



Drafting while Drifting: Developing a Digital Village of Support and Advocacy During the COVID-19 Pandemic

Tanya Romero-González , *Diane Sabenacio Nititham* ,
and *Sara Cooper*

In this chapter, we present our experiences as academic mothers and primary caregivers in rural Kentucky during the COVID-19 pandemic. Many of these words we drafted as we helped our children drift to sleep, engaging our pre-pandemic skill of one-handed typing and scrolling on our phones. As lockdown went beyond the two-week “flatten the curve”

T. Romero-González (✉)

Department of Global Languages and Theatre Arts, Murray State University,
Murray, KY, USA

e-mail: tromerogonzalez@murraystate.edu

D. S. Nititham

Department of Political Science and Sociology, Murray State University,
Murray, KY, USA

S. Cooper

Department of English and Philosophy, Murray State University,
Murray, KY, USA

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period and we remained isolated from each other, our digital skills became critical, as online platforms became our main method of work, social interaction, academic networking, and advocacy. The pandemic has profoundly impacted—and continues to impact—women academics, especially those with young children, impeding their professional advancement and magnifying the existing gender divide (Minello et al., 2021).

We are three faculty members who work in different departments in the same college, and we were friends prior to the pandemic. Since submitting our initial chapter proposal, we have seen moments of hope during the initial vaccine availability. We have returned to cycles of frustration, despair, and panic as we manage our own and our families' health and university demands with almost no relief. Here, we describe our challenges, and also our digital village(s) of support and advocacy that began in Spring 2020 and continue(s) today as we write in Fall 2021. We have also seen our relationships grow, from good friends to critical lifelines since the initial lockdown.

While our social locations may be unique, our stories speak to the overwhelming pressures to do more with less, as well as feelings of disposability that are common in the neoliberal university (See Poulos, 2017; Saunders & Blanco Ramirez, 2017; Tirelli, 2014). We share our backgrounds to situate ourselves within this growing body of research, including that of academic parenthood (see Gilbert, 2008; Low & Damian Martin, 2019). Tanya is an associate professor of Spanish who migrated from Spain to pursue her graduate studies in the U.S. before joining her department. Her family welcomed a new baby at the beginning of the pandemic while caring for a toddler. Sara is a white cis-gendered assistant professor of English who, at the start of the pandemic, was single parenting a four-year-old with no nearby family. Diane is a Filipina Thai American and the only woman of color in her department. Her family lives in other parts of the U.S. or in Asia, and her spouse's family is in Ireland. She is an associate professor of Sociology and at the time of initial writing, had one toddler at home. Our stories represent our complex identities and, while each of our families are influenced by diverse factors such as transnationalism, multiracialism, or single parenthood, we share the collective experience of being primary caregivers during a time that both our support network and our advocacy efforts had to take a digital form. Due to the demands and restrictions of caregiving, parents have relied heavily on technology as a mode of communication and support. As Orton-Johnson suggests, “[f]or mothers in the Global North, online networks have long been important

cultural domains for exchanging information, seeking support and confiding fears” (2021, p. 291). The imposed lockdown meant that the online platforms that had been integral to communicating and finding solidarity in our parenting journeys, became a crucial aspect of our survival—our “lifelines” (2021, p. 291). This digital lifeline was not only used to keep our personal lives afloat but we also used it in our professional roles as executive members of the Women’s Faculty Caucus (WFC), a campus advocacy group that addresses equity issues for faculty.

We make our narratives visible through a collaborative autoethnography that combines narratives, diary accounts, letters, text exchanges, images, and other artifacts of our individual and shared experiences. In addition to our personal and vernacular texts, we include our formal recommendations for supporting caregivers which represent the public face of our work. While our interactions and work occurred in an online space, they solidified our bond and anchored us in a time we felt advocacy was vital. Though, as the experiences represented here demonstrate, the line between public and private is often blurred. These fragments allow readers to enter our stories at different points. This systematic and context-specific autoethnographic method allows us to be intentional and rigorous in our inquiry (DeLeon, 2010; Ellis & Bochner, 2000; Ngunjiri et al., 2010). Through collaborative storytelling, represented in multiple modes and genres, we engage in an autobiographical social activity that “disputes the normally held division of self/other, inner/outer, public/private, individual/society, and immediacy/memory” (Sparkes, 2002, p. 216).

We enlist feminist frameworks of narrative inquiry, utilizing different forms of data and storytelling for visibility. Because “events, actions, happenings are also a part of the research and are woven into the stories that are retold” (Trahar, 2009, p. 5), we make visible moments that otherwise remain peripheral through sharing artifacts reflecting our experiences. These artifacts, which carry our felt experiences in material form and real time, are the heart of our collaborative text. We contend that the personal for academic mamas is simultaneously personal, political, classed, raced, and gendered, and cannot be separated from our professional lives—especially during the COVID-19 pandemic (Guy & Arthur, 2020; Maxwell et al., 2018; Pruulmann-Cenverfeldt, 2021). We embrace our “situated knowledges” (Haraway, 2003), translating our invisibilized experiences into nameable embodiments “in order to build meanings and bodies that have a chance of life” (2003, p. 25). Additionally, collaborative autoethnography allows us “to study subject areas that would not be as easily and

profoundly expressed with other methods” (Ngunjiri et al., 2010, p. 8). Our chapter highlights the crucial role that online spaces played in all aspects of our lives but it also points to how we were forced to take matters into our own hands and do the heavy-lifting, adding what Orton-Johnston has referred to as “digital labor” (2021, p. 292) on to the already heavy burden of the physical and emotional labor of being primary caregivers. By writing and combining our personal stories intertwined with our text messages, family pictures, virtual advocacy writing, and other visual media, we are not only making visible and tangible the seemingly ethereal nature of digital forms of communication but also unearthing the cracked foundation in which neoliberalism and higher education in the United States are built. As such, we are making a call for meaningful action, specifically in the support of faculty caregivers. We have been treading the murky waters of doing our work as primary caregivers and academics while digitally advocating for faculty caregivers at our institution and, although we have managed to keep each other afloat, the need for true allyship must be the anchor that will keep us from drifting away and drowning.

BEGINNING OUR DIGITAL ADVOCACY: RECOMMENDATIONS FOR SUPPORTING CAREGIVERS

Well into Fall 2020, our university had no clear or consistent protocols for supporting faculty caregivers, and instead responded to university community requests for clarity and transparency by repeating: “the situation is fluid.” We felt this fluidity. As women/mothers/caregivers, we were drowning. There was little flexibility in scheduling, accommodations for parents whose schools were remote or daycares were closed, and adjustments to faculty workloads were at the discretion of department chairs. If prior to the pandemic we had struggled to achieve the elusive myth of attaining the so-called work-life balance, the impossible conundrum of having both our work and personal lives literally occupy the same space tipped the scale. So we held onto our online platforms. In November 2020, we, along with other members of the Women’s Faculty Caucus executive team, developed recommendations for supporting caregivers during COVID-19. All of our advocacy work happened digitally. Our team strategized via Zoom, co-crafted emails to university leaders via shared online documents, and updated one another on progress via group texts, texts that were also avenues for sharing stories and offering support.

