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Positive Rituals for Motherhood: Pain Points and Practices for Maternal Well-Being

Abstract

Motherhood is both meaningful and arduous. The decades spent mothering bring with them stressors like decreased downtime, overload, high stress, fatigue, and more. As parenting takes priority, mothers often neglect their own needs for their child's, negatively impacting their well-being. Today, many mothers in the United States face declining health and increasing burnout as a result. A variety of factors may be contributing to this: institutional invisibility, inequity, inflexibility, imbalance, isolation, and identity issues among them. Despite the multigenerational impact of a mother's well-being, American culture and politics give comparatively little attention to the issue. In this paper, I propose that assets from positive psychology - delivered through ancient ritual practices - can benefit modern mothers. In a counterbalance to the stressors which threaten modern maternal well-being, rituals offer benefits to health, internal meaning-making processes, social connectedness, and emotion regulation. Integrating ritual practice into daily life requires three core elements – attention, intention, and repetition – paired with consideration of special time and spaces. Though insufficient to completely address the many forces working negatively against modern mothers, commitment to a ritual practice may help strengthen the aspects of day-to-day well-being that remain within a mother's control.

Keywords

motherhood, maternal well-being, maternal mental health, ritual, ritual benefits, positive interventions, positive motherhood, positive psychology, commitment, identity, invisibility, inequity, inflexibility, imbalance, isolation, parenting

Disciplines

Family, Life Course, and Society | Feminist, Gender, and Sexuality Studies | Gender and Sexuality | Maternal and Child Health | Other Psychology | Social Psychology and Interaction | Women's Health | Women's Studies

Positive Rituals for Motherhood: Pain Points & Practices for Maternal Well-Being

Kelsey Klinefelter

Master of Applied Positive Psychology Program, University of Pennsylvania

MAPP 800: Capstone Project

Advisor: Meghan Keener Opp, MAPP

August 1, 2021

Abstract

Motherhood is both meaningful and arduous. The decades spent mothering bring with them stressors like decreased downtime, overload, high stress, fatigue, and more. As parenting takes priority, mothers often neglect their own needs for their child's, negatively impacting their well-being. Today, many mothers in the United States face declining health and increasing burnout as a result. A variety of factors may be contributing to this: institutional invisibility, inequity, inflexibility, imbalance, isolation, and identity issues among them. Despite the multigenerational impact of a mother's well-being, American culture and politics give comparatively little attention to the issue. In this paper, I propose that assets from positive psychology - delivered through ancient ritual practices - can benefit modern mothers. In a counterbalance to the stressors which threaten modern maternal well-being, rituals offer benefits to health, internal meaning-making processes, social connectedness, and emotion regulation. Integrating ritual practice into daily life requires three core elements – attention, intention, and repetition – paired with consideration of special time and spaces. Though insufficient to completely address the many forces working negatively against modern mothers, commitment to a ritual practice may help strengthen the aspects of day-to-day well-being that remain within a mother's control.

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Acknowledgements

To my husband Josh: Completing MAPP would not have been possible without your support. Thank you for your patience, resilience, kid-wrangling, listening, cheerleading, and partnership in continual growth. I love you and the beautiful family we are building together.

To my mother Megan: You are where it all began. Becoming a mother has deepened my admiration, respect, awe, and gratitude for you in ways I cannot describe. Already super-mama, now super-grandma. Thank you for the light, levity, laughter and love you always bring.

To my father Jim, brother Ryan, and mother-in-law Karen: You three believed in my alignment with this learning adventure from the moment I shared it with you. Thank you for your genuine interest, check-ins, and enthusiasm.

To MAPP faculty and staff: This program and year has been one of challenge, rigor, expansion, inspiration, and life-changing growth. Thank you for your passion and belief in all we are capable of doing in this world. You have created the environment for a new type of family.

To MAPP 16: Wow. Alone you are each magnificent. Together, you are awe-inspiring. You inspire me with your wisdom, love of learning, curiosity, generosity, passion, zest, and so much more. Thank you for becoming my second family.

To my advisor Mika: Your expertise, sisterhood, creativity, enthusiasm, thoughtfulness, depth, heartfelt support, and warmth have been a highlight of this year. Your professional and personal mama mindshare is the current running beneath the river of this capstone.

To my daughter Callie: In many ways, this paper is inspired by and for you. If one day you become a mother, I hope I will have modeled for you that your well-being is worthy of pursuit, and that your passions and identity can co-exist with the role of mama.

To all my fellow mothers: I see you. I support you.

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Positive Rituals for Motherhood: Pain Points & Practices for Maternal Well-Being

Introduction

“The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother, never. A mother is something absolutely new.”

– Bhagwan Shree Rajneesh

American Moms

Over 42.75 million babies were born in the United States in the past decade (2010-2020) (Hamilton et al., 2021; Martin et al., 2021). This figure equates to approximately 3.88 million babies per year or 10,600 babies per day. With each of these births, a woman becomes a mother, either for the first time, or again.¹ I first earned the “mom” title in 2017 after giving birth to my son. Two years later, my daughter’s arrival promoted me to “mom of two.” Filling this role has been both purposeful and arduous - themes that also emerge in the literature on parenting and motherhood.

On the one hand, studies indicate parents report higher meaning in life than non-parents (Nelson et al., 2013). These results dovetail with emerging evolutionary perspectives that depict parenting at the top of the human needs pyramid because of its centrality in human life (Kenrick et al., 2010). On the other, researchers have identified a variety of new daily demands associated with becoming a parent. Among them are: increased time caring for children, decreased leisure and downtime, overload from combining work and family, difficulty arranging childcare, and increased housework - especially repetitive and tedious tasks like cleaning, cooking, and laundry (Nomaguchi & Milkie, 2003). In a review of thirty studies assessing common vulnerabilities

¹ Surrogates (also called gestational carriers) represent the exception to this statement. Differing reporting policies by state limits data on this group. For some perspective on the comparatively small size of this population, between 1999-2013 gestational carriers accounted for about 18,000 U.S. infants born (Perkins et al., 2016).

before and after childbirth (i.e., the perinatal period), researchers identified chief complaints from women as fatigue, exhaustion, high stress, distress, new task and responsibility overload, and insufficient social support (Hamelin-Brabant et al., 2015). For some women, the pressures of social judgment and guilt intensify these strains (Hays, 1996). As parenting takes priority, mothers often neglect their own needs to prioritize the child's, negatively impacting their well-being (De Goede & Greeff, 2016). Given the size and multigenerational impact of this group, recognizing the influence of mothering on women's well-being matters. In addition to directly affecting the physical and mental health of mothers themselves, poor maternal well-being can also impact the children they bear (Mackler et al., 2015).

The population of American moms is more significant in scale than discourse, policy, funding, and institutional support might imply. In the typical year, the number of women giving birth in the U.S. is greater than all incarcerated persons², females with breast cancer³, motor vehicle deaths⁴, heart attacks⁵, and Army soldiers⁶ combined. While these figures begin to communicate the volume of women acting as moms, they also fail to capture the population entirely. In addition to the number of women birthing new babies annually, the duration of the maternal role means the number of women impacted by child-rearing and its responsibilities extend well beyond annual births in a given year. Far from the single incident of giving birth, motherhood is a decades-long task that involves physical and emotional energy, time, mental health costs, conflicts with other social roles, and an economic burden (Luthar & Cicolla, 2015).

² Incarcerated persons = 2,123,100 (Maruschak et al., 2020)

³ Cases of female breast cancer = 250,520 (U.S. Cancer Statistics Working Group, 2020)

⁴ Motor vehicle deaths = 42,060 (National Safety Council, 2021)

⁵ Heart attacks = 805,000 (Centers for Disease Control and Prevention, 2020)

⁶ Army soldiers = 480,000 (Cancian, 2019)

Today, the average American mom has her first baby around 27 years old (Martin et al., 2021) and spends the balance of her adult life balancing parenting tasks and strains.

These tasks and stressors change across life stages (Nomaguchi & Milkie, 2020). For example, the average mom's early years of parenting bring less sleep and more labor-intensive and demanding physical care (Hagen et al., 2013). During toddlerhood, young children's impulsivity, disruptive behavior, emotional deregulation, and lack of self-sufficiency can make the early years of child-rearing particularly challenging for mothers (Williford et al., 2007). By preschool, research shows mothers' feelings of parenting role overload peak, then parenting satisfaction takes a hit when children reach middle school, and negativity and rejection increase (Luthar & Ciciolla, 2016). Some mothers experience psychological strain during teenage years when children emotionally distance (Collins & Russell, 1991). After devoting a large number of years to mothering, some women experience "empty nest syndrome" when children reach adulthood and leave the home (Raup & Myers, 1989). For some of these empty nesters, the loss of the childrearing role can trigger feelings of sadness, depression, and anxiety (Borland, 1982; Kahana & Kahana, 1982). For others, concerns about the welfare of adult children can induce worry and stress. Though earlier research indicated that adult children benefit their parent's well-being by providing more resources than strains (Umberson et al., 2010), newer research suggests otherwise. Changes in the labor market and financial climate have stretched the years needed for children to achieve economic independence, and children now require more years of active parenting and financial burden (Danziger & Ratner, 2010; Newman, 2012). Collectively, a variety of evolving factors impacts a mom's well-being over her child's lifetime.

Though policymakers and the public tend to emphasize parents' responsibility for their children's well-being, they often overlook parental well-being as a stand-alone concern in the

process (Nomaguchi & Milkie, 2020). What is the impact of this lack of attention on parental well-being, and more specifically, upon the women who fill the role of mother today? As I will explore in the balance of this paper, research suggests the impact on maternal well-being is significant to both mother and child. As such, the tasks and role of mothering warrant expanded consideration and support. In the absence of this support from external sources (e.g., institutions, cultural norms, and societal expectations), I will argue that tools backed by the science of positive psychology can support maternal well-being in the areas within moms' control.

To begin this exploration, I will first review the state of maternal well-being in the United States. This examination will start with a discussion of the modern maternal load, review six pain points associated with modern American motherhood, and conclude with a look at how maternal well-being occurs on a continuum. Next, I will address what the field of positive psychology is and how it integrates into and complements the discussion of moms' well-being, briefly addressing how the field's origin parallels the existing research surrounding maternal health. Lastly, I will propose *ritual* as a vehicle for delivering positive psychology to moms in micro-doses compatible with daily practices. After defining and detailing the benefits of ritual in general, I will suggest specific rituals as prospective well-being interventions for mothers and conditions which support their successful use.

