**Mental Load, Decision Fatigue, and Emotional Burnout: The Invisible Labour of Maternity Leave in Extreme Circumstances**

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**Long Abstract**

The Covid-19 pandemic profoundly transformed the experiences of mothers during maternity leave. This article presents the multifaceted challenges faced by these women as they navigated the complex intersection of motherhood and a global health crisis. We focus on illuminating the invisible work that mothers undertake whilst on maternity leave and we argue that the extreme setting of the covid pandemic pushes this invisible labour to the extreme allowing us to shine a light on the inequalities faced by mothers. Although we hope that the occurrence of Covid is a distant memory, we also recognise the value of studying extreme contexts as a way of examining systems of inequality that develop both in the public and private realm (Hallgren et al., 2018). As Reisman and Becker (2009: 20) suggest, ‘alerted by extreme cases, he could then find in daily life what was overlooked by researchers who accepted prevailing pieties’. We therefore hope to not only document the valuable and important experiences of women during this period but also hope to gain deeper insight into experiences of domestic labour and the mental load that become more pronounced in these extreme circumstances. This article asks the question ‘how did women experience invisible labour during maternity leave in the pandemic?’ In addressing this question, we explore the idea that crises such as the pandemic have the potential to re-entrench, re-constitute, or redefine gendered roles.

**Invisible Work**

Before the pandemic, caregiving was most often underappreciated and invisible (Himmelstein & Venkataramani, 2019; Sayer, 2005). The term ‘Invisible Work’ was developed by feminist academic Arlene Kaplan Daniels (1987) to describe women’s unpaid labour, such as housework and volunteer work. The concept has since been expanded and used to describe lots of different types of work (not just ‘women’s work’); work that is not valued economically, legally, culturally and work that is socially marginalized, physically out of sight or some combination thereof (Hatton, 2017). Invisible work is unseen, unacknowledged and neither defined nor recognized or compensated as labour (Kaplan, 2022). Examples of invisible work have included prison labour (Pandeli et al, 2019), ‘dirty work’ (Duffy, 2007; Simpson et al., 2012), sex work (Kotiswaran, 2011), student internships (Hatton, 2017), emotion work and so on. Essentially, invisible work is being undertaken everywhere, but because this type of work is hidden in some shape or form, this obscures the fact that work is being performed and therefore this contributes to its economic devaluation. For Hatton, (2017) invisible work is economically devalued through three intersecting sociological mechanisms of cultural, legal, and spatial mechanisms of invisibility. According to her, “The sociocultural mechanism renders labour invisible through ideologies of gender, race, class, and age; the sociolegal mechanism renders it invisible by removing it from legal definitions of “employment”; and the socio-spatial mechanism renders it invisible by physically segregating it from the socially constructed “workplace.” (Hatton, 2017, p.337).

**Methods**

The findings presented in this article are based on the experiences of 16 women who lived through maternity leave during the global Covid pandemic. 13 were in heterosexual relationships either married or co-habiting and 3 were single parents at the time of the interviews. All participants gave birth in 2020 in England or Wales and experienced a maternity leave plagued with lockdown and regulations. The research team conducted semi-structured interviews with 13 women accumulating more than 16 hours of data and 564 pages of interview transcripts. All interviewers used the same interview schedule to ask participants questions about their experiences of maternity leave with room for deviation to allow for each woman to specifically discuss their personal and individual experiences. All interviews were recorded. We have used pseudonyms throughout this research to protect the identities of all participants. Autoethnography is a qualitative research method which employs personal narratives drawing on the experiences and feelings of the researcher. Autoethnography is “research, writing, and method that connects the autobiographical and personal to the cultural and social” (Ellis, 2004, p. xix). All of the research team gave birth in 2020 and were on maternity leave during the Covid 19 pandemic. As such, this was inevitably a topic which resonated with them and thus the lines between researcher and participant become blurred. This article then explicitly draws on the researchers experiences to provide written autoethnographic accounts.

**Findings**

Our findings revealed that new mothers were undertaking significant layers of work during their maternity leave in the pandemic that included such things as:

* Managing the expectations of maternity leave versus the reality of their experiences
* Struggling to be heard and advocate for themselves in the absence of support
* Managing safety, fear, and risk to keep themselves and their babies safe during the pandemic
* Managing boredom, monotony, and loneliness due to isolation, restrictions, lockdown, and the confinement of motherhood more generally
* Managing the relentlessness of caring for a baby whilst never being able to ‘switch off’
* Managing and worrying about societal expectations of being the ‘ideal mother’

The Covid-19 pandemic dramatically altered the expectations and experiences of mothers during their maternity leave; adjusting to these changes and managing their expectations took its toll. Initially anticipating a period of bonding and shared joy, many women found themselves isolated, with limited social interactions and a sense of stolen moments. The absence of crucial social support networks left mothers mourning the maternity leave they had envisioned. The emotional and mental work needed to manage these expectations was often overlooked.

Many mothers felt that their experiences were devalued, leading to feelings of abandonment and disempowerment. Without adequate professional and social support, they had to navigate complex healthcare decisions and the challenges of early motherhood largely on their own, often feeling dismissed. They encountered the usual trope of being considered overly emotional, irrational, and hysterical. Their struggles were not treated as legitimate, and they were forced to ‘just get on with it’ at every stage. Fielding-Singh and Dmowska (2022) have shown us that women experience gaslighting during pregnancy, childbirth, and postpartum; their realities are denied and thereby destabilized; mothers are rendered non-credible, and their experiences are not taken seriously. Even large organisations are now starting to acknowledge gender bias in healthcare and pain (See Nurofen’s recent ‘See My Pain’ Campaign here: [See My Pain | Nurofen](https://www.nurofen.co.uk/see-my-pain/)). Therefore, women were forced to undertake intense amounts of labour in order to advocate for themselves and their children during this time, and ensure their voices were heard. Balancing the risks posed by the pandemic with their emotional wellbeing became a complex challenge for many mothers on maternity leave during this time. The lifting of restrictions introduced new fears and anxieties e.g. ‘Restrictions have eased but is it actually still safe to go out?’ or ‘I had planned to meet a friend outside for coffee, but she has been in contact with someone who has covid – should I cancel plans?’ Constantly having to make these decisions with limited information, not only for themselves but also to protect their baby only added to their emotional burden and decision fatigue. Additionally, loneliness and monotony became prominent features of maternity leave as the absence of social support intensified feelings of isolation. Women had to form networks, reach out, socialise while physically and mentally exhausted in order to manage their mental health on maternity leave. Organising coffee meetups or play dates with the added pressure of masks, navigating lockdown rules and restrictions, lateral flow tests etc. was challenging and exhausting, albeit necessary for survival.

Mothers felt immense, relentless pressure to meet unrealistic expectations of being the ‘perfect’ mum, which was exacerbated by the lack of social support, resulting in feelings of exhaustion, guilt, shame, and a distorted sense of self-worth. There are constant messages, often conflicting and confusing, that women are bombarded with on a daily basis. Mothers are expected to strike exactly the right balance in all areas of their child’s life and development and are considered failures if they can’t meet these impossible expectations, whilst isolated and doing it all alone. Inevitably, this pressure leads to burnout for many mothers.

Therefore, in presenting and unpacking these experiences we aim to highlight the intense level of work mothers are undertaking on maternity leave, despite this time being considered a ‘break from work’.

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