Sometimes we exchanged texts while Zooming with administrators, a means of strategizing in real time. We met online whenever we could find a moment, sometimes for just a couple minutes at time. Like faculty at other institutions who were crafting similar recommendations (Htun, 2020; Malisch et al., 2020; Settles & Linderman, 2020; see also Cohen Miller, 2020), we felt it urgent to state our needs directly and publicly, and to share the abundant research demonstrating the particular burden faced by women faculty and faculty of color. Our document opens:

It has now been well established that COVID-19 has put significant strain on faculty around the country. Research shows this strain has been felt especially by women and people of color. Last spring, when universities moved all classes online, and daycares and K-12 schools around the country shut their doors, faculty faced considerable increases in workload as they transitioned existing courses to an online format. Many did this work while simultaneously caring for loved ones, including children who were no longer attending school face-to-face. Parents were often tasked with educating their children, while many others struggled to attend to loved ones, including elders, facing illness. Numerous studies point to the fact that women faculty, who are more likely to take on additional caregiving responsibilities than men, have suffered personally and professionally because of these demands. They are publishing less than their male counterparts, are facing increased levels of depression and anxiety, and have been unable to take on leadership roles and other forms of professional participation that advance their careers. Further, people of color are more likely to be facing illness, unemployment, and increased emotional and professional demands due to racism and economic inequality.

We called for university leaders and faculty advocates to “work together to enact concrete measures supporting faculty, and especially caregivers, during this continuing pandemic” with the goal of “increase[ing] and sustain[ing] equity across campus.” We identified six areas of need: teaching, research and creativity, service, tenure and promotion, caregiving, and sick leave. Within each category, we delineated concrete recommendations, including flexibility to teach courses or hold office hours online, retroactive pay for those extending tenure clocks (thus foregoing raises), limits on non-essential service, and clearer procedures for taking leave.

During the 2020–21 winter break and into the spring, we met via Zoom with the president and provost, our HR director and representatives, and our faculty senate. We began each meeting telling our stories,

insisting on sharing our lived experiences. HR directed us to the provost, and jointly the provost and president directed us to work through the senate, assuring us that this would be the strongest avenue for policy changes. To date, there has been little progress, despite two faculty senate resolutions stemming directly from our recommendations, one of which passed through the senate 27-1 before the provost rejected it.

We open each of the following sections with excerpts from the WFC recommendations, for three reasons: (1) to juxtapose these formal pleas with our embodied stories; (2) to insist, as we did in our initial meetings, on the relationship between memory and embodied action; and (3) to frame each section. Excerpts appear in italics to set it apart from our discussion. Our included images also hold their own narrative weight, breathing life and connectivity into fragmented moments (see Fig. 1).

Fig. 1 March 2021,
Tanya's text message and
picture to Diane and
Sara. *Used with
Permission*



OUR STORIES

Equally valuable is documenting the impact of COVID-19 on women, care-givers, and people of color, so their experiences remain a part of institutional memory.

Tanya's Story: While Having Contractions...

I wrote this email while having contractions, trying to get ready and tell my partner what to put in the hospital bag (see Table 1). I was standing up over the kitchen table and swaying while trying to type: I had contractions at 7:43 am and 7:47 am. Soon they would be two or three minutes apart.

Email to [my Chair] Monday, March 9, 2020 7:46 am

Subject: May be in labor - need proxy/sub for Univ. Studies Subcommittee Assessment meeting at 1:30 pm today

Hi [Chair],

I may be in labor today. Martin [my spouse and colleague] was officially diagnosed with flu on Friday morning (by the way he was sick before my parents came from Spain- I know a lot of people are on edge about the coronavirus and quarantines and being in contact with people who have been abroad) and was told he needed to be 24 hours fever free in order to

Table 1 An excerpt from Tanya's contraction's app. *Used with permission*

<i>Start time</i>	<i>Duration (mm:ss)</i>	<i>Frequency (mm:ss)</i>
Mar 09, 2020—7:57 am	00:44	03:34
Mar 09, 2020—7:53 AM	00:33	03:01
Mar 09, 2020—7:50 AM	00:46	03:29
Mar 09, 2020—7:47 AM	00:32	04:04
Mar 09, 2020—7:43 AM	00:49	06:39
Mar 09, 2020—7:36 AM	00:32	03:45
Mar 09, 2020—7:32 AM	00:30	05:57
Mar 09, 2020—7:26 AM	00:36	04:18
Mar 09, 2020—7:22 AM	00:35	06:06
Mar 09, 2020—7:16 AM	00:32	05:02
Mar 09, 2020—7:11 AM	00:31	05:46
Mar 09, 2020—7:05 AM	00:32	03:58
Mar 09, 2020—7:01 AM	00:25	06:57

be able to be present at labor and delivery...we're approaching that mark. I was planning to talk to you about all this today (...)

My daughter was born three hours after sending that email. A few days before her birth, my parents arrived from Spain, which was experiencing a severe COVID-19 spread. Then, on March 11th, The World Health Organization (WHO) officially declared the COVID-19 spread crisis a pandemic. On March 14, Spain declared their *Decreto de alarma*, or State of Emergency. In addition to the worry of COVID, my husband was recovering from the flu. Although he had been cleared to be at the birth and no one mentioned concerns about COVID-19, I remember everyone at Labor and Delivery looking at his masked face wearily as I explained he was recovering from the flu, my doctor had approved his attendance, and we were being extra cautious. And yes, my parents had just arrived from Spain, but my husband got sick before they came. I volunteered this information as I had been anxiously considering all possible scenarios as the updates on COVID-19 grew worrisome.

The fact that the U.S. is one of two countries in the world that has no national paid maternity leave comes with a set of problems such as increased rates of postpartum depression, less satisfactory health outcomes for mothers, impact of breastfeeding duration and increased risk of poverty, that negatively affects parents (Bulanda & Bulanda, 2020). Because our institution did not have at the time a parental leave policy and I was not planning to take any sick leave for the birth, my partner and I worked with our chair and dean to draft a plan that included continuing to teach and do other administrative work after I gave birth. We don't have any local family but my parents and my spouse's parents were willing to travel and visit temporarily to help out. At the time, we felt that with this support in place and our two-year-old attending daycare full-time we could adjust to newborn life while continuing to work. But we did not plan for a pandemic or lockdowns. We did not plan for travel bans that would keep my parents in the United States longer than anticipated or that would mean my sister and her family, who live in Spain, had to cancel plans to meet the new member of our family.

As I write this, my daughter is 19 months and no one from my side of the family, other than my parents, has met her in person. The last time we went to Spain was the summer of 2018 when my son was eight months old. As a multicultural and bilingual family in a rural area of western Kentucky, we were hoping to travel every year in order to expose our

children to my home-country's culture and to spend time with family. When travel was no longer an option, I had to resort to an online community to both assuage the feelings of isolation and advocate for change. Nonetheless, persisting questions remained, as travel restrictions and safety concerns were not only imposing inconveniences but also deeply affecting my family's connection with an integral part of our culture and identities. When will we be able to travel internationally again? When will my young children be eligible for a vaccine?