The Modern Maternal Load

“Just because someone carries it well, doesn't mean it isn't heavy.”

– Author Unknown

Research compiled in a meta-review examining the last decade of scholarship on parenthood and well-being in advanced economies suggests parenting remains gendered, and mothers continue to carry a disproportionate portion of the child-rearing load (Nomaguchi &

Milkie, 2020). Moreover, this unequal load is more than a self-reported stress difference; it appears in gendered relationships to time (Ruppanner et al., 2019), domestic work (Skreden et al., 2012), multitasking (Offer & Schneider, 2011), career (Orgad, 2019), and logistical planning (Damingler, 2019).

During the transition to parenthood, research shows mothers feel more time pressure than fathers (Ruppanner et al., 2019). By preschool, mothers face increased parental stress, spending more than double the time on daily childcare and domestic labor than dads (Skreden et al., 2012). When multitasking on activities likely to be related to negative feelings and work-family conflict, mothers spend more hours on those tasks (Offer & Schneider, 2011). Compared to dads, moms are more stressed, fatigued, and less happy when spending time with children (Connelly & Kimmel, 2015; Musick et al., 2016). Because they still tend to their families even while working long hours (Nomaguchi & Milkie, 2020), mothers experience greater parenting burden when partners work long hours (Craig & Brown, 2017). Women are more likely to have their happiness challenged by parenting's time demands (Pollmann-Schult, 2014) and constraints to career advancement (Orgad, 2019). Among middle-class couples with young children, Harvard sociologist Allison Damingler (2019) found mothers disproportionately complete *cognitive labor* like anticipating needs, overseeing logistics, and making decisions. Damingler (2019) also identified this as a source of maternal stress when unnoticed and unappreciated. Though parenting requires nurturing, supporting, and socializing children throughout their lives (Nomaguchi & Milkie, 2020), evidence strongly suggests the experience differs for mothers and fathers.

Furthermore, evidence suggests parenting strains impact maternal well-being disproportionately. In a recent national survey of 1011 parents with at least one child in the

household conducted by the American Academy of Pediatrics (A.A.P.) to assess the impact of the 2020 COVID pandemic, 27 % of respondents indicated worsening mental health and 17% reported worsening physical health (Patrick et al., 2020). Within this group, female and unmarried parents reported higher rates of deteriorating health, as did a higher percentage of families with younger children.

Findings in popular culture echo this A.A.P. survey finding. Motherly, a leading online education community for mothers with an audience of over 30 million women, conducts an annual ‘State of Motherhood’ survey to elevate women’s voices and concerns to legislators who might otherwise disregard maternal needs (Motherly, 2021). This year, over 11,000 women responded to their online survey run between March 1-14th, 2021⁷. Though not a peer-reviewed scientific journal, the scale of the Motherly audience and caliber of their advisors makes their findings noteworthy. Expert contributors to their platform include multiple O.B./GYNs, a Board-Certified Lactation Consultant, a Reproductive Endocrinologist, a certified nurse-midwife, and others (Motherly, n.d.). A few of the take-aways from their report assessing mother’s recent experiences in 2021 (Motherly, 2021) include:

- 93% of moms feel burned out occasionally (up from 86% in 2020)
 - 43% feel burned out more frequently (up from 35% in 2020)
 - 16% feel burnt out all the time (up from 6% in 2020)
- 69% of moms devote five or more hours a day to child/household duties
- 89% get less than eight hours of nightly sleep
- 20% report new or increased alcohol consumption to cope

⁷ Motherly’s final report generated from this survey focused on a Millennial cohort of 5,809 respondents between ages 25-40. Edge Research weighted the data to reflect the racial and ethnic composition of US female Millennials based on US Census data (Motherly, 2021).

- 64% had less than one hour to themselves within the prior 24 hours
- 92% of mothers feel society doesn't understand or support motherhood
 - (up from 74% in 2018, 85% in 2019, 89% in 2020)
- 67% report needing more caregiver support
- 56% report lacking a non-family "village" to call on for help
 - (up 15% from 2020's 41%)
- 61% returned to work from maternity leave before they felt ready
 - 48% of working moms considered leaving work because of childcare costs
 - 64% of working moms indicated child and household duties harmed their paid work during COVID

As a mother to two children under four years old myself, many of these figures resonate. Had I been included among the women surveyed, I too would have responded "yes" to many of these inquiries. Like the women surveyed, at times I also experience burnout, yearn for a village, devote more than five hours to household duties in a day, need more support, and get under eight hours of nighttime sleep. I also likely qualify among the *most* resourced and supported mothers in America as a married, white, masters-level educated woman living in a dual-income household in Los Angeles. This experience leaves me wondering (and worrying) how fellow mothers in less-supportive circumstances fare.

What factors may be contributing to mothers reporting worsening physical and mental health, overwhelm, and feelings of not being understood? To consider possible answers to these questions, I conducted a literature review of recent scientific research related to mothering in America. Based on that literature review, I identified six "I" themes that seem to represent recurring pain points for modern moms in psychological, sociological, and organizational

research. They are institutional invisibility, inequity, inflexibility, imbalance, isolation, and identity. While these six “I’s” do not represent a definitive or exhaustive list, they provide orientating context for parties seeking to assess the current mothering climate. Next, I will briefly introduce each topic in its respective section below.

Common Motherhood Pain Points: The 6 I’s

Institutional Invisibility

“It’s not always easy to convince someone a need exists if they don’t have that need themselves.”

- Caroline Criado Perez, Invisible women, 2019

Despite ranking as the world’s largest economy in 2020, the United States ranks among the least family-friendly, according to a United Nation’s Children Fund (UNICEF) office of research report (Chzhen et al., 2019; *GDP Ranked by Country 2021*, n.d.). To make this assessment, UNICEF evaluated family-friendliness by looking at 41 high- and middle-income countries that are members of the Organization for Economic Development (OECD) and European Union (EU) and compared them based upon four country-level indicators. Those markers were: (1) length of paid maternity leave, (2) length of paid paternity leave, (3) percentage of children under age three in childcare centers, and (4) the portion of children between age three and mandatory school age in childcare or preschool. Of all countries, the US was *the only one* without nationwide, mandatory, paid maternity leave, paternity leave, or parental leave (Chzhen et al., 2019). For a sense of what an extreme outlier this represents, countries in the top-third of rankings on the indicator of paid maternity leave offered between 42 to 85 weeks paid leave at their full-rate equivalents, and the lowest ranking one-third of countries provided 8-16 weeks.

Lacking policies that enable parents to care for infants and toddlers while maintaining their positions in the workforce, many working American moms seek outside childcare. However, it is frequently inaccessible due to the high cost. In 33 states, infant care costs exceed the average in-state *college tuition* at a public four-year university (Gould & Cooke, 2015). According to the Economic Policy Institute (EPI), child care costs among families with two children (age four and eight) exceed *rent* in 500 out of 618 assessed regions (Gould & Cooke, 2015). Parents with multiple children under age four face the highest degree of financial burden. The Department of Health and Human Services uses 10 percent or less as the official ‘affordability’ threshold for child care costs as a percent of family income. In a sample of 10 areas, the EPI found childcare costs for an infant and four-year-old represented more than triple that goal, with costs up to 31 percent of median family income in locations (Gould & Cooke, 2015).

Research organizations like UNICEF focus on family-friendly policies, because they support the well-being of both children and parents. While maternity leave supports moms in recovering from birth, bonding with their babies, and maintaining earnings and connection to the labor market, paternity leave promotes fathers' bond with their children and contributes to a more equitable distribution of domestic work and childcare (Chzhen et al., 2019). When parental leave ends, early childhood education and childcare can help parents reconcile private and professional roles (Brill et al., 2016; Pronzato, 2009) while fostering their children’s skills development and socialization (Sylva, 2014).

Also related to the issue of maternal leave is breastfeeding support. The World Health Organization (WHO) recommends breastfeeding for at least the first six months of a child’s life for optimal health, development, and growth (World Health Organization [WHO], n.d.). In

reality, this goal can be challenging to accomplish, especially for women returning to the workforce while their child still breastfeeds. Supporting these working mothers via family-friendly policies like guaranteed breaks to nurse, spaces to pump and store milk, and quality childcare increases mothers' ability to follow-through on this recommendation. Given the benefits of family-friendly policies for parents and children, why does the U.S. routinely fail to adopt them?

Perhaps the ongoing prevalence of a male majority in most American leadership positions represents one contributing factor. According to a report on the portion of women in top U.S. political and business roles, women occupy the following minority percentages of American leadership positions (Pew Research Center, 2021):

- 7% of Fortune 500 CEOs
- 26% of U.S. Senators
- 27% of House of Representatives
- 30% of State Legislature
- 18% of Governors

Men's dominance in leadership positions inevitably excludes women from much of the corporate and political decision-making process. This exclusion arguably yields distributive injustice, the lack of equitable resource distribution (Prilleltensky, 2016). Skeptics of this assertion need only look at most American organizations' scarce maternity leave, high childcare cost, and inflexible workplace norms (more on this issue in the "inflexibility" section which follows) to quantify the consistent under-resourcing of moms and families.

Inflexibility

“Women rarely make one big decision to leave the workforce. Instead, they make a lot of small decisions along the way.”

– Sheryl Sandberg, Lean in, 2013

In an exploration of women’s underrepresentation in certain institutions, legal scholar and Distinguished Professor of Law at the University of California, Hastings School of law, Joan Williams (2004), suggests mothers encounter a distinct form of bias and stereotyping in the workplace, which she refers to as the “maternal wall bias” (p. 17). Unlike the glass-ceiling bias that affects women more generally, the maternal wall bias arises when a woman becomes pregnant or seeks maternity leave. Referencing data on the pay gap between mothers and women without children alongside findings from psychological experiments on the perception of mothers, Williams (2004) contends the maternal wall causes moms to be more frequently perceived as incompetent, inflexible, and uncommitted to work. Portrayals of moms in popular culture who “opt-out” of working reinforce these stereotypes (King, 2020).

