissertation, Canterbury Christ Church University, UK.

Willig, C. (2008). Introducing qualitative research in psychology. England: Open University Press.

Appendix

A computerised literature searched was performed on the following databases: PsychINFO, Web of Science, ASSIA, Cochrane library, Medline and Pubmed. Google Scholar and manual searches of bibliographies of eminent authors who wrote about working-mothers identity were also undertaken. Discussions with supervisors and peers interested in the topic further highlighted relevant literature.

All databases were searched using a combination of the following 'exploded' terms:

- Professional identity/ professional development

- Personal and professional development

- Mothers/ parenthood status/ motherhood

- Mothering

- Working-mothers/ working women

- Social Identity/ Self Concept/ Gender Identity/ Identity Formation/ identity construction

- Combining work and family/ balancing career and family/ career and childcare

- Family Work Relationship/ work-life balance

- Working-mother identity

- Professional mothers/ professional women/managerial women/managerial mothers

- Professionals with children

- Career and children/ career and motherhood

- Allied health professionals

- Mental health professionals/psychologists

- Clinical psychology/ counselling/ psychotherapy

- Nursing

Appendix

APPENDIX B: RESEARCH AND ETHICS' APPROVAL

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APPENDIX C: RESEARCH AND DEVELOPMENT APPROVAL

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APPENDIX D: RESEARCH AND ETHICS' APPROVAL OF THIRD PARTY TRANSCRIPTION

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APPENDIX E: RECRUITMENT ADVERT

Dear Clinical Psychologist,

Have you ever wondered how being a mother and being a clinical psychologist co-exist?

What is your experience of being a mother and being a clinical psychologist?

How do these life experiences combine in your identity?

What ideologies emerge when talking about your experience of being a mother and a clinical psychologist?

What influences your ways of combining personal and professional life?

Come and talk to me about it as part of my research dissertation!

My name is Lisa Gaiotto and I am a trainee clinical psychologist studying

at Salomons, Canterbury Christ Church University. For my research dissertation, I am looking at how female clinical psychologists with young children discuss their experience of being a mother and being a clinical psychologist. I am keen on exploring what ideologies emerge and what stand do female clinical psychologists take when discussing their working-mother identity.

The interviews will consist of an open discussion to explore these topics, and they will be held at your work place.

Please contact me on XXXXXX or email me on lg147@canterbury.ac.uk if:

You are a female qualified clinical psychologist;

You are interested in my study;

You have at least one child of pre-school age;

If you want to discuss the aims of this research further, please do not hesitate to contact me.

I am looking forward to hearing from you.

Lisa

Appendix

Dear Clinical Psychologist,

Thank you for showing an interest in my research.

My name is Lisa Gaiotto and I am a Trainee Clinical Psychologist studying at Salomons, Canterbury Christ Church University. As part of my third year independent research project I am conducting an exploratory study looking at what ideologies emerge when female clinical psychologists discuss their experience of being a mother and being a clinical psychologist. I am interested in the co-existence of personal and professional identities, and in understanding what positions female clinical psychologists occupy when they talk about combining these parts of their lives within themselves. I would also like to explore what influences their way of discussing their working-mother identity.

I hope that my research's findings could help the profession to identify the social discourses that clinical psychologists use to make sense of their identities. Organisationally, I hope to inform the profession about the challenges faced by mothers- clinical psychologist in light of the gender discrepancy at higher executive levels (British Psychological Society, 2005). Moreover, exploring our experiences falls within the reflective practice remit. Learning from our experiences could enhance our understanding of clients who might face experiences that could lead them to revisit their identities (Derry, 1994).

I am planning to interview about 10 female qualified clinical psychologists working in your NHS Trust and have at least one child of pre-school age. The interviews will take place at your

workplace or in a location convenient to you. They would last approximately one and a half hours; they will be semi structured so that we can explore the topics in depth and collaboratively. The conversations will focus on your journey from being a trainee to being a clinical psychologist and a mother.

The interviews will be digitally recorded and transcribed verbatim by a third party in electronic format. The transcriber signed a confidentiality agreement. Any identifiable information will be anonomised and I will use pseudonyms to report any quotes. The list of pseudonyms will be kept in paper copy, in a locked cabinet at the researcher's home. The electronic transcripts and recordings will be password protected and CDs will be kept in a locked cabinet.

At the end of the research, I will shred any identifiable paper information and contact details. Digital recordings will be password protected and kept for 5 years. Coded electronic data will be transferred on a CD and kept along with anonomysed paper data in a locked cabinet for 10 years as required by the university.

Your participation in this research is entirely voluntary and you can withdraw at any point. You do not need to give me any reasons for this. The questions in this interview require you to discuss some personal aspect of your life. I hope that this will not cause you any distress. However, if you need some support I would suggest that you bear in mind someone you can contact, like a friend, a family member, a colleague or a supervisor. Alternatively you could access the Trust Scheme, a confidential service available to all Trust employees on XXXXX and ask for Ms Green.

I am using the interviews data to write up my research dissertation and I am happy, if you are interested, to send you a summary of the research findings. I am also hoping to be able to write an article for publication in an appropriate journal.

Now that you have read this information sheet, I would like to know if you have any concerns about your participation in this study or if there are any questions you would like to ask me before you sign the consent form.

Many thanks,

Appendix

Lisa Gaiotto

Trainee Clinical Psychologist

Email: lg147@canterbury.ac.uk

References: British Psychological Society (2005). English survey of applied psychologists in health and social care and in the probation and prison service. Leicester: British Psychological Society.