Sara's Story: The Long Momless Stretch

Before the pandemic, friends often asked how I managed as a single parent. My response was always the same—with the help of my community. I relied on friends to take my daughter on an occasional afternoon while I finished prepping courses or to keep her overnight when my babysitter had to cancel during my three-hour evening class. One friend would pick up my recycling; another once picked up meds in the middle of the night when my daughter had a high fever. As Hertz et al. (2021) note, one way single parents in single-adult households manage “the antagonism between production and reproduction” is by “creat[ing] and sustain[ing] supportive networks of resources.” I knew I couldn't do the work of single parenting without my “strategic village” (Hertz & Ferguson, 1998, p. 13). And now I was going to.

So began what would become an almost dreamlike state of existing. I would work long before my daughter was awake. When she woke up, we would eat breakfast, read stories, and wait until it was late enough to Facetime with “Grammy and Papa” in Arizona. They became her remote babysitters. She would bring them from room to room, narrating her play. Together they would tell stories, play games, make faces. On the one hand, I was grateful for what this digital workaround afforded: Ayla remained connected to our family at a time when long-distance connections were tenuous and I gained a little time to work (in my bedroom with the door shut); what it did not allow me, however, was focused time, which is what I most needed. My daughter came in continually to ask for things, share her thoughts, just generally be a four-year-old in my presence. One morning I tracked these interruptions:

4/23/20

[Papa and my daughter are reenacting the entire *Frozen* movie through all of this. I am within earshot]

8:47 hands me a tray of plastic birthday party food and asks me to try it

9:00 “Can you turn over all the match game pieces in this box lid and then find a match?”

9:07 “I can’t find my Elsa costume with the cape. Can you help me find it?”

9:09 “I’m just telling you I’m going potty, but I’m not going poop.”

9:10 “I’m not going poop, but I’m finished going pee.”

9:21 “Where’s my other Elsa glove?”

9:22 “I got a different glove.” [shows me]

9:44 [Loud singing and rubbing sparkly shoes together to make a grinding noise]

9:50 “Mommy, I need a snack. Can I have a popsicle?”

9:58 “Will you read me the back of this squeeze?”

9:59 “Mama, you’re the best! Will you read me this story? ... I’ll just look at the pictures.” [sits beside me narrating story aloud]

10:01 “Mama, is there anything I can do around here? I’m bored.”

10:23 “I’m going to wait for my princess [made from paper and glue] to dry.”

[Singing at top of her lungs for I don’t know how long a song she is making up as she goes along]

In the evenings, when I taught class, I gave her dinner on the couch with a tablet and headphones. She watched shows until I finished at 9 p.m. I didn’t mind so much that she would regularly interrupt class, hollering from the other room for a snack. Rather, I was always partially (or fully) attending to her needs. Right up to the start of class I was setting her up for the long momless stretch (see Fig. 2). I then kept her occupied during class, putting her to bed immediately after. In their study on single mothers’ experiences during the pandemic, Hertz et al. found that women who lived in single-parent households (as opposed to single parents in multiple-adult households) “were more likely to cite ‘trying to work while caring for children at the same time’ as a major impediment to productivity” (2021, p. 2029). Further, without personal time, “their identities as workers and mothers were no longer ‘mutually supportive’” (Garey, 1999, p. 79). I felt this conflict. There was never a moment when I was doing a single thing at once. This split mind, as many parents know, is not conducive to much, and certainly not to research, so research was put on hold.

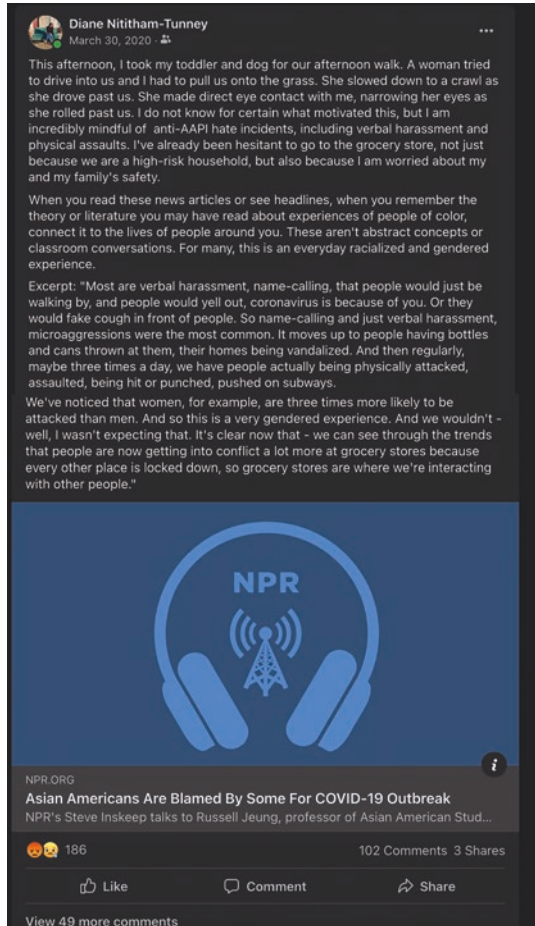


Fig. 2 A picture of Sara’s daughter playing in the living room while Sara worked in the kitchen. *Used with Permission*

Diane’s Story: I Keep Walking

Right before our university went on spring break in mid-March, 2020, I told my students I did not think we were coming back after the two-week “flatten the curve” trial. I asked them to prepare to go asynchronously if my toddler’s daycare closed. It did. And our university went remote. A few weeks later, to take a break from our new work-from-home schedule, I took my son and dog for a walk in our neighborhood. Below is my Facebook post hours after we returned home (see Fig. 3).

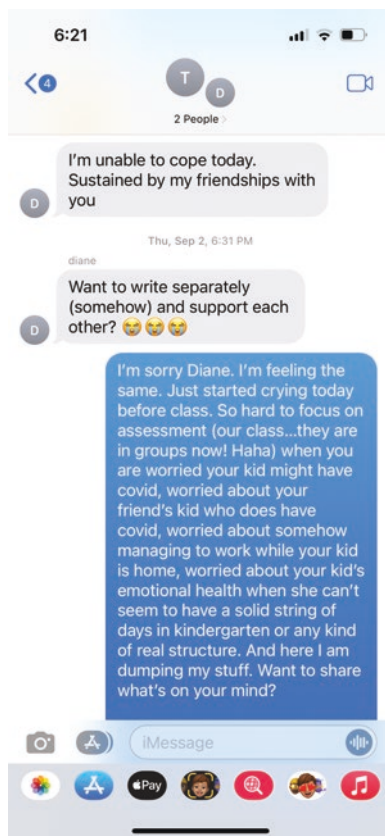
Fig. 3 A screenshot of Diane's social media post. *Used with Permission*