High-achieving female professionals who leave their careers to become stay-at-home moms are commonly viewed as voluntarily opting-in to the mothering role from a personal desire to be home with the baby (Stone, 2007). This perspective was popularized by Lisa Belkin (2003), a New York Times’ work-life columnist, who depicted a return to traditionalism wherein moms were voluntarily moving out of the workforce due to lifestyle preference. However, in contrast to Belkin’s depiction, the reasons for women’s departure from the workforce after childbirth may be more related to a collision of home demands and inflexible work policies. Sociology researcher Pamela Stone (2007) coins this discrepancy between external portrayal and actual experience as the invisible “choice gap” (pp. 14). The gap arises from a combination of

formal policies (e.g., parental leave, childcare, flexible work practices) and informal, interpersonal experiences that shape organizational and cultural norms (e.g., stereotyping, discrimination).

In a series of two studies investigating behavior toward pregnant (vs. nonpregnant) women in a work setting, discrimination researcher Michelle Hebl and colleagues found evidence of interpersonal rewards and punishments related to gender norms (Hebl et al., 2007). For these experiments, the research team had women wear a pregnancy prosthesis and then pose as either a job applicant (non-traditional gender role) or customer (traditional gender role) at a retail store. In a first experiment, they found store employees were more likely to be ruder to pregnant job applicants and over-friendly to expectant customers. In a second, both men and women were more likely to be hostile to pregnant women when applying for a masculine job (e.g., corporate lawyer, janitor, structural engineering professor, etc.) vs. a feminine job (e.g., family lawyer, maid, kindergarten teacher, etc.). Together, these studies demonstrate how pregnancy may alter the perception of women in work settings and how those perception shifts can lead to biased behaviors. I have experienced this personally. While visibly pregnant with my first child, I attended a tradeshow exhibiting and selling products for my business – a task I completed dozens of times annually in the years prior to my pregnancy. Rather than receiving congratulations, many comments I received were related to how the baby would impair my ability to travel and run my business.

COVID-19, a global pandemic that brought illness, death, unemployment, and school closures in 2020, further highlighted the expectation differences for working mothers vs. fathers (Collins et al., 2020). In a study examining approximately 60,000 dual-income, heterosexual American households, researchers found that mothers with young children reduced their work

hours four to five times more than fathers due to COVID-19 (Collins et al., 2020). This inequitable adjustment reflects society's ongoing expectations that mothers should be the ones to manage childcare and household needs, regardless of their working circumstances. These differing expectations for mothers and fathers impact the income distribution in the workplace and workloads at home.

Inequity

Though women spend similar hours at work compared to their male equivalents (U.S. Bureau of Labor Statistics, 2021), they do not make equal income (U.S. Bureau of Labor Statistics, 2018). In the U.S., motherhood correlates with a major decline in women's paid labor (Killewald & Zhuo, 2019), and these declines are most dramatic around a mom's first birth. The portion of full-time employed women drops from 51% one year before delivery to 20% in the first month postpartum. Though this figure rebounds to 34% by baby's first birthday, it takes more than a dozen years more for it to return to pre-maternity levels (Killewald & Zhuo, 2019). Thus, while the decline in paid labor after giving birth may be related to women leaving the workforce, that departure is not always by choice (as discussed in "inflexibility" above).

Research looking at labor force participation and departures in response to COVID echoes this gender disparity at work. Since the pandemic's arrival, women have vastly outpaced men in exiting the workforce (Rothwell & Saad, 2021). As of February 2021, roughly 493,000 more American women than men had left their jobs. Notably, among women in prime parenting years (age 25 to 55), women *with children* left the workforce at a significantly greater rate than women with no children in same age range. While childcare does not singularly explain the entirety of the gender gap, data suggests COVID-related childcare responsibilities account for part of it (Rothwell & Saad, 2021).

Like wages in the workplace, labor at home also differs along gender lines. Despite men and women stating their desire to equally share unpaid work of home and family (Pedulla & Thebaud, 2015), gender norms endure, with women shouldering the majority of childcare and housework, and men prioritizing career, even in dual-income households (Bianchi et al., 2012). Berkeley sociologist Dr. Arlie Hochschild (1989) coined the term “second shift” specifically for this unpaid childcare and housework which working mothers disproportionately perform. Having to complete a “second shift” of work outside of paid work can contribute to working moms experiencing role overload (the sense of having too much to do) and role conflict (the feeling of being pulled by conflicting demands) (Baruch et al., 1987). The term “invisible work” has also been used to describe the type of unpaid labor women perform in the home, which is economically and culturally devalued (Daniels, 1987).

Using time-diary data from predominantly highly-educated, white, dual-earner U.S. couples, researchers found mothers have less leisure activity than fathers after the birth of a child (Kamp Dush et al., 2018). While dads enjoyed leisure activities 47% of the time mothers simultaneously performed routine childcare and housework, mothers participate in the inverse (i.e., partaking in leisure while dad takes care of housework) a comparative 16% of the time (Kamp Dush et al., 2018). The way parents spend time with their children also varies by gender. While mothers are more likely to spend their time with their kids performing care tasks, fathers are more likely to spend it playing (Craig, 2006). Using diary data from over 4,000 participants in a time-use survey, researchers found that, compared to fathering, mothering involves “more overall time commitment, more multitasking, more physical labor, a more rigid timetable, more time alone with children, and more overall responsibility for managing care” (Craig, 2006, p.

259). These differences may help account for findings that mothers are less happy and more stressed and tired during childcare than fathers (McDonnell et al., 2019).

Moreover, many women identify as the “default parent” and describe themselves as the parent who children automatically look to for help (DeGroot & Vik, 2020). Mental work is an often-unrecognized responsibility required of this “default parent” role. It includes everything from arranging doctors’ appointments, paying bills, and gift-purchasing, to school decisions, organizing, researching, planning, scheduling, reminding, and more. While some mothers enjoy this work, many experience the added responsibility as a drain on time and energy. As duties that are often completed without recognition, performing this unseen mental work can also contribute to felt disparities between husbands and wives in the context of a parenting and romantic relationship (DeGroot & Vik, 2020).

Imbalance

Moms’ physical and mental imbalance begins in their biology; new moms are particularly vulnerable. In her baby's first year, the average new mom accumulates up to seven hundred hours of sleep debt (Mosconi, 2020). Sleep deprivation wreaks havoc on the immune system, fact-recall, and problem-solving (Ratey & Manning, 2014). Sleep deprivation’s cognitive effects are compounded by withdrawal from hormones, which plummet after childbirth (Ratey & Hagerman, 2008). During pregnancy, estrogen and progesterone swell to up to forty times their normal levels (Mosconi, 2020). Because hormones affect neurotransmitters, their severe postpartum drop can initiate imbalances that disrupt mood. An estimated 10-15% of new moms suffer postpartum depression for a year or longer (Ratey & Hagerman, 2008).

The term ‘mom brain’ is often used to label the forgetfulness that many new moms experience, but pregnancy-related brain changes are real phenomena. In a study that examined

first-time mothers' brains before versus after pregnancy, researchers showed pregnancy caused substantial changes in brain structure, specifically reducing gray matter volume in areas related to social cognition (Hoekzema et al., 2017). Notably, the volume reductions overlapped substantially with brain regions responsible for the women's response to their babies. These changes were present up to two years after giving birth and also predicted measurements of postpartum maternal attachment. To verify the reliability of these findings, the researchers who performed this study also set up a computer algorithm based on this data to distinguish the brain scans of pregnant women from childless women. After running the brain scans through their computer program, they found the pregnancy-related brain changes were so consistent that even the computer could distinguish between the two groups. Because of the correlation between degree of grey matter changes and subsequent parental attachment, scientists theorize this may be an adaptive restructuring designed by nature to support aspects of caregiving; it is as though a mom's brain makes room for the baby.

The plasticity which enables these adaptations may also make mothers' brains more vulnerable to stress. In a review of research on the topic, psychology researcher Pilyoung Kim (2020) highlights studies that show mothers exposed to stressors like a difficult birth, marital conflict, or poverty demonstrate altered responses to baby's cues in areas of the brain linked to maternal motivation, emotion regulation, and empathy. While neural plasticity during pregnancy and postpartum makes the brain susceptible to negative stresses, it thus also makes it open to positive experiences. As such, the perinatal period offers a critical window for interventions that can positively impact moms and babies (Saxbe et al., 2018).

Even after the acute postpartum period, society's expectations threaten moms' balance. The predominant style of parenting prevailing over the last few decades in the United States –

not just parenting itself - may be partially to blame (Rizzo et al., 2013). Starting in the mid-1970s, the number of hours mothers spent with children rose exponentially. College-educated mothers demonstrated the biggest increase in time devoted to childcare; they increased their time in this category time by more than nine hours per week (Gimenez-Nadal & Sevilla, 2016). In 1996, Sharon Hays, a sociologist whose scholarly work concentrates on gender and family issues, first outlined the concept of 'intensive mothering' to capture the emerging ideology she observed in the West and defined it as "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays, 1996, p. 46). Based on this ideal, mothers are expected to embody complete selflessness and be a tireless presence around their children (Budds, 2021). Most prevalent among women of higher education levels, mothers practicing this ideal are expected to practice time-intensive "concerted cultivation" of their children in the form of constant conversation, intellectual stimulation, and planned activities (Gimenez-Nadal & Sevilla, 2016). Because it is difficult to oppose practices advertised as in the best developmental interests of children, women often forgo their own needs in an attempt to meet the unrealistic standards of a 'good' mother. Raising concerns about her own well-being may cause a mother to be accused of selfishness (Budds, 2021). This ideology fuels what psychology researcher Tummala-Narra (2009) summarizes as the myth of a perfect mother: women are to be employed, meet traditional role expectations, provide children education in multiple areas, and manage their children's social upbringing, while maintaining youthfulness and physical attractiveness.

A range of studies has underscored the negative impact of this ideology on maternal well-being. Intensive mothering has been shown to increase guilt and shame (Sutherland, 2010), increase parenting stress (Tummala-Narra, 2009), decrease reported life satisfaction, and increase a sense of burden (Elvin-Nowak, 1999). In a study that examined the specific aspects of

intensive mothering that may contribute to adverse health outcomes, researchers found that the belief parents' lives should revolve around their children was associated with increased stress and lower levels of life satisfaction (Rizzo et al., 2013). Illuminating the issues and pitfalls of intensive parenting may help create circumstances better able to offer moms' a semblance of sustainable balance.

Isolation

All humans – regardless of their parenting status – are wired for social connection. In a landmark meta-analysis of 148 studies, researchers demonstrated social relationships were at least as influential on mortality as smoking, alcohol consumption, physical activity, and obesity (Holt-Lunstad et al., 2010). Alternately, social isolation studies link the lack of social ties to substantial increases in all-cause mortality risk (Gable & Gosnell, 2011). Likewise, societies characterized by excessive self-sufficiency and individualism possess high suicide rates (Smith, 2017). Despite the critical role social connectedness plays in human well-being, it fails to play a leading role in the structuring of American families today.