Derry, P. S. (1994). Motherhood and the importance of professional identity to psychotherapists. Women & Therapy, 15, 149-163.

Consent form

Study title: Identity construction of female clinical psychologists with young children: a discourse analysis.

Researcher: Lisa Gaiotto

Please read the following declaration, put your initial next to each statement, and sign the form at the end.

1. I have read the information sheet and had the opportunity to ask questions to the researcher.
2. I understand and agree that the interviews will be digitally recorded. They will be transcribed verbatim by a third party, who signed a confidentiality agreement.
3. I understand and agree that the digital recordings will be kept in password protected CDs for five years as required by the Research and Ethics Committee.
4. I understand and agree that any identifiable information and contact details on paper will be shredded at the end of the study.
5. I understand and agree that personal questions will be asked and that I have the right to withdraw from the interview and study at any point.
6. I understand and agree that data will be treated confidentially. My name and any identifiable information will be anonymised, including verbatim statement reported in any publication.
7. I understand and agree that electronic information will be password protected and paper data will be kept in a locked cabinet. The researcher only will know the password to access the data.
8. I understand and agree that, at the end of the research, electronic data will be transferred onto a CD and kept in a locked cabinet along with paper work for 10 years as required by the university.
9. I understand and agree that the information collated from the interview will be summarised and used for research purposes and potential journal submission.
10. I agree to participate in this study.

Name of participant:	Name of researcher:
Date:	Date:
Signature:	Signature:

APPENDIX H: INTERVIEW SCHEDULE

Interview schedule

Thank you for agreeing to participate in this study. As you might remember from my letter/email, I am going to ask you some questions about your experiences of being a mother and working as a clinical psychologist (CP). Before we start the interview I will ask you to sign a consent form.

I would like to remind you that you could withdraw from this study or stop the interview at any point without having to justify yourself. All the information you will give me will be treated confidentially.

I will digitally record the interview which I will download and password protect. The transcript will also be anonomysed and password protected.

Give clinical psychologist the information sheet and consent form to sign. And ask: Have you got any questions about what you've read?

The interview will cover several areas. Firstly, before we start into the main business of the interview I would like to take down a few background details so I will ask you a few questions about your background, your family composition and your job. This is so that I can describe the sample of people that I have interviewed. Then I will move into the main areas that I would like us to talk about. I will ask you to tell me your journey from being a trainee clinical psychologist to being a clinical psychologist and a mother. The interview should last approximately 1 hour and a half or less.

General demographic information

Let me begin by asking you briefly some questions about your background, your family and your work position.

- How old are you?
- What is your ethnicity?
- What is your marital status?
- What is your religious affiliation?
- How many children do you have? And how old are they?
- What is your job title?
- When did you qualify?
- What is your KSF band?
- How long have you been employed in this Trust?
- Do you work full time, part time or flexible/contracted hours?
- Could you tell me if you had children before or after qualifying as a clinical psychologist?

Interview questions
1. **Pre- qualification**

   a. What led you to going onto clinical training?

2. **Post- qualification**
   a. How did you make the decision of going for your first job after qualifying?
   b. Tell me about a time when you thought of yourself as a <u>qualified clinical psychologist</u>

3. **Thinking of becoming a mother**

   a. What kind of ideas did you have about the mother you would like to be?

   b. Did you have any thoughts about how you would have combined clinical psychology and motherhood?
      Prompt: How did you feel it would have been having children and being a clinical psychologist?

   c. How is your life as a mother and your professional life different from what you envisaged?

4. **Experience of being on maternity leave**
   Did you ever think about clinical psychology when you were on maternity leave?
   Prompts: How was your experience of being in the role of a mother and not being at work?
   In dealing with motherhood what happened to your identity as a clinical psychologist?
   How was it for you to not be at work?

5. **Returning to work as a clinical psychologist with children/child.**

   a. So you had some time off with your child/children, could you tell me how you reached the decision that you would go back to work?

   Prompts: What did influence your decision of coming back to work?
   Did you ever consider staying at home full time?
   How do you fit this decision in the way that you see yourself?

   b. What made you chose to work full time /part time/flexible hours?

   - How difficult or easy was it to make this decision?

   c. Can you tell me about a time when you questioned the decision of returning to work?
   - How did you resolve it?

    Prompts: tell me more about it. And then?

(Reflect back the participant's comments to elicit more responses/ reflections about their identity)

6. Motherhood and clinical psychology
 a. Think about your experience of being a mother and being a clinical psychologist. How do you feel about these two aspects of your life?

   (If participant seem to struggle or appears pensive, ask them to share their thoughts and dilemmas on how to answer this question)

 b. How do you manage your child responsibilities and your responsibilities as a CP? How does this fit with the person you'd say you are?

    Prompts: Could you tell more about your childcare arrangements when you are at work?
      How well do they work? When does it work and doesn't it work?
      How are they different from what you expected?

 c. What factors would you say influence your way of being a mother and being a clinical psychologist?

    Prompt: Did you base your ideas on any role models, books, ...?

 d. Can you tell me if being a CP and a mother overlap in your life? And how?
    Prompt: Are there any similarities between being a CP and a mother?

 e. Can you tell me if being a CP and a mother are in conflict in your life? And how?

    Prompt: Are there any contradictions between being a CP and a mother?

 f. Can you tell about a specific time when it was easy to manage these aspects of your life?

  - What made it easier?
  - What did you learn from this experience?

 g. Tell me about a specific time when it was difficult to manage being a mother and working as a clinical psychologist.