Like the ebbs and flows of the sea, life in our small town fluctuates. On some days, everything feels fine. We have close friends and our neighborhood feels friendly. Yet on other days, I am reminded that we are outsiders. This town has 2.15% people of Asian descent. My spouse, an Irish immigrant, can blend in with the over 87% that identify as White. We wonder what experiences our child will have, far away from our multi-sited transnational family, growing up with few folks with similar stories. As one of a few Asian American and Pacific Islanders (AAPI) and second-generation Americans, many of my cumulative experiences of microaggressions

and systemic barriers are only relatable to my friends and colleagues via research. If even. In order for this incident to not fade away, I posted it to social media, connecting local moments to my global community. Beyond the challenges, the joys I experience through connecting digitally to our families, throughout the US, Ireland, the Philippines, and Thailand—feel fleeting. When the calls end, we remain here. I am thankful that digital communication has strengthened tethers to my local and transnational family. But I worry each time we step outside. While unlikely that we are in constant danger, I carry this dread (see Fig. 4). I keep walking, though. I make efforts to introduce myself to my neighbors. I smile, wave, and mention our names in conversation. I overshare. My goal is to build

Fig. 4 A screenshot of Diane's text to Sara and Tanya. *Used with Permission*



relationships in our neighborhood. If we are hurt while out on a walk, could I knock on their doors to ask for their help? Would they be more likely to aid us if they knew our names? That we are not nameless faceless outsiders? I keep walking. I have to.

UNTENABLE AND UNBEARABLE

Faculty need flexibility in how they teach their courses and conduct office hours. It is especially important that this flexibility be consistent and well-communicated across departments and colleges.

Tanya's Story Continued: *Postpartum Haze*

My husband has chronic health issues that have been exacerbated by the stressors of the pandemic. In their multinational project, *The Unequal Pandemic: COVID-19 and Health inequalities*, the authors outline the major effects and collateral damage that the pandemic has caused, which include not only a crisis in the treatment of chronic health conditions exacerbated by an overwhelmed healthcare system but also other socio-economic factors that have been more clearly revealed across nations (Bambra et al., 2021). With my spouse's chronic health issues fluctuating throughout this pandemic, I have found myself at times having to be a full-time caregiver for all members of my immediate family. In turn, my own health has suffered and back-to-normal seems further away than ever. Additionally, the postpartum haze after the birth of my second child was particularly dense.

At my daughter's pediatrician appointments after her birth, I filled out the standard postpartum depression screenings (Fig. 5).

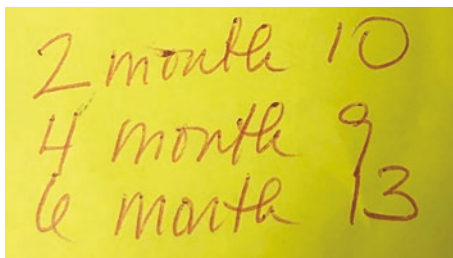
I remember not knowing how to qualify some of my answers. I have felt anxious, worried, panicked, or scared *for a very good reason*—we are in the middle of a pandemic. Doesn't this form need to be updated and adapted? As I was reflecting on this period and writing about my experience, I inquired about the results for these screenings. While my pediatrician's office no longer had the answers for each time I filled out the form, a nurse gave me a post-it note with the overall scores (Fig. 6):

Cox, Holden, and Sagovsky write, “[o]ur data suggested that women who scored above a threshold of 12/13 were most likely to be suffering from a depressive illness of varying severity, and should therefore be further assessed by the primary care worker to confirm whether or not clinical

4. I have been anxious or worried for no good reason
- No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5 I have felt scared or panicky for no very good reason
- Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all

Fig. 5 A section of The Edinburgh Postnatal Depression Scale form. *Used with Permission*

Fig. 6 A picture of the post-it note. *Used with Permission*



depression is present.” (1987, p. 785). At the time, no one told me my scores or said that I was at risk for postnatal depression.

My anxiety grew exponentially when my daughter, at four months old, got sick for the first time in her life (see Fig. 7). The pediatrician was concerned and sent us to get X-rays and a COVID-19 test—the first of many that would follow. I recall the anxiety from when my son got sick as a baby, but postpartum haze plus COVID-19 heightened my sense of worry to levels that I had never felt before. I mentally buckled myself while holding my sick baby tighter. This is just the beginning.

This postpartum haze and sense of isolation have been heightened by the additional medical treatments we have had to pursue. Since we live in a rural area, we have to travel out of town or out of state to access specialists and larger hospitals that offer services not available locally. When I gave birth to my son in 2017, I had issues breastfeeding; after months of pursuing the issue with medical professionals, we found the underlying issues that were affecting our nursing relationship. We went on to continue to breastfeed, with formula supplementation, until he was three



Fig. 7 Tanya and her four-month-old daughter next to a social distance sign, waiting to get X-rays at the hospital. *Used with Permission*

years old. But I vowed that I would do things differently if we were to have another baby: I would not put my physical and mental health on the back burner or spend endless hours attached to a pump. I would have my baby evaluated for ties as soon as possible; I would not second-guess the use of formula. Fast forward to March 2020 and my daughter was having trouble latching. I had been down this road. I knew I needed to make different decisions. But things were different now: maybe breast milk would offer my baby some protection against COVID-19? There was so much that was unknown—and still is. I immediately sought out a referral for a pediatric dentist. As states started discussing postponing elective medical procedures, our sense of urgency increased as we tried to get my daughter seen before the world shut down.

My daughter had the procedure but we still struggled to breastfeed. After a few months of exclusively pumping to produce a few ounces, waking up at night while my baby slept so I could pump, pumping during the day while someone else fed my baby, triple feeding, power pumping, using an SNS (Supplemental Nursing System) I decided to give my body and mind a break: I stopped pumping and we fully switched to formula. Everyone was happier and more well-rested. My children didn't have to compete with the pump for my attention. But as I see new studies coming out recruiting lactating parents who are vaccinated to research the impact of vaccines and protection against COVID-19, I second guess my decision as I try not to spiral into the shame culture that parents, especially mothers, are bombarded with (see Liss et al., 2013).

My son had surgery in December 2020 (see Fig. 8). We were extremely lucky that Diane and her family, with whom we had bubbled, were willing



Fig. 8 Tanya's then 3-year old son waiting for his surgery. *Used with Permission*

to take care of our daughter so we could travel out of state for the procedure. As only one caregiver was allowed to accompany a minor, my husband and I decided that he would wait outside while I went with my son for his pre-op, surgery, and recovery. A negative COVID-19 test no more than 48 hours before surgery was required. Limited PCR test availability required that we drive to a nearby town to obtain one. I knew these precautions were necessary. However, as I saw people travel, refuse to wear masks, and go on about their lives as if nothing was happening, while we continued to isolate and make sacrifices, I couldn't help but be resentful. I still am.

NOT GOING TO MAKE IT

The university must support faculty in caregiving roles. Support could include [...] offering subsidies for childcare and/or adult care; creating an on-campus childcare facility; creating a fund to supplement the cost of care when schools are closed ...