Throughout human history, parents have never raised children in the isolated way we do now, with little to no hands-on community or family support. The pervasive myth in Western contexts is that the traditional family is a “male breadwinner-female homemaker nuclear family [...] and leads to a focus on mothers alone as individuals with responsibility for child well-being” (Sear, 2021, abstract section). This idealization of a nuclear family and the beliefs about gender roles and household division of labor arising from it are inaccurate and problematic. Evidence from evolutionary anthropology suggests – far from isolated nuclear units - our species evolved by practicing cooperative reproduction, where parents raised children in supportive networks, and the human family was flexible (Sear, 2021). Compared to other apes, humans have

children in rapid succession, and those children are dependent on adults for an unusually long time. This lengthy dependency puts a heavy burn of care on mothers that is unmanageable alone. Humans are also uniquely reliant on social learning for productive work. Combined, these characteristics require investment from individuals outside of the mother (Sear, 2021).

Intergenerational support from grandparents is a common worldwide practice in support of this; grandparents help adult children with childcare, domestic work, emotional support, and advice. Findings from a recent literature review link multigenerational care to positive child outcomes like physical health, socio-emotional well-being, and cognitive development (Sadruddin et al., 2019). The supportive role of grandmothers, in particular, may be so important it evolved to benefit human evolution. Some evolutionary anthropologists postulate that menopause and the long, productive, post-fertile stage which follows it evolved specifically so that grandmothers could support grandchildren: a theory coined “the grandmother hypothesis” (Hawkes & Coxworth, 2013). Despite their associated benefits, the prevalence of multigenerational households in the United States has drastically declined over the last two centuries. In 1850, 70% of adults over 65 lived with their adult children, while only 15% did the same by 2000 (Keene & Batson, 2010). This downward slope in multigenerational households coincided with the rise of the nuclear family model and the first demographic decline in fertility (Keene & Batson, 2010).

In addition to parents and grandparents, evolutionary anthropologists illuminate the historical presence of close helpers coined “alloparents” who aided biological parents in protecting, feeding, teaching, and caring for young. The company of these group members was so important to early humans we may not have evolved without them; alloparenting likely preceded the evolution of lengthy childhoods and brain size tripling that characterizes modern

humans (Hrdy, 2016). Given this evolutionary context, it makes sense that social support has been identified as important to mothers and a buffer to maternal fatigue (Parks et al., 1992). We have not evolved to mother alone. Instead, the cliché, “It takes a village to raise a child” may be wisdom deeply ingrained in our human DNA.

Identity

“The word ‘person’ comes from the Latin word ‘persona,’ which referred to the masks worn by actors in which sound would come through. The ‘person’ is the mask—the role you’re playing.”

– Alan Watts

Like fathers, mothers must manage different roles and identities: self, parent, partner among them. This role juggling is uniquely challenging for women due to conflicting expectations and demands associated with each role. In her book *The conflict: How modern motherhood undermines the status of women*, philosopher and historian Élisabeth Badinter (2010) highlights the contradiction modern ideals for women represent in our society. To illuminate this point, she argues that personal fulfillment is a motivation lauded as noble for childless women, but is deemed illegitimate after becoming a mother. Badinter (2010) posits, “I want everything” becomes “I must do everything for my child” (p. 13). When a woman brings a child into the world, Badinter contends that our society expects her to trade the ideals of individualistic self-interest for the intensive mothering ideology of absolute selflessness. Further, she highlights that our society considers motherhood the peak form of fulfillment for women, yet devalues the role. Full-time mothers are unpaid and suspected of doing nothing all day. In contrast, working mothers who make choices based on their children are dismissed or

stereotyped. Because motherhood expectations conflict with work pressures, women are left negotiating between two identities that contradict (Badinter, 2010).

One aspect contributing to this tension between identities is a more significant investment in adult self before having children. Women are having children later; while women's first birth occurred at an average age of 22 in 1970, that age moved back to 26 by 2014 (Mathews & Hamilton, 2016; 2002). Alongside this childbearing delay, women are investing more time and money in advanced education. The rate of women attending college has increased nearly 35% since 1960 (Miller, 2019). Women now earn 57% of bachelor's degrees and nearly 25% more likely to enroll in higher education than men (Miller, 2019). More women are also holding jobs after having kids. In 1975, 54% of mothers with children under age 18 participated in the labor force compared to 77% by 2019 (U.S. Department of Labor, Women's Bureau, 2020). For women with children under three years old, this percentage increased most dramatically; though only 34% of this group worked in 1975, 63% did by 2019 (nearly double). Likewise, mothers are more often holding the title of equal, primary, or sole earner within households. Whereas in 1960, only about 11% of U.S. mothers fell in this category, just over 40% did by 2019 (U.S. Department of Labor, Women's Bureau, 2020). By investing more time and resources into education and career ahead of children, women are cultivating a stronger pre-child identity than may have been crafted as few as 50 years ago.

Fanning the confusion is social media and its inaccurate portrayal of motherhood. One in four women over 18 using Instagram in the U.S. are moms. Of those, 93% use the platform at least once per week, and 68% use it daily (Instagram Business Team, 2016). Moreover, the average mom Instagram user in the US between ages 18-54 checks Instagram six times every day. Researchers conducted a qualitative visual analysis of 4,000 images gathered from

Instagram tagged with family-relevant hashtags to assess the prospective impact of Instagram use on maternal well-being. Through this review, they determined the imagery associated with family tags was biased and provided a distorted, selective representation of family life (Le Moignan et al., 2017). Specifically, they found albums were upbeat and romanticized, children depicted as well-behaved, and evidence of parenting hardships excluded. These researchers theorize that the public placement of sanitized family imagery amplifies perceived social pressures to mother intensively and lends to making upward comparisons detrimental to the well-being of the viewer (Le Moignan et al., 2017). Other studies on social media's impact support this. For example, researcher Sang Yup Lee (2014) found a positive association between the intensity of Facebook use, social comparison frequency, and more frequent negative feelings. This finding dovetails with the results of a study conducted by Feinstein and colleagues which showed comparing oneself negatively to others on social networking sites puts people at higher risk for rumination and depressive symptoms (Feinstein et al., 2013). Hence, the pressures upon mothers' identity come from multiple sources: societal expectations and social media chief among them.

Why Pain Points Matter

A mother's negative experiences – whether originating from institutional invisibility, inflexibility, inequity, isolation, imbalance, and identity - are not without impact. Mom's well-being (or lack thereof) in the process of occupying her role ripples; it impacts the well-being of herself, her child, and in many cases, the entire nuclear family. To better understand this interplay, I will next define maternal well-being and describe how it can occur along a continuum that runs from negative on one end to positive on the other. In the process, I will also highlight implications for both moms and children associated with each of these states.

The Spectrum of Maternal Well-Being

The World Health Organization (WHO) defines maternal mental health as “a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community” (as cited in Atif et al., 2015). Furthermore, in referring to all populations, WHO contends:

... a happy, engaged, and fulfilling psychological and social life is not just a consequence of good health, it is what leads people to a healthy and long life. Health is a state of complete, physical, mental, and social well-being and not merely the absence of disease or infirmity. (1948)

As with general populations, mothers do not experience well-being as a static, binary “yes or no” state. Instead, maternal well-being can be explained using a horizontal continuum, with ill health and disorder on one end, and thriving health and vitality on the opposing end. Though most individuals and societies seek well-being at the positive end of the health spectrum, the negative end of the continuum has dominated maternal health literature and public health initiatives to date. To label the different zones on this maternal well-being spectrum in the following sections, I’ll refer to them using the three colors commonly present on traffic signals: red, yellow, and green. Specifically, I will denote the negative end of the well-being continuum as the red zone, the middle portion as the yellow zone, and the positive portion as the green zone. Consider these colors as akin to their driving signals. Green indicates a clear road and capacity to move forward, yellow acts as a warning to reduce speed, and red alerts a driver to stop with potentially harmful consequences to those who fail to do so.

In the Red Zone: Clinical Anxiety and Depression

Since motherhood co-exists with womanhood, understanding maternal well-being requires also looking at trends in female mental health more broadly. Because pregnancy and the postpartum period occupy less than two years, figures specific to those phases do not fully capture the maternal life cycle, which can be decades-long. Considering trends across broader female populations can help us contextualize motherhood in its wider environment of a female lifetime. The research referenced below will marry data from these different elements of the female/maternal life cycle.

Perinatal depression is a mood disorder that can cause women to experience extreme anxiety, sadness, and fatigue during pregnancy and after childbirth (National Institute of Mental Health [NIH], n.d.). The term ‘perinatal’ encompasses the time both before and after giving birth, including depression that begins during pregnancy (prenatal depression) and after a baby is born (postpartum depression). Symptoms include: persistent sadness, anxiety, irritability, hopelessness, loss of interest, fatigue, difficulty concentrating and sleeping, abnormal appetite, trouble forming an emotional attachment with the baby, and doubts about one’s ability to do so (NIH, n.d.). In research on the topic of mothers’ mental health, the terms perinatal and maternal are often used interchangeably to describe mothers’ clinical depressive states.

Aligned with the historical focus on maternal mental health disorders, the World Health Organization (WHO) and International Monetary Fund (IMF) position maternal depression as a globally significant issue (Phua et al., 2020). A 2019 CDC study indicated that about one out of every ten American women (both mothers and non-mothers) experienced symptoms suggestive of a major depressive episode in the prior year (Zhou et al., 2019). Other CDC research shows that about one in eight women experience postpartum depression symptoms nationally, with as

many as one in five women affected in some states (Bauman et al., 2018). In addition, research suggests children of women with poor mental health (e.g., depression) are at greater risk for adverse outcomes (Rizzo et al., 2013).

Maternal depression and anxiety can impair children's brain structure and connectivity, temperament, socioemotional development, academic performance and increase psychopathology risk (Phua et al., 2020). Compared to children of healthy parents, children of depressed parents are two to five times more likely to develop behavior problems (Cummings & Davies, 1994). Maternal depression also correlates with poor postnatal growth and physical health in low-to-middle income countries, and offspring obesity in developed countries (Phua et al., 2020). In studies from high-income countries like the United States, maternal depression is correlated with disruptions in mother-child interactions, increased probability of infants being perceived as "difficult," and negative perceptions of infant behavior (Wachs et al., 2009). Caregiver negativity and low responsiveness may add to infants' insecure attachment, low responsiveness, eating and sleep disturbances, among other undesirable outcomes (Wachs et al., 2009).