  - What made that situation difficult?
  - How did you cope with it?
  - What did you learn from it?

       h.   Tell me when you felt there were some disadvantages from being a mother and a clinical psychologist.

           Prompts: What did you miss out on?

               How did you feel that being a mother impacted on your work?

               What impact did being a CP have on being a mother?

       i.   Tell me about a time you felt there were advantages from being a mother and a clinical psychologist.

           Prompts: What did you gain?

               What benefits did being a CP have on being a mother?

               How did you feel that being a mother benefited your work?

       J.   What would you like to change?

7. Reflecting on the experience of this interview.

We are almost at the end of the interview. I'd like to have a sense about if and how the interview has impacted on you, particularly around being a clinical psychologist and a mother.

Prompt: has this interview made you think differently about your cp and motherhood identity?

How did you find talking about your personal and professional lives?

I also wonder if it makes any difference that a woman asked these questions. Or if you had any ideas about the reasons "I" asked you these questions?

Thank you very much for talking to me about yourself. Have you got any questions about the research project you would like to ask me?

Once I have all the data I will write a report with the findings. If you wish to receive a copy, please let me know so I can forward it to you. Thanks again for your time.

Appendix

APPENDIX I: EXAMPLES OF CODES GENERATED FROM THE DATA ANALYSIS

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Appendix

APPENDIX K: FINAL REPORT

This summary was sent to the Research and Ethics Committee and the local Research and Development Department that approved the study. It was also sent to all the participants as they requested a copy.

The Identity Constructions of Female Clinical Psychologists with Young Children: A Foucauldian Discourse Analysis

As other working mothers, clinical psychologists who are mothers (CP-Ms) are influenced by how society talks about them (discourses). The study aimed at examining the discourses available and drawn upon by CP-Ms to construct their professional and motherhood identity, and what were the subject positions they occupied when discussing being a mother and a clinical psychologist. The researcher hopes to publish the study in the journal of Clinical Psychology and Psychotherapy.

Ten qualified female clinical psychologists with pre-school children employed in an NHS Trust were individually interviewed by the researcher upon receiving written consent. This summary was also sent to the participants as they all requested a copy.

The study found several discourses, some of which are contradictory, which illustrates the complexity of being a CP-M.

The participants constructed their CP-M identity as belonging to either the mother or the clinical psychologist category. Each of these categories positioned CP-Ms in respectively lower or higher social positions. Consistent with wider societal views on childcare, the motherhood tasks of caring were talked about as a devalued social role. On the other hand the intellectual superiority and social stimulation provided by clinical psychology offered CP-Ms a higher social status.

The participants constructed their identity as being similar and different to other working mothers. Tiredness and multitasking made them similar to working mothers. They drew from wider discourses about needing to be mentally and emotionally present with their

children. However, CP-Ms talked about being different from other working mothers, due to the emotional toil of their work as a clinical psychologist, and the difficulty that they sometimes have in processing what they have heard at work.

CP-Ms discoursed psychological knowledge and practice as potentially damaging their motherhood experience and their social relationships. They tried to separate work from home to avoid the risk of being a therapist to their children, which could potentially deprive them from emotionally experiencing motherhood. And yet, they talked about becoming more aware of the importance of attachment theories since having children. However, several CP-Ms hid their professional identity from other mothers for fear of being judged as an expert mother and being excluded from the 'mother's group'.

The participants talked about their motherhood and clinical psychologist identity as being always present in them. They felt legitimated to challenge the dominant discourse that working mothers are either committed to work or to their children. They talked about having the choice to use or not with their children the practical resources and skills that they acquired at work. However, clinical psychology and motherhood were also discoursed in opposition to one another. The language CP-Ms used expressed the conflict between dominant discourses of mothers' availability at home and professional discourses of work commitment and high working standards, which expect CP-Ms to be available at work. This dilemma positioned CP-Ms as holding both responsibilities and power over others' wellbeing: their children, clients or team.

CP-Ms drew from dominant gendered discourses of women's natural propensity of caring for their children and self-sacrificing their career ambitions. Thus, following these gendered discourses might lead CP-Ms to make what is socially perceived as the 'right choice' of sacrificing their career. The unspoken discourse was one of there being a right way of combining professional and personal demands, thus of being a working mother. However,

CP-Ms challenged being positioned as a mother at work as this can lead to reducing their legitimacy to access professional training, and career promotions as compared to their male counterparts.

A dominant discourse was the construction of CP-M identity as a fluid journey of reframing. It involved continuously negotiating personal and professional values, and goals. The individuals created themselves, with clinical psychology providing continuity to the professional identity and motherhood offering an evolving adult sense of self. For instance, CP-Ms talked about being a good enough mother and clinical psychologist, thus challenging the professional discourse of clinical psychologist striving for perfection. Expressing this negotiation challenged the ideology that there is one right way of being a working mother rather the CP-M identity was constructed as a multifaceted personal journey.

This study suggested that the construction of CP-M's identity is complex as it involves negotiating personal and professional values and goals, conflicts and overlaps between motherhood and clinical psychology within traditional societal views of working mothers. More research is needed to explore CP-Ms' personal experiences, as well as unveiling the discourses that might influence clinical psychologists who are fathers as most of the profession is female.

<div align="center">**APPENDIX L: ABRIDGED REFLECTIVE DIARY**</div>

February 09

My maternity leave is coming to an end; I am ready to return to work. I asked a friend of mine in the first year to get me the copies of the hand-outs of the research fair, but nothing much interests me apart from researching mindfulness. I am beginning to be preoccupied about the topic of the dissertation. I feel out of the game and anxious about what to do. I spoke about this with a friend of mine who qualified a couple of years ago. She suggested that I could research the way clinical psychologists combine work with motherhood as it is not spoken about. Interesting! I wonder if I could find someone to supervise me though.

