

The “Mother Problem”: Up, Out, or Sidelined?

Recently I gave a talk on career and motherhood to an audience at a medical school. Several young mothers with babies attended, as they usually do at such talks. One young woman named Kara, carrying an infant on her chest in a Snuggli, approached me after the talk and proudly related that she had her daughter during her third year of residency. “It was rough but my team all pitched in. I was home for six weeks. When I came back I arranged to have my baby-sitter come to the hospital for nursing,” she said, beaming at her daughter.

Later that afternoon at the reception, I was speaking with a senior faculty member and mentioned Kara and the other young women with babies. “Yes, these young mothers are remarkable,” he said. “They’ll make good doctors, but they won’t make good scientists.” I asked him what he meant. He hesitated. “It’s not that they’re not smart—they’re really top-notch—but they don’t have the stamina for the long run—you know, the grants, tenure, and all that. They make their choices; we all make our choices.” Clearly in the eyes of this faculty member, a contemporary of mine, even women who can successfully navigate the obstacles of the medical profession are not able to meet the strenuous demands of the basic science research field.

Almost every week the media pick up another story about women with expensive professional degrees “opting out” of corporate executive positions or partnerships in major law firms to have children. These so-called elite women often express relief after escaping the competitive rat race and describe a new joy at discovering the wonders of motherhood. Yet these same media outlets also announce the elevation of yet another woman to the presidency of an Ivy League college, casually discuss women as possible presidential candidates, and laud the promotion of another woman as a TV news anchor.

These mixed messages portray an inconsistent picture that can make it difficult to decipher what is really going on. Are women slowly but relentlessly

rising to equal representation in top positions so routinely that the phenomenon no longer requires media fanfare? Or are these women dropping out at a faster rate than they can succeed?

The short answer is, Most women aren't doing either—they are not steadily rising to equal representation in top positions, nor are they dropping out in large numbers. Our research shows that highly educated women rarely leave their chosen profession entirely. Instead they become caught in a “second tier” within or allied with their profession where they take breaks for family needs but return to work, sometimes on a reduced schedule but frequently full-time, until retirement.

These women enter prestigious career tracks after many years of education and apprenticeship and then encounter a workplace where sacrifices of family life become more daunting and models for success more scarce. They enter a second tier, unlikely to regain their position on the fast track. For many women the second tier has become the default “mommy track.” It covers a wide range of jobs, from well-compensated positions with reduced hours in health maintenance organizations (HMOs) or biotech firms to part-time lecturer positions with no security or benefits. There are many virtues of a less time-consuming alternative, but in the current workplace, many of these jobs are insecure, underpaid, undervalued. What second tier jobs have in common is that mothers are overrepresented and there is no track to the top.

The medical resident mom whom I met after my lecture is statistically headed for the second tier. Although we did not discuss her long-range career plans, she told me her residency is in pediatrics, one of the primary care specialties where young women, now about half of medical school classes, gravitate in great numbers.¹ She is likely to join an HMO or large group practice where she can gain control of her hours. She may reduce her weekly contribution to four days a week and limit her on-call time. She will earn compensated positions with reduced hours in health maintenance organizations at pay significantly less than male physicians'.²

It is possible, though statistically unlikely, that she is planning a career in academic medicine. Only about 15 percent of full professors in medical schools are women, and there are just nine women medical school deans in the United States.³ This route is long and arduous. After residency, a specialized fellowship in, say, pediatric oncology, a first grant, and one or two publications will prepare her for an entry-level assistant professor position. More grants and continuing publications will pave the route to the relative security of tenure.

It is not difficult to understand why few women who choose to have a family pursue academic medicine. The question is, Do they have a choice? The competitive world of medical science waits for no one. A year or two out of the competitive grant race and there is no longer a place at the table. The first woman president of Princeton, Shirley Tilghman, who was appointed in 2004, famously argued that the tenure system should be dropped because it’s “no friend to women’.” It makes huge demands at a time when women are already stressed out with young families.⁴

Consequently the second tier represents a viable alternative, usually the only one. For many it is an opportunity to stay in a profession while having children and hoping for a second chance down the road. Other workers, both men and women, are not interested in the frantic pace that usually characterizes rising to the top of the profession. They find the slower pace and lower expectations of the second tier more congenial. Indeed, for some, the second tier provides a welcome respite from rigid professions that offered few schedule choices beyond the full-time track. For example, Internet entrepreneur Tiffany Shlain’s second tier schedule allows her to take time for her family throughout her workday: “I get time to run errands, take my daughter to the doctor, have time with the girls,” she enthuses.

But again, the key is for women to have choices; mothers should have the option to try out a part-time schedule like Tiffany’s when children are young or the opportunity to stay at a Fortune 500 company and the right to return to a full-time position after family obligations ease up.