Though often less focused upon than the outcomes on children, a lack of maternal well-being also directly impacts a mom's health and life. Depression and anxiety left untreated are associated with adverse effects on women, including: increased risk of poor compliance with medical care, aggravation of medical conditions, poor nutrition, loss of financial and interpersonal resources, substance abuse and smoking, and increased risks of maternal mortality (Kendig et al., 2017). Maternal depression also influences cognition, causing low maternal self-esteem, impaired decision-making, and the perception of reduced social support (Atif et al.,

2015). While clinical levels of mental health problems dominate research in the area, challenges below this clinical threshold also negatively impact the women who experience them.

In the Yellow Zone: Non-Clinical Languishing

As mentioned in the section above, about one out of every ten American women experienced symptoms suggestive of a major depression episode within the last year (Zhou et al., 2019). However, these statistics fail to elucidate the mental state of the nine remaining women who fail to qualify as clinically depressed. So, how do the remaining nine of ten women and their children fare? Though not clinically ill or disordered, research suggests that many of them may also not meet the WHO's definition of maternal health. As one example, the annual Motherly survey gathering feedback from over 5800 mothers we examined earlier in this paper illuminates this; 93% of moms who responded to that inquiry indicated they face burnout occasionally (Motherly, 2021).

Researcher in psychiatry, neurology, and neurosurgery, Michael Meaney (2018) conducted a systematic review of the connection between maternal depressive symptoms and children's outcomes. The results of that search support what I will label as a "zone of languishing." The Merriam-Webster (n.d.) dictionary defines *languishing* as "to be or live in a state of decreasing vitality." In his review, Meaney found mothers' depressive symptoms operated on a continuum that impacted childhood outcomes in relation to moms' position on this scale. In other words, while moms who ranked ten out of ten on a depression scale (extremely symptomatic) might affect their children at a level ten (i.e., severely), even moms who ranked six out of ten (mildly symptomatic) could affect their children around a similar level six (i.e., mildly). Community-based studies show that the portion of women falling into this symptomatic-but-not-clinical category combined with those that meet clinical levels represent 40% of all

mothers (Phua et al., 2020). In the average American year, where 3.88 million babies are born (Hamilton et al., 2021; Martin et al., 2021), a rate of 40% translates to over 1.5 million new mothers annually entering this “zone of languishing.” These 1.5 million new moms add to the multitude already suffering with children past the newborn phase.

Languishing mothers feel the impact of these symptoms in their perceived household burden, irritability, household conflict, physical function, and health (Phua et al., 2020). In a study of 1,933 adult men and women interviewed before becoming a parent and again several years later, becoming a mother was correlated with more hours of housework, more spousal disagreements, more perceived stress, and experiences of lower self-efficacy (Nomaguchi & Milkie, 2003). In contrast, new parent status had little influence on the lives of married men examined in that same study. Parenting has also been associated with decreased positive affect and happiness (Baumeister, 1991; Nomaguchi & Milkie, 2003). The transition to becoming a new mom brings common challenges like the loss of individuality, and irritation surrounding the unequal distribution of childcare and household tasks between couples; these are amplified by lack of sleep, feelings of isolation, and work-family conflicts (Lévesque et al., 2020). Exacerbated by these pressures, chronic stress can threaten the body’s equilibrium, spiking cortisol levels, robbing the brain of energy, and eroding the capacity for memory formation (Ratey & Manning, 2014).

Owing to the non-clinical nature of this “not depressed” but “not thriving” group, I believe this zone of languishing is particularly fertile for intervention by the field of positive psychology – a discipline largely focused upon building “more of the good” in non-clinical populations. As described earlier in this paper, I believe institutional invisibility, inequity, inflexibility, imbalance, isolation, and identity negatively impact mothers to varying degrees.

While some of these forces are outside moms' control, others are points she can personally effect. As such, in this paper's upcoming sections, I will propose *ritual* as a vehicle for offsetting some of these stress sources and giving moms manageable micro-doses of daily well-being that can accumulate to exert meaningful change over time. Before this, I will first articulate our target for moms – thriving – and how positive psychology integrates into this goal.

In the Green Zone: Thriving

Though significantly less research exists on the topic of maternal well-being than ill-being, evidence from general populations suggests that psychological assets related to well-being correlate with an array of positive outcomes that would benefit mothers. For example, in studies, subjects who reported possessing the following psychological assets experienced good physical health and longevity in a variety of ways:

- positive emotions (Cohen & Pressman, 2006; Diener & Chan, 2011)
- life satisfaction (Boehm et al., 2011; Diener & Chan, 2011)
- optimism (Kim et al., 2011; Peterson, 1988; Peterson et al., 1988; Rasmussen et al., 2009)
- good relationships (Cohen, 2004; Holt-Lunstad et al., 2010; House et al., 1988)
- spirituality (Hill, 2001; Powell et al., 2003)
- meaning and purpose (Boyle et al., 2009; Kim et al., 2013; Koizumi et al., 2008; Sone et al., 2008)

Initial evidence also suggests a positive influence of mental assets on child outcomes among pregnant women and moms. Adaptive resources like maternal self-esteem, optimism, and mastery correlate with higher birth weights (Rini et al., 1999). Optimism during pregnancy is linked with less depression severity and depressive symptoms postpartum compared to mothers who are pessimistic (Grote & Bledsoe, 2007). Similarly, higher maternal positive affect (positive

emotions) during pregnancy is positively correlated with reduced risk of prematurity (Voellmin et al., 2013). In another study that looked at mom's impact on babies postpartum, researchers found evidence that moms' positive affect when her baby was ten months old predicted the child's performance on executive function tests three and five years later (Kraybill & Bell, 2013).

In a twenty-year longitudinal analysis of the Framingham Heart Study social network, Fowler & Christakis (2009) tracked the spread of happiness and discovered it spreads up to three degrees of separation in groups. In other words, positive emotion spreads – just like a cold or virus – between people near in proximity. These findings suggest boosting a mom's positive emotions likely also increase her child's. Studies on child-mother interactions also support this. For example, in one study that evaluated the impact of mothers' emotional expressiveness around their children, researchers found mothers' happiness was associated with the child's emotional positivity, prosocial behavior, and teacher-evaluated social competence (Denham & Grout, 1992). Another study that looked at mothers of children age seven to twelve found that moms who modeled savoring encouraged children to savor themselves, and thereby decreased depressive symptoms (Moran et al., 2018).

While these studies represent preliminary experimental support for the relevance of positive maternal well-being, more research is needed to fully understand the links between inputs and outcomes. In the interim period in which we await this expanded research, the field of positive psychology offers knowledge from broader populations that can beneficially inform the crafting of interventions to support maternal well-being (Moran et al., 2018).

Positive Psychology

Similar to the way that studies of maternal health have been disproportionately focused on what happens when it is absent, historically, mainstream psychology has also focused on traits, states, processes, and outcomes that have gone wrong in populations (e.g., anxiety, pessimism, depression). If well-being exists on a continuum ranging from -10 to +10, mainstream psychology occupies the -10 to 0 domain and concentrates primarily on repair and healing in clinical populations. Negative behaviors and problem states are the primary focus of research and practice. Due to this emphasis, the field is mainly pathology-focused, and its interventions mitigative (Pawelski, 2016). Attention is upon “less of the bad.”

In contrast, positive psychology focuses on positive experiences, character, and virtues: building “more of the good.” It concentrates primarily on the 0 to +10 portion of the well-being spectrum to build upon what is going right within non-clinical populations. Through studies of character strengths, optimism, resilience, and other assets, positive psychology seeks to develop an empirical foundation for what constitutes “the good life” and how one cultivates it (Pawelski, 2016). Notably, positive psychology as a science and practice aims to complement and build upon mainstream psychology – not contradict or replace it. Operating from the premise that the absence of illness does not equal flourishing, it seeks to cultivate that which makes life most worth living (Diener, 2009).

In one sense, the field of positive psychology is new – less than a century old. Abraham Maslow first used the term ‘positive psychology’ in 1954 in a book chapter where he observed that the psychological sciences focused more on the negative than the positive sides of humankind (Diener, 2009). Forty-five years later, Dr. Martin Seligman, then president of the American Psychological Association, converted this observation into a call to action. In 1999, he

began formally gathering scholars to form a positive psychology network. He planned to bring together researchers and practitioners working on positive characteristics rather than human disorders (Diener, 2009). The ambitious plan worked, and the field grew rapidly. Today, a Google Scholar search term inquiry of ‘positive psychology’ returns 3,400,000 results.

In another sense, the field of positive psychology is thousands of years old, dating back to the deliberations and writings of thinkers, philosophers, and leaders who spoke of happiness and virtue (Diener, 2009). How to achieve happiness and lead a good life are questions humans have asked for millennia. For example, one influential ancient figure on positive psychology is the Greek philosopher Aristotle. Before the birth of Christ, he posited that happiness was more than a positive feeling. He named his conception of happiness *eudaimonia* and described it as a state which required actively pursuing virtues and excellence (Melchert, 2002). Given these origins, one could suggest positive psychology is a new science founded on contemplations and teachings from ancient wisdom.

Modern motherhood shares this juxtaposition between old and new. Though new practices like living in nuclear families and intensive mothering have emerged within the last century, successful birthing, child-rearing, and communal living practices have existed since the beginning of our species. We very literally would not be here without them. Perhaps then, cultivating moms’ well-being does not require starting from scratch. Like Seligman illuminated for the field of psychology in 1999, it may just require moving the focus of our gaze. As most of this paper has already demonstrated, much research already exists investigating what is currently going wrong in modern motherhood. How can we draw inspiration from positive psychology’s focus on cultivating more of the good, and use that lens to inform the creation of new well-being practices for mothers? I believe we can do so by looking to the past and considering beneficial

practices that individuals, families, and communities have relied upon for millennia. One such ancient practice is ritual.