March 09

There are some emails about MRP ideas, one about mindfulness caught my attention. However, the conversation with my friend is still ringing in my ears. There are more emails urging first years to set up meetings with potential supervisors. So I email a few tutors about researching CP and motherhood and see what happens. I am increasingly thinking about work even when I am at home with VV. He is spending more time at the childminder as he is settling in.

April 09

Back at work! I have attended a couple of meetings and had some conversations about both potentially researching mindfulness or CP-mothers. I guess I am still in 2 minds. I decide to speak to a friend of mine in the third year and ask what she thinks about researching CP-M and who she feels I could contact as a potential external supervisor. She suggested Garfield, so I email him. He calls me back. I present my idea whilst my son sings to himself in the background and empties the kitchen cupboard. Garfield seems enthusiastic about it and agrees to supervise me. I hear the chaos in the kitchen and return to attend to VV and begin to

wonder how did I switch from trainee to mother? How could I fit them both? I think I am already starting to form a research question in my mind. This is it, Cp-m research it is.

May 09

The supervisor form needs to be in and I am in limbo about who might supervise me internally. I feel very worried and anxious. I am beginning to resent the process. Hurra! Sue agrees to supervise me and I feel so excited about reading the literature, the topic is fascinating me. First things first, I need to get to grips with the historical development of the psychology of women, I subscribe to the BPS psychology of women section.

June 09

Ticking along with reading more major authors that wrote about the psychology of women such as Usher, I read her book on clinical psychology and read some Willig too. Found an anthology written by Unger which has given me a good background on feminist research in psychology and socio-constructionism. I must say I find discourse analysis fascinating, I go on about it over the dinner table! I am beginning to form some research questions in my mind.

July 09

I have sent the research proposal to my supervisors. I am struggling with the language to use in DA and the many different direction that the research could take. My supervisors give me their thoughts which are very helpful as it directs me more towards using DA as more than just a methodology, and I am beginning to consider what theories fit with socio-constructionism.

August 09

I am working on my IRP draft proposal as well as on my QUIP. This leaves me little time to consider that in a month time I am going back full time. I am very worried about

having to split myself in millions of directions. The thought of leaving VV in childcare 5 days a week is killing me. But I am also excited about being back at work and seeing clients. I am having many extreme and mixed emotions about this.

September 09

Phew quip done! now I can concentrate on my proposal. I have been working really hard at finding the literature and reading around the topics of motherhood identity constructions. At the moment it is all a bit muddled up between roles, identity and managing stress. I speak about it to my supervisors, they suggest going back to basics and looking at the literature that focuses on identity construction in professional women. This is really helpful as it guides me through. Joint meeting with my supervisors to discuss my research paradigm and framework. We discussed the basis of my interview schedule, which I need to refine.

October 09

Supervision has happened twice on the phone as VV has been unwell with all sorts of illnesses. I feel very stressed as I need to take time off from placement which I only just started. Not sure what to do about my interview schedule. I think it is quite clear and structured but too limiting as I fear it implies that motherhood and CP are always in conflict and separate. Perhaps this is what I am feeling at the moment and need to be aware of not putting my own ways of being a trainee-mother in it. I am glad I have chosen a topic I am enthusiastic about or I would find it too difficult to motivate myself.

November 09

Proposal is in. Hurrah! Hope Salomons would like it and I hope that they'll have some suggestions about the interview schedule. I am familiarizing myself with DA literature, I am reading other DA papers to see how they are structured and written. My supervisor said that this would help me with my analysis later on. At the moment I cannot bare to think about that time!

December 09

I had MRP proposal meeting. Gosh I was so nervous. I have done a lot of preparation for it, I read on theories and DA, etc. Thankfully as I was asked these questions. I had a good meeting and it was really helpful to think about my interview schedule which was felt perhaps needed to be more narrative so to let the participants free to tell their own journey of developing a CP-M identity. After sending the notes from the meeting, I received the letter from Salomons saying that they approved my proposal. I am so happy, as the tutors in the panel seemed to really like the research. I feel I can breathe a bit now and look after myself and my family over Christmas.

January 10

Supervision continues to be focused on refining my research questions. We agreed that I would look at the position of CP-Ms in society rather than focusing on more general gender stereotypes of women as working-mother. My head is spinning, so much to sieve through. Sue sends out an email clarifying some points in supervision, in particular about focusing on studies that look at identity of professional women who are mothers, looking at studies that used DA and talked about difficult potentially politicized topics. I really don't want to get into a political debate about working-women as it is beyond the scope of my research. We discussed the fact that I don't need an homogenous sample as DA suggests that diversity is important to get to the richness of the shared discourses. Sue suggested contacting Dr Green one the CP who read my proposal as an external DA consultant.

February 10

I talked to Dr Green about the research. We had an interesting discussion about clarifying what discourses I am looking for as I could cover discourses about CP, discourses about motherhood and discourses about working-mothers. We agreed that although interesting, this research would be rather large. We clarified that my study would be looking

at discourses that CP-M drawn on when they talk about constructing their identity as a CP-Ms. I feel so much clear about this.

March 10

Ethics time. I have taken time off to write this. It is very lengthy but the website is relatively clear and easy to follow. I cannot say that I am enjoying writing it but it is quite a helpful exercise to get some ideas, research questions and methodology straight. I am still wondering about the sample being diverse. I had several conversations with my supervisors about this and read various DA studies that use and advocate variety in the sample. I think I am still quite influenced by quantitative and some other qualitative methodology so I need to remind myself of DA and social-constructionism.