Much of our digital exchanges highlight invisible work (see Figs. 9 and 10). The following excerpts from Sara's emails, while appearing as one

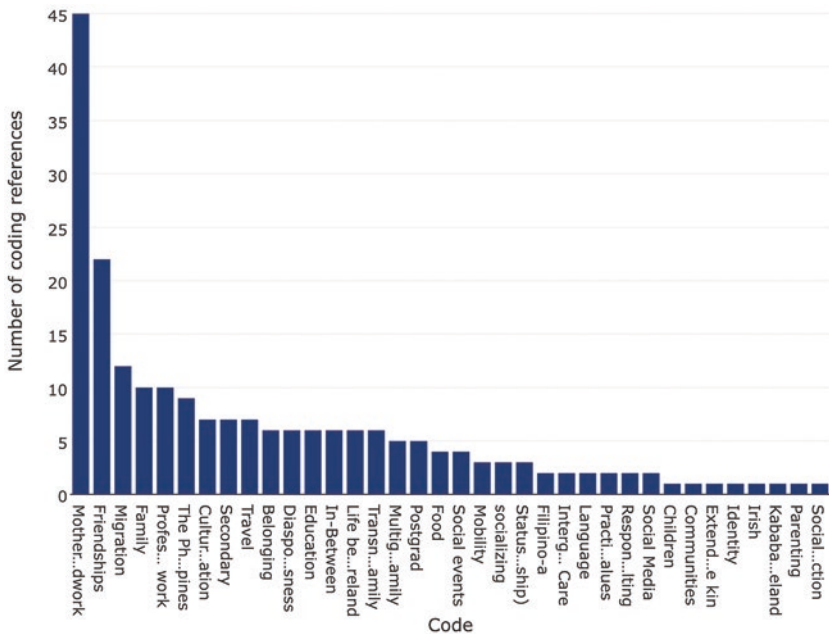
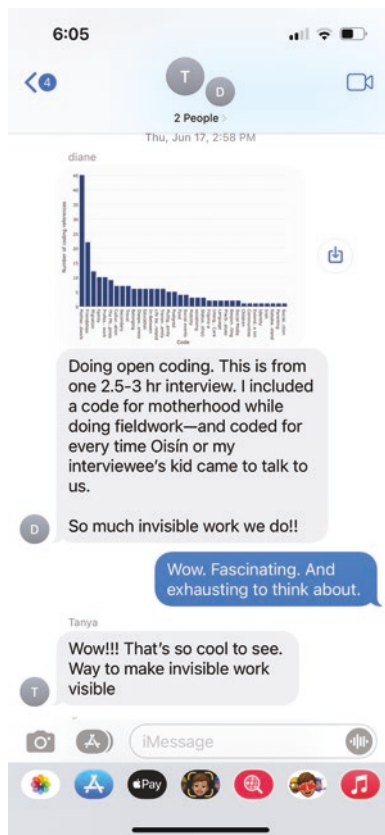


Fig. 9 An image of Diane's open coding chart. *Used with Permission*

Fig. 10 A screenshot of Diane's text to Sara and Tanya. *Used with Permission*



way communication, are interactive and produced within a system of exchange. In sharing these emails with each other and with readers, we bridge a gap between our individual experiences and that of others. For Hernández, Sancho, Creus, and Montané (2010), collaborative readings of autoethnographies provided space to reveal shared experiences of the autoethnographers and researchers:

Identifying the issues emerging from a set of autobiographies is a practice that enables the individual experience to become something shared and

social. This practice allowed us to establish bridges, nexuses, and differences, making the individual autoethnographies transform into a convergence of narratives related to the social and cultural forces having an effect on our ways of becoming university teachers and researchers. (p. 7)

The section begins with Sara’s calendar the first full month of the pandemic followed by images of Diane working from home and then Sara’s emails, listed chronologically (see Figs. 11, 12, 13, and 14).

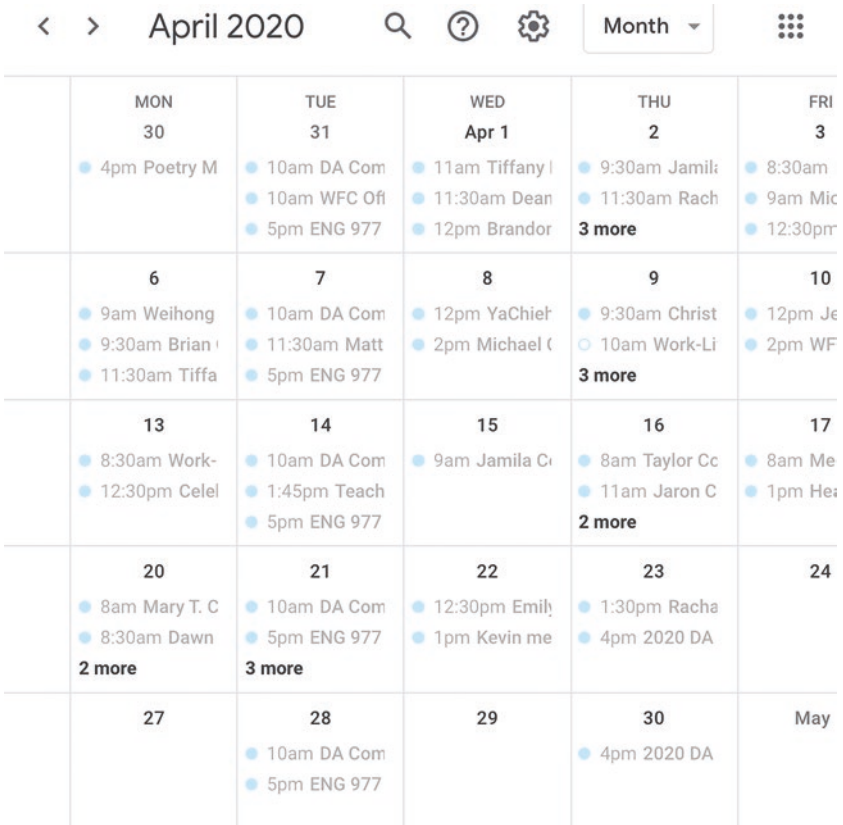


Fig. 11 Screenshot of Sara’s calendar. *Used with Permission*

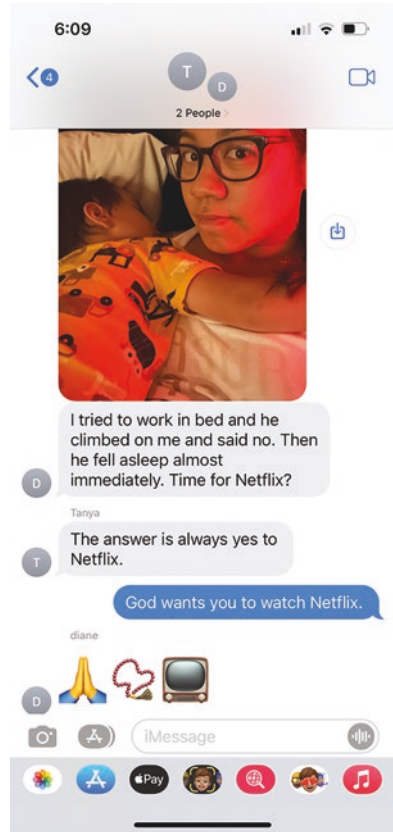


Fig. 12 Diane is writing lectures with a 3 year old on top of her. September 2020. *Used with Permission*



Fig. 13 Diane teaches while she holds her son: “He climbed on me, put his arm up my sleeve, and fell asleep while I taught via Zoom.” November 2020. *Used with Permission*

Fig. 14 A screenshot of Diane's picture and text sent to Tanya and Sara. July 2021. *Used with Permission*



March 16, 2020

Hi [Chair],
I plan to work remotely.
Thanks,
Sara

March 21, 2020

Hi [Chair],
I wanted to reach out so you would know my situation. I'm now looking at completing the semester with no childcare. Daycares are closed, as I'm sure you know. And I'm not sure whether my babysitter will be able to watch [my daughter] in the evenings (or whether I'm comfortable having her here given current risks of infection). As a single parent, I also don't have a partner with whom I can share childcare responsibilities.