As this book will show, women do not choose the second tier in one decisive moment. When we read stories on the brilliant careers of successful women or careers eagerly left behind to pursue full-time motherhood, we see only a snapshot in time. Yet a series of decisions are made consciously or unconsciously over the span of a career—from the day a student enters college to the day she retires.

Kara, the medical resident, probably began her medical studies majoring in biology, the science that has been most welcoming to women; the percentage of degrees awarded to women has soared from 25 percent to 50 percent.⁵ A biology degree positions women to enter medical school, where their numbers have swelled to 45 percent of entering classes.⁶ Medical students are only part of the incredible wave of women pouring into professional schools, which are now comprised of roughly even numbers of women and men.⁷

When women are choosing career directions, the question of marriage and babies is largely abstract. The age at which women college graduates have their first baby has risen dramatically. In 1970, 73 percent of college-educated women had their first baby by thirty, while in 2000, only 36 percent did so in that time frame.⁸ This incredible shift in large part reflects greater opportunities—and a greater necessity—for women to participate in the workforce. Women planning careers that require advanced training further postpone the idea of family; they are not likely to have children, if they do at all, until well into their thirties.⁹ Students like Kara who attend graduate and professional programs are delaying decisions in other ways. Both men and women are likely to take off a year or two after college and delay their advanced training until they are twenty-five or older.

Settled into their graduate and professional training, men and women appear on equal footing. With notable exceptions in engineering and the physical sciences, women are well represented in all fields and almost no one—male or female—has children. This even balance begins to change as students approach age thirty. But ironically, men students, with their nearly limitless biological clock, begin to marry and have children before women do.¹⁰ Women students delay child bearing in large part because they are afraid of not being taken seriously in their educational and career pursuits. For men, however, fatherhood is considered a mark of maturity.

Approaching thirty, many women reevaluate their long-term career plans. Medical students, like Kara, look hard at the future. Earlier plans for a surgical specialty or a research career in oncology may be jettisoned in light of the years that these specialties require—six to ten in surgery and a similar number in research oncology. Pediatrics, in contrast, requires just three to four years of additional training. And all residencies are notoriously demanding, with eighty-hour weeks the norm. It is difficult to plan a family in this time frame. In other fields a shift in focus may mean repositioning toward employment in industry rather than continuing a postdoc in research or deciding on a small firm rather than the highly competitive race of a large firm.

It is between ages thirty and forty that women change career direction. This is the decade, which I call the “make-or-break” years, when women are mostly likely to drop into the second tier. The demands of a first job in the fast track male-dominated professions are daunting. This is the time when sixty- to eighty-hour work weeks are not uncommon and when extreme flexibility, including moving or constant travel, is often a job requirement.

But for women, this probationary period also coincides with the decisive years for motherhood. Very few women have children after age forty. Among aspiring physicians like Kara, one-half will have their first child during their residency when they are likely to be in their thirties.¹¹ Mothers, but not fathers, will take some time out of the workplace, from a few months to a few years. They may hope to return to the fast track position they left, but most will fall into a second tier position.

Some mothers persevere on the fastest track and do not take extended leave. They excel at work while putting in a second shift—the norm for all working mothers—at home. And they each deal with the unique obstacles of their professions. Recently I received an e-mail from a mother with young children under four who had followed the difficult route to academic medicine. After successfully navigating residencies and research fellowships, she is currently an assistant professor in neurology at a major medical school. But she has a new challenge to face: the federal government. Like most medical researchers, she relies completely on federal grants to pursue her research and pay her salary. In the competitive world of scientific grants, presentations at conferences are necessary to stay in the game. But there is little room for family accommodation in the federal grant world. She wrote, “I called NIH to ask whether my grant could help me pay the baby-sitter who will allow me to go to the meeting and present data from the project, and the program officer (a woman) basically laughed in my face. Do you think it was an unreasonable question?”

The uncompromising, competitive nature of science takes its toll and some women research scientists consider giving up, even after they have achieved a degree of success. But this is only part of the answer. What explains the exodus of women from the fast track across all the professions? Is it the famously unreformed structure of the family? Fathers now spend demonstrably more hours with their children, but mothers still put in the same “second shift.” Or is it the social culture, which seems to place renewed moral restraints on mothers to focus their full attention on child raising to the exclusion of their own interests or concerns? Or perhaps it is the shadowy “old boy’s network,” which persists in a tamed state after decades of sexual discrimination and sexual harassment lawsuits.

The explanation in fact encompasses all of the above, applied with different intensity and professional variations over the occupational life of high-achieving women.

At age forty those still on the fast track look a lot different than they did at thirty, when they completed their training. Attrition during the make-or-break years has culled the herd of young professional women. Many of those who remain will be married but, depending on the profession, only 40 to 60 percent will have children.¹² The survivors of the make-or-break years are now mostly married men with children.