Placement is changed quite at the last minute. I am struggling with taking VV to the child minder and back. Now I am faced with the need to move him closer to home. I am so stressed, I cannot find childcare and I am really worried about moving him but I see that it is necessary.

April 10

Good news, found a lovely childminder on my street, has a space available! I am also dreading the ethics panel, I am preparing for it quite a lot as well as planning VV settling in with the new childminder and of course I start a new placement. Too much!

I had my ethics review and I can say that was terrifying and humiliating. Many more people that I expected, no psychologists and very grilling. I felt that the panel made their decision before I came in. I struggled to explain DA and its methodology. I am worried that everyone has an opinion about working-mothers, which is paradoxically what I am trying to research in terms of CP-Ms and their position in society. The panel suggests that I review my inclusion criteria to incorporate a wider sample.

My mum is here helping with settling in VV to the new childminder. It is all going well, thankfully or I'll explode. It is clear that if I want to qualify my son needs to be looked after someone else rather than me. i feel sad but work is very important to me and I hope that I'll pass this message to him too.

May 10

My proposal was rejected. I am really upset about this and all sorts of thoughts go through my mind. I am doubting my research, I am worried that everyone has an opinion about working-mothers and that people get their backs up. I have supervision with Garfield who helped me to consider the projections in the room and reassured me that the study is very topical and important for the profession. Feel a bit better. The chair said that unfortunately I need to re-submit. I call her and she explained some of the panel's doubts and said that she will be happy to review my proposal. Feeling much better.

June 10

I take the plunge, re-write the ethics proposal whilst starting the R&D proposal in parallel as it is suggested in the IRAS website. This is taking forever! I make the suggested changes and arrange a new ethics meeting which won't be until July. I am really worried as time seems to be slipping away and other trainees have already started to recruit! Local R&D is being really supportive and reassured me about how quickly they could potentially turn around my application. Phew, some good news at last!

July 10

I am so frightened about going to the ethics panel, I am most worried that they won't approve it so that I will encounter further delays. Right, the panel went surprisingly well. They asked me to clarify few more points, they said that they will send me a letter. Some more anxious waiting. I am working on my other essays as I way to distract myself from all of these MRP worries.

August 10

I received and responded to the Ethics letter asking for some clarifications and additions to the information sheet. I am on holiday but I cannot stop thinking about the delay and how long it might take me to recruit. Relaxing is beginning to feel almost a chore. I feel rather guilty towards VV as he has grown so much but not under my eyes. Every time we spend some time together, separating from him feels incredibly painful but once we are in the usual 9-5 work routine it seems more manageable. Who am I kidding? Structure is just a way to manage my anxiety for not being with him!

September 10

Still waiting for the ethics' response. The R&D proposal is ready to go, but I am waiting on ethics still. I find it really hard to go to Sals and hear my friends talking about recording interviews and recruitment. Few people have already collected their data and they started the ethics process later than me. I need to contain my anxieties. I decide to take up auto-hypnosis, it seems to be working.

Finally! I receive the approval from ethics. I send off R&D proposal, which arrived very quickly! I can also start piloting my interview schedule.

JJ keeps traveling abroad for work, I am sole caring for VV and dealing with work pressures, 2 placements and a theses to start! Seriously doubting why I am putting myself and my family through this.

October 10

I pilot my interview with one trainee psychologist and ask a qualified CP with children to look at my schedule. I think it is important that someone who I don't know well looks at it as they might be more objective. They both suggest re-writing some of the questions about identity to make it clear and be mindful not to imply that the participant had her child after training. It's interesting that they took that from my schedule as I thought I was

quite careful with it being one who had a child before qualifying! It goes to show that even if I am an exception, I am biased about when CPs have children and that their commitment to training would impede other commitments. Is this a dominant discourse I am drawing upon?

November 10

The ethics battle has left quite tired and deflated. Finding myself in the third year, not quite knowing how and when it happened. The past 6 months have gone in a blink of eye. I am also dreading winter as VV gets quite unwell usually. So far so good. JJ traveling is bad but at least I don't feel guilty for not spending time with him in the evenings because I am working.

I am recruiting and started the interviews. I am so unbelievable excited. So many people replied immediately to my email… I couldn't believe it.

December 10

I got general good feedback about my part A but needs to be more work to make it succinct and tighter. Setting up the interviews is not easy because my placement and uni days do not always match with the participants' availability. But I have done few interviews now. Great! It just dawned on me how much material just one interview could generate. With one of my supervisor, I plan the next 8 months so I know my deadlines. Don't want to think about it, but I know that I work better with a clear structure.

 I need to face the reality that I won't be able to transcribe all of my interviews. So I ask ethics for approval to have them transcribed by a third party. Granted.

I continue to be amazed about how flexible and excited my participants are to meet me. It is Christmas now and I need to think of a strategy to recruit at least 4 more participants. I ask Mrs PA if she could email again after checking that R&D agrees with it. Hurraaa, I got 4 people interested, unfortunately one cannot make until March which is rather late for me.

January 11

Interviews continue and I manage to set up the remaining 3 interview dates. I feel like a need to stop a bit and take stock of the year. Christmas was difficult as both VV and JJ had flu and I ended up caring for them both. So I returned to work NOT rested and feeling the over-caring burden. Placements are very demanding, I am worried about one of my clients, I am dreaming about her which is so unusual for me. I am beginning to feel the toll of the interviews too. They are tapping into my own discomfort about building my trainee CP-mother identity. Huge feelings of guilt at the moment as I am spending Saturdays in the library to work on my critical review and evening replying to emails about the MRP.