I know everyone in the department is challenged by our current situation. I think parents of young kids are especially challenged with schools and daycares closed. I'm wondering if you would be willing to release faculty from non-essential duties (beyond teaching), at least for the duration of the semester. [...]

I fully intend to keep up with teaching responsibilities [...]. I will be doing most of this work, however, in the evenings and early mornings, or while also parenting a four-year-old.

Thanks for considering.

Sara

March 23, 2020

Hi [Peer Teaching Reviewers],

Do either of you know whether we are still required to do teaching observations this semester? I'm now doing my job with a four-year-old at home, and no babysitter or childcare. [...]

Whether we do the observations or not, I probably need to postpone our meeting [...]

Sara

March 26, 2020

Hi [student],

I need to cancel our meeting today [...] My apologies. Now that I have [my daughter] home full time, I have to schedule a little differently.

[...]

Sara

March 31, 2020

Hi [Committee],

I'm so sorry everyone, but I'm not going to be able to make our meeting today.

Sara

Stuck in a Loop

Sick leave policies should be reevaluated to ensure faculty adversely impacted by COVID-19 have access to adequate paid sick leave. This may mean revisiting sick leave policies to guarantee faculty have access to emergency time off as required. Additionally, the university should create a clear procedure with Human Resources to uphold the CARES act.

Diane's Story Continued: *The Run-Around*

12/2020

When members of the WFC executive team asked representatives from HR for support during the pandemic, we each shared our stories. I began with a series of questions, describing my anxiety over being high-risk and concerns about what the semester would actually look like if our daycare closed. Below is an excerpt of what I shared:

1. I read and reread the university reopening plan.
2. I call HR about my concerns.
3. I am told “the situation is fluid. Work with your chair.”
4. I call my chair and he says, “the situation is fluid. Work with HR. Contact IDEA.”
5. I contact IDEA—”Work with your chair and HR. We have no legal capacity to help you unless you have an ADA issue.”

I feel stuck in a loop. These questions remain unanswered. More conversation and more questions, including: When I take sick leave, whether to care for myself or my child, who picks up my classes? My lessons? Who takes up grading? What if his daycare closes his room? My chair assures me, “Diane, this is a chair and HR problem. Not a Diane problem.”

But it *is* a Diane problem, because if work gets shared with my colleagues, who are already also overworked, this impacts our morale and workloads. Even if my child is not sick, working from home still makes it challenging to complete work effectively. During the first full semester of the pandemic, I lost nearly 15–18 hours of work a week because of early daycare closing (4 pm) and his needs as a young child. Then, with temporary COVID closures close to the end of fall semester, I felt that I could not take leave due to my students' needs. Every single decision made me realize that all available options were crappy, and no matter what choice I made, all of them were wrong. Taking leave feels like I would fail my colleagues. I am the sole income earner for my family, so additional leave time, paid or unpaid, means I am just passing the pressure onto other families. So many articles and studies point to how women, particularly women of color, are disproportionately impacted by this global pandemic. I am worried for all of us. What systems of support is the university offering besides the CARES Act? Are there other sources of support? Why is

our rallying cry “Just do your best.” “We’re in this together.”? Migraines, nausea, fatigue from stress are sadly my familiar friends.

Nearly a year after our HR meeting and countless conversations with my chair, I still have no clear answers. We are back teaching face-to-face with no vaccine mandate. Our county has high COVID cases and low vaccination rates. Students are mostly compliant with masking, but enforcement is left to faculty. At the time of writing, the FDA has just approved emergency use of the Pfizer vaccine for 5–11 year olds. My son is one month away from turning 5. I am tired from holding my breath.

Tanya’s Story Continued: *Constant Closures: Fall 2021*

I get ready for another semester in a pandemic without much choice but to put both kids in daycare. We have been doing this for a while now. We have done it all: kept kids at home while working, nanny shared with another family. My only consolation is that we have avoided COVID so far and that my son now rarely gets sick. But I look at my daughter and know that she will get sick often as is common during the first two years of daycare.

A Week before Classes Start

The Tuesday before classes begin, Diane and I get a message from a mutual friend that there’s some news awaiting us at our daycare. I ask, “Bad news?” “Yes,” she says. I text Diane anxiously. It was 45 minutes before our usual pick-up time but I started gathering stuff to pick up the kids. I tell my husband that we need to go ASAP. Is this about a COVID exposure? Wouldn’t daycare have called us? Maybe they did not have time to call everyone yet. Diane and I talk about carpooling and picking up the kids together. But then I start thinking that if it’s one of my kids that has been exposed to COVID we don’t want to share a car and risk more exposure. I called her, “Let’s drive separate cars.” My husband and I arrive; I can see Diane standing outside waiting. We are on the verge of tears. She says, “I didn’t want to read the sign but I saw it and couldn’t help it. They’re closing permanently. Friday.” Panic and chaos ensues: the two families gather together. The four adults make numerous calls before other daycares close for the day. We spend the next few days looking for a place that will take our children, an impossible task as waitlists are long and finding childcare was challenging even before the pandemic. I worry in particular for my daughter, knowing how much harder it is to get a spot for a kid under two. We worry about my son and his best friend, Diane’s son,

and whether they will be able to attend the same daycare. On Friday at 5 pm, we toured a daycare that had opened just before the pandemic and had gone unnoticed by most people, including us, until then.

Week 3

August 30. COVID tests for Aitana and I. My children and I quarantine as we wait for results. Following our institution's protocol, my husband can teach in person since he is asymptomatic, vaccinated, and masked. While he is gone, I have to care for my sick children, while being sick and trying to keep up with my workload (see Fig. 15).

Weeks 4 and 5

My daughter gets diagnosed with RSV and she is out of daycare for ten days. My husband also gets sick. My son has two assessments scheduled. After being cleared, we are able to take him to his appointments, which had been scheduled for months.

Week 8

Another COVID test for Aitana. Thankfully it's negative again. I sigh with relief when I hear the results and I am also excited that she can go back to daycare for our two-day fall break: I am planning on catching up with all the missed work.

Week 9

Aitana is sick. She does not have a fever so the pediatrician doesn't think a COVID test is necessary. I emailed my chair to let them know that I can be at all my Zoom meetings.