With this as context, I will next explore ritual as a vehicle for delivering small doses of well-being to mothers, which can accumulate and offer well-being benefits over time. The belief that small positive experiences can accumulate beneficially over time aligns with researcher Barbara Frederickson's broaden-and-build theory of positive emotions (Frederickson, 2001). This theory hypothesizes that positive emotions broaden thoughts and actions, enabling individuals to draw on higher-level connections, be more behaviorally flexible, and build personal resources over time. In a review of studies testing this premise, researchers found short-term correlations between positive emotions and expansion in: people's visual attention, creativity, openness to new experiences, trust in acquaintances, sense of oneness, and other assets (Garland et al., 2010). Longer-term, they found positive emotions can build more durable personal resources like mindfulness, environmental mastery, positive relationships, reduced illness, reduced depression symptoms and increased life satisfaction (Garland et al., 2010). While ritual practices are not solitarily performed for the purpose of inducing positive emotions like amusement, awe, contentment, gratitude, hope, joy, love, and pride, they often do so as a byproduct (more on ritual's functions are detailed in sections which follow).

After defining and detailing the benefits of ritual grouped by thematic category, I will suggest prospective rituals for real-world experimentation and use by mothers. This list will represent a starting inspiration point for individual exploration and practice – not an exhaustive illustration of all possible rituals.

Ritual as a Well-Being Tool

“Ritual helps us find inner harmony and perspective, it connects us back to what is true, and it brings us to a sacred space of peace within, beyond the stresses and worries of everyday reality. It enriches our lives, fosters our own inner healer and authority, and ignites ... a desire to connect to something greater – something sacred.”

- Ashley River Brant, Tending to the sacred, 2021

Defining Ritual

From secular acts like blowing out birthday candles to religious traditions like the Jewish Sabbath, ritual permeates modern human life. Our engagement with a particular ritual can be brief or lifelong, noticeable or invisible. Today, rituals serve various purposes: they can help bring people together, facilitate trust, and reduce anxieties (Nielson et al., 2020). They can also support emotion regulation, performance goal states, and social connection to others (Hobson et al., 2018). Perhaps owing to some of these beneficial functions, humans have practiced them for ages. Archaeological evidence has led some researchers to speculate that, before homo sapiens even existed, Neanderthals utilized ritualized actions to transmit technical knowledge across generations (Nielson et al., 2020).

Rituals are more than just prayer, meditation, yoga, or self-help. Rituals are symbolic, repetitious, and embodied practices (Yaden, 2020). Typically, they involve actions with the body in a set of purposeful steps. While many religious acts are identified as rituals, behaviors in a non-religious context can also be ritualistic (Krishna Kumar, 2013). Formality, pattern, sequence, and repetition are some elements that can help distinguish ritualized behavior from regular actions. In contrast to routines or habits that may change each instance they are performed, rituals are typically unvarying (Hobson et al., 2018).

By design, rituals are rich with meaning and cannot be fully comprehended without knowing what they signify (Yaden, 2020). This embedded meaning is another characteristic that distinguishes ritual from habit: ritual is imbued with it, whereas a habit generally is not (Hobson et al., 2018). Personal rituals are patterns of action in which the ritual's performer subjectively instills their action's meaning (Schnell & Pali, 2013). When the significance of a ritual isn't known or understood, rituals lose their purpose (Krishna Kumar, 2013). Ancient texts illuminate the danger of doing this, and criticize individuals who perform or misrepresent rituals without knowing their purpose. Hence, in summary, rituals can be defined as sequences of actions that involve repetition, embeddedness in a larger scheme of meaning, and often lack direct instrumental purpose (Hobson et al., 2018).

Well-Being Benefits

“Ritual actions do not produce a practical result on the external world – that is one of the reasons why we call them ritual. But to make this statement is not to say that ritual has no function ... it gives members of the society confidence, it dispels their anxieties, and it disciplines their social organizations.”

– George C. Homans, Anxiety and ritual, 1941

Ritual's psychological significance has been debated from perspectives of individual, collective, religious and secular. For example, in the early twentieth century, Emile Durkheim (1915) proposed that religious rituals merged individuals into a unified community, and were essential for social cohesion. Later, Jung (1960) likened ritual to a type of “mental hygiene” (p. 53), which could form “a defense against the unexpected” (p. 21). Just over 50 years ago, cultural anthropologist Victor Turner (1969) characterized ritual as a tool for resolving conflict. More recently, evolutionary psychologist Matthew Rossano (2020) proposed ritual acts as a

mechanism for managing psychological resources and affective states. As the diversity of these perspectives demonstrates, theories and findings surrounding ritual practices are varied and multi-dimensional.

Today, modern researchers continue to study rituals from the fields of sociology, anthropology, religion, and psychology. While some practitioners and scholars examine ritual's role in group cohesion and meaning-making, others assess its impact on health, regulatory functions, and more. To illuminate some of the benefits of ritual practice unearthed through this ongoing inter-disciplinary investigation, I conducted a brief literature review of research completed to date on the topic. To provide a sense of the findings identified in this process, I will next explore desirable well-being outcomes correlated with ritual practices, grouped by their respective categories below. As I do this, I will also reiterate key takeaways from previous sections on modern motherhood stressors so that rituals' benefits can be considered in the context of that target audience.

Health

As reviewed in the early sections of this paper, the birth of a child brings with it a bevy of stresses upon a women's health. A few discussed include a reduction in downtime (Nomaguchi & Milkie, 2003), fatigue, exhaustion, high stress (Hamelin-Brabant et al., 2015), mental stress from cognitive labor (Damingler, 2019), mood disruption (Ratey & Hagerman, 2008), sleep deprivation (Mosconi, 2020), and impaired immune function, fact-recall and problem caused by that sleep deprivation (Ratey & Manning, 2014).

Research examining the impact of ritual and practices on health and well-being has found benefits that may counterbalance some of the pain points mentioned above. One finding of such

interest is that rituals can help reduce stress (Koenig, 2008). In particular, the ritual practice of meditation has received substantial attention concerning its beneficial impact on health.

Meditation can help cultivate mindfulness, a quality of attention and awareness which emerges through “paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of the experience moment by moment” (Kabat-Zinn, 2003, p. 145). Currently, the dominant strain of meditation in research is Buddhist-based mindfulness meditation, especially the protocol called Mindfulness-Based Stress Reduction (MBSR), (Kabat-Zinn, 2003). MBSR is based on Buddhist mindfulness practices adapted for a more secular audience. In a randomized, controlled study, neuroscientist Richard Davidson and his colleagues (Davidson et al., 2003) found that mindfulness meditation increased positive emotion and immune function. They discovered this by injecting test subjects with a flu vaccine after having completed an eight-week meditation program. Amazingly, those who had been meditating had higher levels of positive affect and a greater antibody response than those who did not. In a separate review of mindfulness in medicine for the *Journal of the American Medical Association (JAMA)*, Harvard Professor and researcher Dr. David Ludwig and founder of Mindfulness-Based Stress Reduction (MBSR) Dr. Jon Kabat-Zinn (2008) review evidence suggesting mindfulness could help with pain, stress, anxiety, mood disturbance, and recovery from disability and disease. Other closely related meditation practices like compassion meditation (CM) and loving-kindness meditation (LKM) also offer health benefits. In studies conducted upon healthy populations, they, too, have been shown to reduce stress-induced distress and immune stress response, enhance positive emotion, and reduce negative emotions (Hoffman et al., 2011).

In addition to the solo ritual of meditation, group rituals have also been studied. In a study of nearly 75,000 women over 20 years, researchers found an association with the

frequency of attending religious services and a reduced risk of death among women (Li et al., 2016). This conclusion aligns with other research findings from a sample of over 5400 middle-aged adults that church attendance was associated with improved lifespan (Bruce et al., 2017).

Rituals involving synchronous movement may also facilitate beneficial physiological changes. In a study conducted upon college rowing crews, Oxford Cognitive Anthropologist Emma Cohen and colleagues demonstrated that rowing in sync with others increased pain tolerance (Cohen et al., 2010). Researchers hypothesize that endorphins are the source of this rising pain threshold, and believe they may also help explain the euphoric feelings experienced during other group activities like dancing, making music, and laughing (Cohen et al., 2010).

Whether practiced alone through the likes of meditation or with others via synchronous movement, ritual has the potential to benefit maternal health proactively. As we have seen, ritual practice can reduce stress (Koenig, 2008), increase positive emotion and immune function (Davidson et al., 2003), help with pain, stress, anxiety, mood disturbance (Ludwig & Kabat-Zinn, 2008), reduce distress and negative emotions (Hoffman et al., 2011), and increase endorphins and pain tolerance (Cohen et al., 2010).

In my own life as a mother, small solo rituals have become a lifeline. When I feel overwhelmed or take a strong negative turn in mood, I have learned a short walk around my neighborhood can drastically change my state of mind. I methodically put on my hat, lace up my shoes, and go on a loop around the area. The walk is deliberate – not random. My intention is moving mindfulness, and actions reflect that aim. I stop at my favorite gardenia plants to smell them on the street below, savor the shade on certain sidewalks, and tune in to the birds singing in surrounding trees. If I have help with the children and can take my walk alone, I do so. However, I can also do it with my children in tow. The walk is less quiet but still soothing. In addition to

personally focusing on the shade, smells, and sounds, I also point it out to my kids. This ritual was especially beneficial in the earliest months of having a newborn (in the two times I faced that developmental stage with each of my two children). When the sleep deprivation and loneliness felt almost insurmountable, the brief walks outside offered the repetitive days short glimpses of relief.

Meaning-Making

As previously examined, the role of mothering brings with it a sense of purpose (Nelson et al., 2013) as well as adversity. Motherhood is a decades-long task that involves physical and emotional energy, time, mental health costs, conflicts with other social roles, and an economic burden (Luthar & Cicolla, 2015). At various points, burnout can occur for mothers along the way (Motherly, 2021). As a child's developmental stages evolve, mothers' stressors evolve with them. Though children and their related stressors progress, one thing that remains continuous throughout motherhood is change.

In a world characterized by constant change, humans use meaning-making to impose stability and make sense of events (Baumeister & Vohs, 2002). Meaning-making positively impacts mental health, helping to remedy the bad and enhance the good. When undertaken, the process can help establish identity, make sense of loss, and find the positive in adversity (Baumeister & Vohs, 2002). As a core element that defines ritual, meaning-making is among the benefits ritual practice affords.

Rituals transform ordinary actions into symbolic expressions (Hobson et al., 2018). As cultural devices, these symbolic expressions provide ways to comprehend and make sense of complex elements of being human (Romanoff, 1998). Characterized by repetition and prescribed steps, rituals can give structure and order in times of disorder or chaos (Romanoff, 1998).