I joke with my Sals friends that perhaps this is the result of 2 weeks of feeling manic as I tried to finish my essay and recruit my last participant, which I have finally found. My last interview is scheduled for the end of February.

February 11

I continue to interview and on that front things are going smoothly. But gosh, I am feeling rubbish! Really low and melancholic. What is going on! I call one of my supervisors. We talk about suffering from the counter-transference of the interviews. I think I have internalized some of my participants' ambivalence about work and motherhood and their conflicts. I talk about this with my therapist and I begin to feel much better. I always thought that I could integrate psychology and motherhood, I guess being in placement with children is enhancing that I am not looking after my own, which makes me feel guilty and thorn. Being in a placement with older adults makes me think about ending. Coming to think about it, I enjoyed interviewing my participants so much that I am sad about my last interview. I don't do endings very well! I stop and reflect about the huge impact that my clinical work as a trainee had on me, which I expressed in feeling dreadful about leaving VV in the morning.

When I am at work I am fine thou as I know he is well looked after and growing into a fine young boy.

I interview my last participant, I thought the interview went very well which gives me back some motivation and excitement. So I finish my critical review and start to work on my PPR.

March 11

The transcriber has finished the interviews, I should feel happy but actually I feel totally overwhelmed. So so so many pages and words. How could I possibly shift them all. I look at my year planner, it says March- data analysis. I break into a nervous laughter and then begin by tidying up my chaotic study! I put 3 A3 paper up on the study wall and begin the analysis. I have almost 10 days off including weekend, I want to properly immerse myself in the data. I am hoping to do at least 6. The first interview took me forever, almost 2 days. Shocking, the second about a day, well a bit better I guess. I take my A3 piece of paper with themes to supervision, which focused on finding intuitive huntches which hopefully will bring me to the dominant and competing discourses. I am following Willig's 6 steps carefully. Sue suggests drawing out more the effects of the discourses on the participants' social positioning thus their power or not in social negotiations. FDA is proving to be not only time consuming but also intellectually very challenging, I worry that I am not clever enough for it and I really want to give justice to my participants.

It is the middle of March and I am feeling so under pressure. I must continue with my analysis as I don't want to lose the momentum but I need to do my other essays. I make a mental planner: edit my critical review (evening job), data analysis (study days) and PPR (weekends). I feel more in control but this is a total illusion! VV has an accident and bites through his tongue really badly. I ran out of the library and spend the remaining week in and out of A&E with a sick toddler who lost a quarter of his body weight and is dehydrated.

Things are put back into prospective and flexibility kicks in, supervision is done over the phone and PPR written when VV sleeps, CR editing during lunch breaks at Sals. JJ and I take turns to stay at home so my clinical work does not suffer. VV is slowly recovering, I am amazed how strong he had been through it all, poor lad! Of course I caught the flu from all the stress, high temperature and the works. Anything else?!

April 11

Things are slowly getting back to normal, I feel better I continue with my data analysis, which thankfully is speeding up a bit, well… half a day per interview. I couldn't do without supervision, so helpful as many intuitive hutches are generated and the discourses are emerging. I am nearly there but I need to stop as I have 2 essays to given in soon, these are moving along ok. I feel exhausted, I work every Saturday but I need a break now so we go to the beach on a Sunday and got involved in a near frontal hit and run car crash. I am driving, VV is in the car. We are all well but shocked. I have no time to cry or think. VV is shocked; he is clingy and angry towards me. I stop and think: fear of death, Oedipus, trauma,… my little boy. Swapped some study days with placement days and take the weekend off and some days off. Enough I think, this is me and VV time. We spend the days playing and cuddling on the sofa. He is soon happy and I am happy. Night time is for writing PPR and editing the critical review. I send them to 2 friends to read and to my clinical supervisor. Maybe they are good enough, I hope. They are in and I take Easter off, I don't work and spend time with my family and my mum who is visiting. I feel so recharged and much happier. I never thought that I could put psychology in the backburner but I have and feels the right thing to do. Is this what it means to put your family first? It doesn't feel like a choice, it is a natural thing to do for me. But, I still know that work is still waiting for me. My professional identity had not left me, I am glad I know what I do about children development and I am glad I have VV to keep my professional self and ambitiousness under check.

May 11

I have a week off, I need to re-write part A to make it a stand-alone paper. I have cut out so much about DA and ideologies and I am annoyed about it. I read so much on DA and language and all I have is a paragraph. I start Part B later than I thought. I write my methodology and start with the results. The first 2 constructions literally flow out of me, they are clear in my head. The others need more thinking and structuring. I have supervision and talk about my worries about making sure that the reader understands the complexity of the constructions and that participants say one thing and then the total opposite. Sue suggests to use the concept of ideological dilemmas which I find much helpful, Garfield suggests that I structure the result section so that I present one construction and its opposite. I try this, it seems to work. I feel frustrated by the word count, I have so much to say and such richness of content that 4000 just is not enough. I feel it is unfair towards my participants who gave me so much. I hope I can put their dilemmas across well enough. I keep writing and writing. I have a deadline for the draft which I am struggling to meet. I feel I have written everything I possible could, I have no more ideas. Writer's block!!!! A qualified CP at work suggests I take a break, I decide not to work on the last bank holiday of May, plus my mum is here as we need help with childcare. Although I am not working, my mind is preoccupied with the thesis. I dream about it at night, I cannot sleep well, I swing from total anxiety to complete indifference. VV keeps hiding my reading glasses so he thinks I cannot work. Feel hugely guilty but I remind myself that this is not forever! I am stressed, I take control: I am switching like madness between clinical work, academic work and home. Mother switch is on between 7-8 am 6- 8 pm, occasionally on a Sunday. Where is me? I am lost! I have no time for myself which I have no idea where it is. I am not even sure what I would be doing if I have time for me. I cannot think of anything else apart from work. Sadness. Thankfully, I get emails and phone calls from understanding friends who cheer me up. Also, I find

reassuring knowing that other trainees are struggling with the pressure of work. At least it is not just me finding it hard because I have a child; it is a universal feeling amongst trainees.