Week 10

Aitana got sick last night. She is staying home with her grandparents. I am writing this and I look at the next six weeks and wonder how many more times someone will get sick, how many more COVID tests and quarantines can we handle. Most of all, I wonder whether we will be able to avoid getting infected with COVID-19 before my children are eligible to get a vaccine.

Fig. 15 A screenshot of Tanya's text and pictures of her kids sent to Diane and Sara. Sept. 2021. *Used with Permission*



Sara's Story Continued: *Danger Room*

4/2/20

Haven't wanted to write anything. Maybe because I haven't wanted to feel. Though I have felt. Big feelings Friday night. Tomorrow is Friday again. How could that be? Time is slippery right now. Almost three weeks since the university went online, since daycares shut their doors, since I've become a full-time stay-at-home mom (SAHM) with a full-time job, since I've been allowed to see friends, colleagues, or anyone. I am closest (physically) to the cashier at the grocery store each week. And we both seem uncomfortable with that.

4/6/20

Every afternoon we bike to campus. My daughter rides the bike I bought her for way too much because the world fell apart and we needed a boost. She gets a little better each day. She's climbing hills on her own, learning to brake. The thing I have to tell her most is, "look forward" (she gets distracted by people, trees, dogs, bugs, flowers) and "get out of the middle of the road." When we get to campus, we usually go to her "palace"—the old library with the grand steps and ornate light fixtures (see Fig. 16). She tells me she is Princess Flower Ginger. (I am Queen La-Di-Da). The palace has a bedroom and a danger room (where we go if there is danger, she says). And there is danger. An entire level turns to hot lava at night. A less than ideal situation. Otherwise, things are normal. We brush our teeth with rocks, sleep on the nearby benches. When we wake up, we discuss the day. Today the plan was to stay in until after lunch when we would go to the park. We ended up sitting on a high ledge and eating oranges.

9/3/21

Yesterday the nurse from my daughter's school called to tell me she had been exposed to COVID and would need to be quarantined. I missed the call because I was in a meeting with a group of women/academics about mothering during COVID. My daughter was exposed by her best friend who sits beside her at school and with whom she had spent the entirety of the previous year.

The two girls are like sisters, but sisters who were, for some time, allowed to see no other children but each other. I still remember when they were first allowed to be near each other after months of separation. I have a picture on my phone. They are clutching each other in an overstuffed armchair, watching a show.

When I picked my daughter up from school, she said, "Mama, why did this happen?" I didn't know what to tell her. She said she liked kindergarten and didn't want to miss it. She also said that after being home she wouldn't want to go back. I understood what she was telling me. How do we function when our lives are a series of disruptions? Disruptions we expect in some way but yet have no recourse for response?

My daughter has to be home for between 7 and 10 days from the time of exposure. Somehow, I am supposed to make this work. I am having flashbacks to when I was asked to do this before. It didn't work. It hasn't worked. My body suffered. My mind did. I am somehow buoyed by my friends who are mothers who are also drowning.



Fig. 16 A picture of Sara's daughter during their daily campus bike ride. Spring 2020. *Used with Permission*

LIMITED PATHWAYS

While it is significant to offer tenure-track faculty whose research and professionalization is impacted by the pandemic an additional year to complete tenure, this action does not go far enough to address inequity since those choosing this option are also choosing to postpone salary increases and other benefits associated with promotion.

Sara's Story Continued: *Journal Entry* 10/6/21

I have volunteered to chair a new committee focused on supporting caregivers during COVID. I am having trouble rallying after more than a year doing this work with little to no results. At a recent meeting with a faculty senator, we discussed the possibility of revisiting the faculty senate resolution that would grant retroactive raises to those who postpone tenure or promotion due to the pandemic. What I don't share in this meeting is that this issue is personal. I will likely be delaying tenure. I am realizing this is only due in part to the pandemic. When I started at my institution, I couldn't find a daycare spot. I started calling around the week I accepted the position, six months prior to the semester's start. Most places told me they had a waiting list of at least a year, sometimes two. When I arrived in town, I had no choice but to hire a babysitter to watch my daughter while I was at work. Having spent the last five years in grad school, I couldn't afford more than a few days a week of care and for limited hours. I thus spent the first several months of my tenure-track position working full-time with only part-time childcare. I was also actively hustling for a daycare spot. It hadn't occurred to me that my employer could or should have a hand in ensuring I had childcare, a service which was required for me to do my job. I was too busy trying to survive.

My students and I frequently discuss how the pandemic exacerbates existing inequities. Given I've spent more than a year advocating for caregivers, I am surprised how long it took me to realize this applies, too, to mothers in academia. The connection between that first year without childcare and our recommendations didn't occur to me until I started listening to other mother's stories.

Diane's Story Continued: *A Rambling* 10/1/2020

One morning this October, I woke to a group text exchange from my friends in Ireland, Magdalena and Layla. Magdalena texted that she was not short-listed for an academic position. All three of us are mothers. We finished our PhDs around the same time, more than 10 years ago. While we've all been active in contributing to conferences; writing chapters, peer-reviewed articles, and books; and curating projects, we remain limited by our position as mothers in academia, making do within a larger unequal system.

Sadness is now resentment. I resent that Magdalena, Layla, and I share complicated spaces of success yet continue to feel like failures. Both Magdalena and Layla have children, and with multiple births, maternity leaves, and household responsibilities, alongside a grossly competitive job market, they have worked multiple short-term teaching and research contracts, post-docs, and projects. They've remained active in their scholarship and have continued to seek a more stable position. My spouse and I, years before I finished the PhD, talked about having multiple children. We were in our 20s. After moving to the US in our early 30s, we never felt secure enough to realize this plan. With short-term contracts and precarious positions, we worried about healthcare, continued employment, housing, and my student loans. While I am tenured now and we have one child, we are both over 40 and ask that proverbial question—*where have the years gone?* Through the lens of academic success, Magdalena, Layla, and I remain tied to an either/or dichotomy. The choices of having a larger family or career are often framed as personal choices, rather than as choices made within narrow pathways that limit our full agency.

Scholarship on academic motherhood recognizes that women's choices are constrained by the intersecting dynamics of patriarchy, capitalism, and misogyny (Gilbert, 2008; Low & Damian Martin, 2019; Maxwell et al., 2018; Ward & Wolf-Wendel, 2004, 2016). Academic mothers' experiences are further exacerbated by guilt and societal expectations (Gilbert, 2008; Jenkins, 2020). Baker writes:

[a] disproportionate number of academic women continue to remain child-free, partly because the timing of reproduction conflicts with gaining a doctorate or job security. Many mothers complete doctorates after their children are in school but this pattern usually means that they cannot reach the professoriate by retirement age. (2012, p. 22).

Academic women with a salaried position, particularly in the United States, are further limited by lack of suitable parental leave and childcare. With contingent faculty, the situation becomes more precarious, as insurance is tied to full-time employment, and other benefits associated with a salaried position (Bertram Gallant, 2018; McNaughtan et al., 2017; Tirelli, 2014).