Mothers who endure the make-or-break years do well in their professions. They pass through the first glass ceiling to senior positions, but few make it to the very top—the positions of greatest power and influence, those above the “second glass ceiling.” The percentage of women at the very top has grown in recent years, but it is by no means proportional to the numbers who have poured into the professional fields. This is not just a time lag; women continue to be stuck in the second tier, and mothers who persist often lose momentum.

All of these factors contribute to a distinct trend: rather than achieving equal representation at the top where decisions are made and new discoveries brought forth, women are stalled in the lower tier of increasingly bifurcated occupations. They will have less say in decisions made for and about them. A woman’s voice at the top can make a difference. It can offer new perspectives and new ideas regarding the structure of the workplace.

With few women on medical school faculties, the future course of medical training will be taught, as it always has been, from a male perspective. With few women faculty or scientists to inspire new students, women will no longer believe that all possibilities are open to them, and soon they will not be. Women will not be chosen for training in academic medicine or surgical specialties because they will not be considered serious players. They will be treated as they were fifty years ago when male-dominated professions held that women weren’t worth the gamble.

The powerful institutions of law, medicine, the university world, and business steer the course of the nation. Women have poured into these workplaces in the past thirty years because they must and because they can. But without a strong voice at the top, women will continue to be second-class workers and their point of view will not be considered in the critical issues of the day—whether octogenarians receive medical benefits, if or when to restrict interrogation or abortion, the appropriate wage to pay a piece worker in Mexico, or how to handle compensation and retirement plans for employees.

There is another loss. These highly trained women will not have the opportunity to experience the challenges and satisfactions for which they have

spent years preparing. They will never attain their full potential; the level of status, security, and income that they are qualified to receive. Observing the dearth of women partners, fewer than 20 percent nationally, the president of the Los Angeles County Bar Association observed, “We have a long way to go. It’s my dream that more women will stick it out in the law until they get to the fun part and it just breaks my heart to see them giving up.”¹³

SOLVING THE “MOTHER PROBLEM”

The key to advancement is figuring out the “mother problem.” We can all agree that children are a wonder and a blessing, not a problem; but motherhood is. Child rearing does not occur in a vacuum; decisions about motherhood are bound up with societal expectations, the nature of the workplace (and how it works for or against mothers), and women’s personal needs during the various life stages. Solutions must address all of these factors if they are to succeed.

There is reason for hope. There are more women in top leadership positions than ever before, and others are coming through the ranks. The numbers are far smaller than what they should be, but far greater than they were thirty years ago. And there is a growing national awareness that retaining highly trained professionals will necessitate making serious changes to the structure of the workplace. Closer to home, universities, arguably the most conservative of American institutions, are beginning to change. In the past few years, unprecedented reforms to the tenure system, including extended parental leave policies and part-time options with right of full return, have occurred. These changes were made because our studies and others made it clear that we would lose our competitive edge with each other and in the global competition for the best talent if we did not do so. The business world is increasingly aware of the cost of losing its best-trained professionals. A recent study of eighty-seven leading companies reported in the *Wall Street Journal* showed that 59 percent now offered “extended” paid maternity leave pay—beyond the normal six to eight weeks disability pay offered at most companies. Other firms are “sweetening the pot” by offering positions without travel to new mothers to lure them back to the workplace. One company found that it retained 86 percent of its new mothers, compared to 63 percent before the innovative new policies were in place.¹⁴

This chapter frames the themes of motherhood over the career span. As an overview, however, it does not describe the differences between professions—the unique obstacles and the special advantages of each; why, for instance, women doctors are the most satisfied and the least likely to leave their profession, or why women scientists are rarely elected to the National Academy of Sciences. It also does not explain why many mothers succeed in spite of professional obstacles while others drop into the second tier or abandon their career entirely. The following chapters will closely examine the lives of women in different professions as they work their way through their student years, their critical make-or-break years and beyond into the leadership years. The problem areas are targeted, but so are the solutions. In the words of Jessica, a lawyer mother we will meet in a later chapter, “I love my family and I love my work. I have only one life to lead and I want it to be the best it can be, that means a balanced life; and believe me, I am not a superwoman.”

The pendulum could swing either way—the doors to the top professions were opened to women amid huge fanfare in the 1970s and 1980s with federal legislation, sex discrimination lawsuits, and organized collective action. But these advances have been tempered by women’s limited professional upward mobility. Without further advance, women may become permanently marginalized in the second tier as the doors to the room at the top close again.

Such changes are essential at this critical point in the history of women and work. Women have always worked. They have worked on the farm, in the factories, and at home. My immigrant grandmother rarely left her Minnesota home except for trips to the grocery store and church, but it served as a boardinghouse for five iron ore miners in addition to her family of five for whom she cooked and cleaned. Now more than ever before in American history, women, including most mothers, are working outside the home. It’s the challenge of the next generation to ensure that women have equal opportunities in all careers in the future, including those in the elite professional and managerial classes.