June 11

I feel so lucky that I have chosen a topic that interests me so much or I don't see how I could continue the theses. I have a study week and plan to write my discussions and a draft of part c. I need to really think carefully about my discussion, I want to re-read key papers and absorb ideas. I have read a couple of times my results and wonder how they fit with the literature. Sue said that the results confirm the literature which is good. I am worried I missed out on things, so I keep checking and looking at my analysis and find the same discourses. I think I am saturated. I check with my supervisors if i have missed out on things. At the beginning of the month, I have supervision with Garfield. I gave him some of the extract and he finds the same discourses I wrote in my result. Phew! I feel better. I guess I am anxious about the VIVA already. When will I stop worrying? I don't even have to think about finding work yet (I have 6 months of placement to do after September)!

It is the end of the month and I feel like a yoyo. Sometimes I feel anxious out of the blue and sometimes I feel fine. I am spending less and less time with my family which is really upsetting me. I am not there for VV, and I am trying to think about the fact that I am doing this for him too. JJ takes VV away for a long weekend so that I can work on the MRP. It felt really strange. For the first time it dawned on me how it might feel for the other trainees who do not have children! I missed him dreadfully but I only had to think and worry about the thesis and nothing else was at the back of my mind. The load of worry off my mind freed up a lot of space and I felt remarkably less anxious. However, I did not find myself working any fast. It is really interesting that although I de-constructed the experiences of CP-Ms, when it comes to me I find it surprising that a lot of my psychic energy is used by keeping VV in mind at all times.

July 11

This is the last leg. MRP needs to be in in 2 weeks. I think I am in an OK place. But I am really tired of it. I find checking for APA so time consuming and I'd rather use this time more constructively such as checking for content and putting together my appendices. I am tired, I collapse at 8pm and spend all my day working. i can see the end of the tunnel and it looks good. But then I am already thinking of the next hurdle. JJ pointed out how I never look back and celebrate my achievements, such as passing with conditions my PPR and CR. He is right but I don't feel like celebrating or patting myself on the shoulder as the saga is not yet finished. However, I am planning to reward myself with a nice treat when I hand in the MRP. I hope to be able to do this on Thursday so I can get Friday as a bit of break. I think that regardless of the outcome I deserve a bit of self-care.

APPENDIX M: REFLECTIONS ON BEING A TRAINEE-PARENT

I wrote these notes for a trainee-staff lunch discussion on personal and professional experiences. I also attended the reflective group on Personal Experiences in Training and Practice, which met for four sessions.

1 What attracted you to speak?

I decided to take part in this seminar for three reasons which are all interconnected:

- Talking about being a parent and being a trainee is personally relevant to me as I am a mother and I am in training. Particularly as my experience has been somehow different from that of other trainees on the course as I started this training as I started my pregnancy. So I had to make two major readjustments and changes in my life at the same time as well as, like others, learn about how to incorporate these two parts of my life whilst being under a lot of academic pressure and managing day to day life.

- I am also wanted to participate in this debate because I am doing my thesis about clinical psychologists who are working mothers and I am looking at what positions they take on, what ideologies do they drawn on when they talk about being a clinical psychologist and a mother.

- I also wanted to hear what others points of views and "tips" on how to deal and incorporate their personal experiences that somehow shape or influence their training and professional identity.

2. Thoughts on the position of trainees experiences in training in relation to parenting?

My immediate thought was that to answer this question I needed to look at some theory. This is my comfort zone, my fall- back position when I am facing something difficult. I can look and read about what other people have researched and found and then I can find an answer to my dilemma. And this is exactly what I have done with my theses. I was grappling

on how can I be a mother and be a trainee, how would this experience shape me? Theory can be helpful, it told me that there are different positions/ ways of being as a parent and a trainee and I think I have tried them all with little success so far! But theory does not always tell you how YOU are going to shape a professional identity from personal experiences, what is the process, what do you need to do.

So I am trying. I started with dividing my personal experience from my professional identity completely. I would not talk about son at work and i do not talk about work at home. Superficially it might have looked that I was succeeding in this artificial divide but I wasn't. I found it impossible to block out my personal experience of being a parent when i was working with children or parents. What would I do if my son did that? Or this little boy just looks like my little one? Or gosh I feel for this mother and her struggles? I guess I felt a connection, a pull perhaps even a deeper understanding of what parents and children go through. But it can be a dangerous place to me too, because letting your personal life guide you with therapeutic work can lead to taking sides in therapy with the parent or the child, you lose the "neutrality" and the curiosity of knowing the experience of the other person, at the most dangerous, you assume you know what they feel.   Trainees have an added advantage, they have regular and extensive supervision that one can use to reflect on the positive or negative impact of personal experience on the work and we also have psychological knowledge to guide us through working with clients.