Ritual's repetition and embedded symbolism also enable each performance of a ritual to reinforce its meaning (Hobson et al., 2018). Awe researcher David Yaden describes:

Amidst the shifts and transitions of life, rituals and practices can mark rare moments of relative stasis. Unlike many activities that diminish in value as novelty fades, rituals and practices become more profound with, and gain much of their value from repetition.

Through these meaningful activities, one can experience a sense of continuity with one's sense of personal and collective identities. (Yaden, 2020, p. 225)

When practiced in the real world, the comforting stasis rituals provide can help with coping and burnout. Psychiatry researchers have shown this within the hospice care field. In a study that investigated whether personally meaningful rituals could help hospice staff cope with the frequent deaths of their patients, they found volunteers and staff who used rituals experienced increased compassion and decreased burnout than those who did not (Montross-Thomas et al., 2016).

Post-death rituals practiced outside of hospice settings offer additional examples of the beneficial meaning-making ritual can provide during challenging times. Upon losing a loved one, funeral rituals offer experiences for the bereaved to mourn, publicly display grief, affirm their relationship to the deceased, and receive support from their community (Romanoff, 1998). In a study conducted in Taiwan, researchers interviewed women who had been discharged from a hospital after having a stillbirth (Tseng et al., 2018). They found mothers who performed ritual practices after this event indicated those rituals helped them feel like they were doing something for their departed child, reduce guilt, cope with their loss, and provide hope for a future successful pregnancy (Tseng et al., 2018).

In another study that examined a post-death ritual (bereavement meetings) between parents and physicians after a child's death within a hospital, researchers found four major meaning-making processes occurred (Meert et al., 2015). Those meaning-making processes were: (1) sense making, (2) benefit finding, (3) continuing bonds, and (4) identity reconstruction. Sense making included the like of seeking reasons for the child's passing, reconsidering decisions, and assigning blame. Benefit finding referred to seeking out positive things that could come from the fatality, including various ways to help others. Continuing bonds related to parents continuing their relationship with the departed child by reminiscing about them, sharing photos, and sharing personal rituals honoring the child. Lastly, identity construction referred to changes in the parents' identity through changes in their work, home, relationships, and leisure (Meert et al., 2015). Though a child's death is not something most mothers will face in the duration of their parenting role, the findings from death-related rituals suggest that certain practices can confer stabilizing meaning during turbulence or challenge. Unlike death, turbulence and challenge are two things most mothers encounter at some or many points in time.

In summary, rituals are patterns of action in which the action's meaning is subjectively instilled by the ritual's performer (Schnell & Pali, 2013). Concurrently, meaning-making is a process that helps the human mind to impose stability and make sense of events (Baumeister & Vohs, 2002). Through repetition, ritual can provide structure and order in times of disorder or chaos (Romanoff, 1998). By providing relief from guilt, help with coping, and a sense of hope, ritual performance can help mothers feel like they are doing something for themselves and their children – even in the most challenging of times (Tseng et al., 2018). In a role characterized by constant change and challenge, I believe rituals may lend mothers access to a healthy sense of continuity. Aside from the science mentioned above, this theory arises from personal experience.

In the early months of the global 2020 COVID pandemic, my husband and I quarantined at home with my two young toddlers and little domestic help. During that time, I experienced physical and emotional fatigue, stress, overwhelm, burnout, and anxiety caused by the strains of caring for our family combined with the global uncertainty which accompanied COVID. To help form a stabilizing routine amidst the ambiguity, I created and adhered to a daily meditation ritual that involved a series of specific steps. As soon as I would put my youngest down for her morning nap, my husband would take a shift with our toddler so that I could have my private thirty minutes (often some of my only alone time the whole day). I would go to a specific meditation seat within a special place of my bedroom. To conduct my ritual, I lit a candle, burned palo santo incense, sat in one particular position in front of a carefully crafted altar, and completed my meditation: a guided recording from a spiritual teacher I admire. By the time this practice was over, I emerged from my bedroom feeling like I had just taken a mental shower: calmer and more stable for the balance of my day. Some days, the meditation helped me cultivate feelings of gratitude and peacefulness. Others, I experienced deep awe and feelings of oneness. Over the course of weeks, this practice helped me navigate a time of instability and find peace in chaos. Like the parents described in the above-mentioned study on bereavement meetings between parents and physicians, I too experienced sense-making, benefit finding, and identity reconstruction through my own ritual: components of the meaning-making process. Extended beyond weeks into months, this practice helped me build a sense of agency and self-efficacy in adversity; I learned inner stillness was always available to me if I kept consistently showing up to my mindfulness practice. What would modern motherhood look like if American culture considered space for mom to complete a meditation ritual *as* or *more* important as the latest educational toy or children's class?

Social Connectedness

This paper's prior sections highlighted the insufficient social support many mothers experience (Hamelin-Brabant et al., 2015) in tandem with the social isolation that accompanies our modern nuclear family units (Sear, 2021). We examined how mothers sometimes experience social judgment and guilt (Hays, 1996) and irreconcilable work-family conflict (Offer & Schneider, 2011). Furthermore, we explored inequitable childcare expectations for mothers compared to fathers (Collins et al., 2020) and increased negative social comparison among moms using social media (Lee, 2014). How might ritual alleviate some of these ailments related to a lack of social connectedness and a sense of belonging?

Group rituals have been shown to evoke prosocial attitudes and behaviors (Fischer et al., 2013). In psychology, *prosocial* denotes "behavior that benefits one or more other people, such as providing assistance" (American Psychological Association [APA], n.d.). Researchers have found that the performance of interpersonal rituals can enhance group closeness, even when group members don't reveal an overt need for belonging or connection (Hobson et al., 2018). In a series of four studies that examined adults' experiences in different group rituals (a walking procession, drum march, a real-life protest, and an experimentally-induced protest), researchers found the collective gatherings infused beneficial emotional energy into the group (Páez et al., 2015). Participants experienced increased positive emotion, feelings of social cohesion, self-esteem, and efficacy. By intensifying socially shared emotions and feelings of perceived similarity with the group, the gatherings helped reinforce positive social beliefs and promote unity.

In another study that looked at the impact of group ritual performance on in-group affiliation in children, researchers put kids (ages seven to eleven) in an after-school program into

two groups (Wen et al., 2016). Children in the “ritual condition” completed a social group activity involving beads and synchronous patterned behaviors, while children in the control condition played with beads in an unstructured way. Upon conclusion, researchers interviewed all children about their attitudes towards in- and out-group members. Results showed children who participated in the group ritual had increased in-group preference for each other compared to children in the control group (Wen et al., 2016). This finding supports the hypothesis that participating in rituals increases group affiliation and provides novel evidence for how early this process can occur in childhood development.

Lastly, the same type of synchronous group movement that can increase pain tolerance (Cohen et al., 2010) may also benefit cooperation. Across three experiments, Stanford researchers Scott Wiltermuth and Chip Heath (2009) found that people acting in physical synchrony with others (i.e., marching, singing, or swaying together) collaborated more in follow-up group cooperative games – even when it required personal sacrifice. The decreased cheating that occurred in groups that moved together suggested that coordinated movement rituals increase cooperation by fortifying social attachment between group members (Wiltermuth & Heath, 2009).

To review, some of the community-level stressors mothers face are: insufficient social support (Hamelin-Brabant et al., 2015), social isolation (Sear, 2021), social judgment and guilt (Hays, 1996), work-family conflict (Offer & Schneider, 2011), and negative social comparison (Lee, 2014). In contrast, ritual has been shown to evoke prosocial attitudes and behaviors (Fischer et al., 2013), enhance group closeness (Hobson et al., 2018), help group members experience increased positive affect, feelings of social cohesion, self-esteem, and efficacy (Páez

et al., 2015) and more. Owing to these complementary effects, cohesion-building group rituals may provide a means of offsetting some of motherhood's social isolation and related ills.

This past weekend, I had the timely benefit of cooperating in various group rituals surrounding the United States' Fourth of July holiday. Our town's annual Independence Day parade was one such ritual. To participate, three local families (with six children ages one to four between us) gathered at my home, and we all walked down to the nearby parade route together. When we arrived, we sat on a curb and chairs. The children watched on, ate snacks, and waved flags as the adults huddled around them. At an early point in the parade, the action stopped. Soldiers holding flags came to salute, and the parade's announcer led the crowd in singing the national anthem. As the crowd sang with hands clasped on their hearts, even the children suspended their constant motion, amazed by the sound and sight of all the adults singing in unison. Later, we returned home, where the adults cooked food and shared drinks while the children played. We ate desserts with fruit on top configured to look like an American flag, and all pitched in to clean dishes, put away leftovers, and pack the kids up for return drives home. Why reserve shared meals, childcare, and togetherness like this almost exclusively for holidays? While I believe the holiday rituals serve an important purpose, perhaps transforming pieces of holiday rituals into regular weekly practice (e.g., shared dinners with close friends every Saturday night) is a way for modern mothers to harness the group rituals' powers for everyday life beneficially. Rather than treating such gatherings as special events, we should seek to proactively incorporate them into the fabric of family living.

Emotion Regulation

“Action seems to follow feeling, but really action and feeling go together; and by regulating the action, which is under the more direct control of the will, we can indirectly regulate the feeling, which is not.”

– William James, The gospel of relaxation, 1899

As one may imagine, infants and toddlers do not generally boast emotional stability as a strength. A lack of self-sufficiency, impulsivity, disruptive behavior, and emotional dysregulation (the inability to manage emotional responses) are common and challenging aspects of early child-rearing years (Williford et al., 2007). With this, early motherhood (and beyond) can generate feelings of overload (Nomaguchi & Milkie, 2003), high stress, exhaustion, and distress (Hamelin-Brabant et al., 2015). Depending on a child’s age, at varying times mothers may encounter psychological strain (Collins & Russel, 1991), time pressure (Ruppanner et al., 2019), financial burden (Danziger & Ratner, 2010; Newman, 2012), and increased guilt, shame, and stress (Sutherland, 2020). Even outside the walls of the home, mothers’ environments fail to be stress-free. When attempting to re-enter or participate in the workforce, moms may face bias and stereotyping (Williams, 2004) and identity conflicts (Badinter, 2010). Collectively, several forces threaten to generate anxiety, stress, and negatively impact maternal health.