It is no surprise that when I came to my current university, I could not find academic mothers who gave birth during their probationary years. I asked my dean for advice. She told me that women with children that are

employed here either came in with children or waited until they received tenure. I decided, well. We'll have a baby anyway. Now, after having given birth while on the tenure-track, and with a supportive department chair and dean, I was able to have a flexible schedule the semester I gave birth. But what about those with unsupportive chairs or deans? What if their colleagues were not helpful? It also took me years to get back on track with reading, writing, and publishing after giving birth. If I had not had enough materials before birth, would I have had enough for tenure? I have more financial security and insurance than before, but have concerns about my reproductive health and wellbeing. I worry about my aging parents and impending caregiver role with them, and having to commute to another state. I feel the brunt of *either* being a caregiver *or* an academic. I don't know how much more I can give, especially as we are yet to come out of this pandemic.

When we eat dinner, I focus my energy on the chairs that are full, not empty. But I grieve about gendered academic parenthood, mourning for a larger family while seeing the pain of constant liminality for Magdalena and Layla and the elusiveness of the academic opportunities they continue to seek. We are stuck, unable to be *both* fully employed academics *and* mothers. I try hard not to resent my academic father colleagues. But, I do. It is tightly woven through me, because even among the most empathetic of my academic father colleagues, they easily occupy a space of being *both/and*, even if they don't see it. Despite the many challenges of pandemic living and working from home, they can and do *embrace* the pathways to both/and. *Why don't you just shut the door for a few hours and write? Put on some headphones! Block out the kids!* Hearing multiple variations like these, it solidifies two things for me: (1) My academic father colleagues see academic mothers' career and caregiving challenges as personal choices, (2) I now know how much reproductive labor and caregiving their partners (mostly women) are doing to sustain the household, their families, and thus, their careers. Many of my academic father friends continue their work amidst this global emergency, while my academic mother friends are exponentially burdened. Like many other academic mothers, they are struggling to uphold ongoing reproductive labor while patching together what they can of their research, teaching, and service (Guy & Arthur, 2020; Maxwell et al., 2018; Miller, 2020; Minello et al., 2021; Pruulmann-Cenverfeldt, 2021).

I feel for Magdalena and Layla. They know I feel guilty about tenure and they are not on the ladder-rank. They tell me not to. They tell me I

made it. But this is not all about me. The three of us recognize that our either/or positions are a result of the limited options available to us. These limitations came before our existence and I doubt very much will change soon (see Fig. 17). Women remain constrained. Academic mothers are further limited by the ‘motherhood penalty’, where their careers lag behind child-free colleagues (Baker, 2012). I try to manifest my guilt into organizing collective action, yet the acamamas I know are more than over-stretched, our work barely visible, our energy...gone. Our men colleagues say, “I feel you.” They don’t. Chairs and deans say, “You’re doing great.” We aren’t. Their dismissive responses make the weight of unchecked patriarchal capitalism within the university even heavier. This is unsustainable. Unattainable.

Fig. 17 A screenshot of the authors’ text exchange on Mother’s Day 2020. *Used with Permission*



PICKING UP PIECES

It is important that university administration, including the provost, publicly and explicitly acknowledge the pandemic's impact on faculty research and productivity, especially for women, people of color, and those in caregiving roles.

In “Prioritize Care for a More Resilient Future,” Nelson shows how pandemic-imposed restrictions and constraints have “reveal[ed] societal fractures that were mostly ignored by those with the structural and institutional power to create better lives for everyday people” (2021, p. 295). In this untenable system, we continue to gasp for air under the pressure of a seemingly endless pandemic. Additionally, as Ocloo suggests, we need to “[r]eview who is involved in key strategic decision-making (...), and how this reflects local diverse communities, particularly those who are often excluded such as people from Black African, Asian, Caribbean, and other minority ethnic backgrounds, and disabled people, who have been disproportionately affected by the pandemic” (2021, p. 33). It is our responsibility to advocate for these changes. We began this chapter with WFC’s recommendations for supporting caregivers followed by intimate moments of our day-to-day lives. These moments, intertwined with our official organizational work, fueled, mirrored, and made more impactful our commitments to institutional action. We recognize that our gendered and classed roles as academic mothers limit pathways of mobility. Our stories make visible how these limitations—amidst the pandemic—exacerbate positions of precarity for academic mothers, especially those with young children.

Nelson emphasizes the need to bring children to the forefront in order to move forward: “Post-pandemic futures must acknowledge the central place of children in our society rather than treating them as simply an inconvenience that must be managed” (2021, p. 295). Nititham asks that colleagues move beyond performative gestures for a more inclusive and “culturally responsive climate” for ladder-rank faculty and contingent staff (2022, forthcoming). Although the existence of online platforms and communication is essential to both our advocacy work and personal connections, we need others to join our efforts by taking steps toward meaningful action. Strategies include working through existing structures to address equity issues. Ocloo, in her approaches for wider and multi-faceted practice for more equitable co-production of health and social care with diverse communities, urges us to review who is involved in key decision-making (2021). We extend these calls with a list of interrelated requests

for allies to move beyond performative allyship to help those in untenable situations. Below are just a few ways to do this work:

Stop Performative Allyship and Do the Work Starter Pack

1. If you have the institutional power to change things, change things.
2. Prioritize care and care work. Recognize that your individual self is part of a village that needs your help.
3. Reflect deeply about workload and stop comparing who has it worse or better. Pick up extra committee assignments, help with administration, pack an extra meal to share with a struggling colleague.
4. Show awareness about your colleagues' additional emotional and physical labor duties. Caregivers, especially those tending to young children, family members, ailing parents, and so on are more tired after breaks or weekends. Offer an hour or two of your time to give them a break (e.g., take their kid(s) on a walk).
5. Collaborate with secure or privileged colleagues to demand professional development funding for caregivers, retroactive pay, schedule and teaching modality flexibility, course releases, and student workers *and* TAs as graders.
6. Stop writing emails that only pontificate. Use that time and energy to help your colleagues *and* partners with work and/or reproductive labor where needed.
7. If you or your department writes a statement in support of a cause or to bring visibility to an issue, follow up with specific action items.
8. Instead of sending articles to your faculty related to the burden caregivers are suffering, do something, like lighten our loads, reassign committees, lower course caps for a few semesters.
9. Schedule only necessary meetings. Avoid scheduling during drop-off or pick-up times or after childcare hours.
10. Volunteer to take notes during meetings.
11. Call out performative white allyship. Example: if your colleague makes a point and she is ignored, or someone else repeats or appropriates it later, interrupt and say: "she already said that."
12. Shut up once you've made your point.
13. Reframe your empathy. Instead of saying, "I had kids thirty years ago. I totally get it," say, "What errands can I run for you?"
14. Stop putting overrepresented groups in leadership positions. Support minoritized people to prevent the glass cliff phenomenon.

The COVID-19 pandemic has put us in a position where we all had to rely solely on digital platforms and, as such, it has heightened pre-existing problems in the neoliberal university. By combining feminist autoethnography and concrete recommendations, we move toward storied, embodied action. Because our stories are not just our own, but some of many, we aim to make visible the challenges that became exponentially difficult for faculty caregivers during the ongoing pandemic. We need colleagues and the administration to do the work, as we cannot continue to do it alone. We are not pleading; we are demanding change.

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