So dividing personal and professional did not always work but neither letting personal overspill into professional domain always works. I guess these two positions can work in different contexts. For example, a client might elicit some very strong feelings in me so using personal experience in supervision to reflect about the relationship between the reasons for these feelings can be very helpful. I can become aware of these feelings and that their origin

are in me for instance identifying with the client, or that I have lost sign of the client and I am engulfed by my own emotions.

Denying the existence of being a mother and the influence on my practice is not helpful even if sometimes it is an easier option because it can be painful to talk about it and I am fearful of professional and personal repercussion when I reveal I am a parent. There is the worry that I might be seen as less committed to the training course or placement because I must have clear boundaries about when I go home, how much extra work I can take on. There is also the concern that you might look aloof or disinterested in others as you have less time to socialise and unfortunately you have to make choices about your social life. All of these choices about priorities and timing are in order to manage and balance my personal and professional life and to somehow reframe these two parts of my life so that they are not in conflict but co-exist as part of me.

Basically, being as trainee and being a mother has advantages and disadvantages and the hardest part is to conceptualise and re-frame your personal experiences as an advantage point into your professional development. Again psychological theory has helped me as trainee, finding a middle ground, looking for commonalities between personal and professional identities can help in conceptualising personal and professional identity. After all, I care all day: I care for my clients and their families, I care for my colleagues' wellbeing, I care for my family and their wellbeing, I guess that somehow I am looking and reflecting about ways to find time to care for me too.

What would you like to see happen differently?

I would like the training course to reflect the flexible working that is available to NHS employees.

Being a student and being employed is another balancing act to do if you add parenthood to this mix, the course needs to acknowledge that more flexibility is needed. For

instance around, carers' leave and flexible working. Many times I found myself working at weekend to catch up on work I couldn't do because my son was ill, but yet this work goes undetected and I am still been signed as absent. I spare how terribly guilty I feel about missing work and guilty for resenting my son's illness.

Having internet tutorial that one can catch up from home can be very helpful and it might mean that you do not have to lose a day from your allowance if you can catch up via the internet. Swapping study days around might also be possible if lessons are on the net so that I might be able to take my son to the dentist or to the health care visitor. It might make me feel less guilty and anxious about being seen as not committed to either work or my son plus I would not fall behind and end up working in the middle of the night!

Offering part time options would also be very useful as one can at least make a choice.

If the course is interested in training people that have rich life experiences then they need to accept that you are likely to employ people that are parents, carers etc as their outlook in life might be more complex and somehow "mature". Therefore, offering flexibility is paramount for people that have other responsibilities.

Lisa Gaiotto

May 2010

APPENDIX N: JOURNAL GUIDELINES

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Appendix

Reference style . The APA system of citing sources indicates the author's last name and the date, in parentheses, within the text of the paper.

A. A typical citation of an entire work consists of the author's name and the year of publication .

Example: Charlotte and Emily Bronte were polar opposites, not only in their personalities but in their sources of inspiration for writing (Taylor, 1990). Use the last name only in both first and subsequent citations, except when there is more than one author with the same last name. In that case, use the last name and the first initial.

B. If the author is named in the text, only the year is cited .

Example: According to Irene Taylor (1990), the personalities of Charlotte. . .

C. If both the name of the author and the date are used in the text, parenthetical reference is not necessary .

Example: In a 1989 article, Gould explains Darwin's most successful. . .

D. Specific citations of pages or chapters follow the year .

Example: Emily Bronte "expressed increasing hostility for the world of human relationships, whether sexual or social" (Taylor, 1988, p. 11).

E. When the reference is to a work by two authors, cite both names each time the reference appears .

Example: Sexual-selection theory often has been used to explore patters of various insect matings (Alcock & Thornhill, 1983) . . . Alcock and Thornhill (1983) also demonstrate. . .

F. When the reference is to a work by three to five authors, cite all the authors the first time the reference appears. In a subsequent reference, use the first author's last name followed by _et al_ . (meaning "and others") .

Example: Patterns of byzantine intrigue have long plagued the internal politics of community college administration in Texas (Douglas _et al_ ., 1997) When the reference is to a work by six or more authors, use only the first author's name followed by _et al_ . in the first and all subsequent references. The only exceptions to this rule are when some confusion might result because of similar names or the same author being cited. In that case, cite enough authors so that the distinction is clear.

G. When the reference is to a work by a corporate author, use the name of the organization as the author.

Example: Retired officers retain access to all of the university's educational and recreational facilities (Columbia University, 1987, p. 54).

H. Personal letters, telephone calls, and other material that cannot be retrieved are not listed in References but are cited in the text .

Example: Jesse Moore (telephone conversation, April 17, 1989) confirmed that the ideas. . .

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- List two or more works by the same author in order of the date of publication: (Gould, 1987, 1989)
- Differentiate works by the same author and with the same publication date by adding an identifying letter to each date: (Bloom, 1987a, 1987b)

Appendix

- List works by different authors in alphabetical order by last name, and use semicolons to separate the references: (Gould, 1989; Smith, 1983; Tutwiler, 1989).

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Book

Paloutzian, R. F. (1996). *Invitation to the psychology of religion* (2nd ed.). Boston: Allyn and Bacon.

Book with More than One Author

Natarajan, R., & Chaturvedi, R. (1983). *Geology of the Indian Ocean* . Hartford, CT: University of Hartford Press.
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Degelman, D., & Harris, M. L. (2000). *APA style essentials* . Retrieved May 18, 2000, from Vanguard University, Department of Psychology Website: http://www.vanguard.edu/faculty/ddegelman/index.cfm?doc_id=796

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