While ritual has been largely studied in relation to how it can emerge from negative affective states (e.g., in obsessive-compulsive disorder), studies also show how rituals can proactively alleviate stress and reduce anxiety. In one study, researchers measured Catholic college students’ anxiety before and after a stressful experience (Anastasi & Newberg, 2008). They discovered that the students who were randomly instructed to recite the Catholic Rosary prayer (i.e., perform a ritual) had larger anxiety reductions than those instructed to watch a

religious video. In a second, a different research team examined the ritual of reciting psalms among different groups of religious women in Israel during the 2006 Lebanon War conditions (Sosis & Handwerker, 2011). Among women who lived in war zones, reciting psalms more frequently was associated with lower anxiety for the subset living under uncertain and uncontrollable. The association was not found outside the war zone where the threat was lower. In another series of three experiments, scholars explored the impact of mourning rituals – after losing loved ones, lovers, and lotteries - on grief mitigation (Norton & Gino, 2014). They found those who performed rituals, regardless of their belief in the ritual’s effectiveness, felt more in control and less sad than those who did not. Lastly, Brooks and collaborators experimentally showed that rituals could reduce performance-induced anxiety by randomly assigning individuals about to partake in high-anxiety performances (like public karaoke or a time-pressured math test) to do non-ritual versus ritual control behaviors (Brooks et al., 2016). People who performed the rituals reported less anxiety, demonstrated fewer signs of physical arousal (e.g., lower heart rate), and performed better than those who completed the control behavior (e.g., passively waiting).

The above findings have led some to speculate that one possible way ritual practices help regulate emotions is by *directing attention away* from them. When focused on a series of actions, attention is forced away from feelings, onto specific sensory experiences, and the sequence of tasks at hand. Aligned with this theory, researchers Van Dillen and Koole (2007) found that loading working memory promoted beneficial distraction from negative moods and minimized rumination. Another way ritual may help regulate emotions is by providing a *sense of control*. The findings from the Brooks et al. (2016) studies mentioned above support this. In addition to showing that rituals reduced anxiety before high-stress performances, they also found that

participating in behaviors labeled explicitly as a “ritual” reduced anxiety more than performing the same behaviors without the ritual label.

Hence, overload (Nomaguchi & Milkie, 2003), high stress, and exhaustion (Hamelin-Brabant et al., 2015) may make modern mothers prone to negative emotions such as anxiety. Simultaneously, time pressure (Ruppner et al., 2019), financial burden (Danziger & Ratner, 2010; Newman, 2012), guilt (Sutherland, 2020), bias, and stereotyping (Williams, 2004) can exacerbate the conditions which cultivate states of emotional stress and distress. Conversely, studies show rituals may help alleviate stress and reduce anxiety (Norton & Gino, 2014; Sosis & Handwerker, 2011). Researchers speculate ritual may exert this influence by lowering physical arousal (Brooks et al., 2016), loading working memory in a way such that it distracts from negative moods (Van Dillen & Koole, 2007), or providing a sense of control (Brooks et al., 2016). Regardless of how these effects are incited, rituals’ anxiety and stress-busting abilities align with moms' needs.

The Connection: Ritual as an Ancient Match for Modern Mothers

Two topics constitute the focus and body of this paper: (1) modern maternal pain points and (2) ritual practices. The purpose behind researching these two seemingly unrelated topics was to illuminate prospective connection points between them. In many cases, ritual practices have been shown to support areas under duress in motherhood. Though not yet a focal point of empirical studies, I believe this literature review provides preliminary evidence to support the use of rituals as a positive intervention for moms. To help review and reiterate key findings in the pages above, highlights are included in Table 1 on the following pages.

Table 1: Mapping Maternal Pain Points alongside Ritual Benefits (by Domain)

<p>Domain</p>	<p><u>Maternal Pain Points</u> Pain points and stressors for mothers include:</p>	<p><u>Benefits of Ritual</u> Various ritual practices have been shown to:</p>
<p>Health</p>	<ul style="list-style-type: none"> • downtime decreases (Nomaguchi & Milkie, 2003) • fatigue (Hamelin-Brabant et al., 2015) • exhaustion (Hamelin-Brabant et al., 2015) • high stress (Hamelin-Brabant et al., 2015) • stress from cognitive labor (Daminger, 2019) • sleep deprivation (Mosconi, 2020) • impaired immune function, fact-recall and problem-solving caused by sleep deprivation (Ratey & Manning, 2014) • mood disruption caused by hormone changes (Ratey, 2008) • worsening mental & physical health (Patrick et al., 2020) 	<ul style="list-style-type: none"> • help reduce stress (Koenig, 2008) • reduce negative emotion (Hoffman et al., 2011) • increase positive affect (Davidson et al., 2003) • improve immune function (Davidson et al., 2003) • help with pain (Ludwig & Kabat-Zinn, 2008) • support recovery from disability and disease (Ludwig & Kabat-Zinn, 2008) • increase pain tolerance (Cohen et al., 2010) • help with coping and burnout (Montross-Thomas et al., 2016)
<p>Meaning-Making</p>	<ul style="list-style-type: none"> • stressor change across life stages (Nomaguchi & Milkie, 2020) • distress (Hamelin-Brabant et al., 2015) • career advancement constraints (Orgad, 2019) • identity conflicts (Badinter, 2010) 	<ul style="list-style-type: none"> • imbue actions with meaning (Hobson et al., 2018) • provide structure and order in times of disorder or chaos (Romanoff, 1998) • lend a sense of continuity amidst shifts and transitions in life (Yaden, 2020) • relieve guilt (Tseng et al., 2018) • aid coping with loss (Tseng et al., 2018) • provide hope (Tseng et al., 2018) • facilitate meaning-making processes like sense making, benefit finding, continuing bonds and identity reconstruction (Meert et al., 2015)
<p>Social Connectedness</p>	<ul style="list-style-type: none"> • insufficient social support (Hamelin-Brabant et al., 2015) • social judgment and guilt (Hays, 1996) • work-family conflict (Offer & Schneider, 2011) • social isolation caused by modern nuclear family units (Sear, 2021) • inequitable childcare expectations compared to fathers (Collins et al., 2020) • negative social comparison due to social media (Lee, 2014) 	<ul style="list-style-type: none"> • facilitate trust (Nielson et al., 2020) • bring people together (Nielson et al., 2020) • aid social connection (Hobson et al., 2018) • evoke prosocial attitudes and behaviors (Fischer et al., 2013) • enhance group closeness (Hobson et al., 2018) • cultivate increased feelings of social cohesion, reinforce positive social beliefs and promote unity (Paez et al., 2015) • increase within-group affiliation (Wen et al., 2016) • decrease cheating and increase collaboration (Wiltermuth & Heath, 2009)
<p>Emotion Regulation</p>	<ul style="list-style-type: none"> • during early childrearing years, toddlers’ lack of self-sufficiency, impulsivity, disruptive behavior and emotional dysregulation (Williford et al., 2007) • overload (Nomaguchi & Milkie, 2003) • psychological strain (Collins & Russell, 1991) • time pressure (Ruppanner et al., 2019) 	<ul style="list-style-type: none"> • reduce anxiety (Nielson et al., 2020) • increase feelings of control (Norton & Gino, 2014) • aid emotion regulation (Hobson et al., 2018) • aid performance states (Hobson et al., 2018)

	<ul style="list-style-type: none"> • financial burden (Newman, 2012) • bias and stereotyping (Williams, 2004) • increased guilt, shame, and parenting stress caused by intensive parenting practices (Sutherland, 2020, Tummala-Narra, 2009) 	<ul style="list-style-type: none"> • promote beneficial distraction from negative moods and minimize rumination (Van Dillen & Koole, 2007) • help regulate emotions by providing a sense of control (Brooks et al., 2016)
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Turning Ritual into Daily Practice

“Ritual is work, endless work. But it is among the most important things that we humans do.”

- Adam Seligman et al., *Ritual and its consequences*, 2008, p. 182

If, as the prior table suggests, ritual can indeed provide relief from some of the pain points impacting mothers today, how do we translate those scientific findings into doable daily practices? We can do so by teaching mothers to create rituals from ordinary experiences. In *The power of ritual: Turning everyday activities into soulful practices*, Harvard Divinity Scholar Casper Ter Kuile contends that integrating ritual into daily life is something anyone could do:

We just need to be clear about our intention (what are we inviting into this moment?), bring it our attention (coming back to being present in this moment), and make space for repetition (coming back to this practice time and time again). (Ter Kuile, 2020, p. 26)

The beauty of this framework is that it enables users to turn just about anything into a ritual – sitting, walking, breathing, singing, snuggling, eating, drinking. Given the time pressure accompanying motherhood and the many stressors already exerting pressure on moms’ lives, accessibility and flexibility are critical for an intervention catered toward this end audience. Ter Kuile’s three core requirements of *intention, attention, and repetition* check this box. They are simple, straightforward, and lend themselves achievable in a wide variety of settings. As he suggests, when these three elements are present, a person can transcend the blur of habit and become more present to the pieces of an experience that make life’s meaningful elements more

visible (Ter Kuile, 2020). If a core motivator and force behind motherhood is the sense of meaning the role lends, a ritual practice that enables mothers to build upon and bolster this strength is consistent with a positive psychology approach to building an intervention.

In the *American Psychology Association's handbook of family psychology*, Imber-Black (2019), a practicing therapist and director of a Master's program in Family Therapy offers another perspective on creating personalized ritual practices for daily life. She suggests users consider the following six elements when creating personalized rituals: (1) symbols, (2) symbolic actions, (3) structured or familiar parts, (4) open or unanticipated parts, (5) a special time, and a (6) special space (Imber-Black, 2019). While the greater number of core elements makes this formula for ritual construction less ideal (from the goal of simplicity) compared to Ter Kuile's, the references to a special *time and space* is noteworthy. Keeping elements of specialness in mind when considering how to craft daily rituals may contribute to their meaningfulness and distinction from daily habits. The senses offer a route to creating a feeling of specialness; smell, sight, sensation, taste, and sound can help enhance an otherwise ordinary action. To utilize a personal example, I prime my senses before my daily meditations by burning small bits of palo santo and sage. I have repeated this piece of the ritual so many times that now just the smell of this material relaxes my body. The same could be used with the sight of certain objects, sound of a particular music, or quality of embodied attention.

Using sensory cues to enforce the specialness of a ritual piggybacks upon research surrounding habit formation. Habits develop when actions are repeated in a particular context that reinforces cue-behavior associations (Danner et al., 2007). Because of this association, researchers suggest creating supportive cues when attempting to make healthy behavior change

(Wood & Neal, 2016). Hence, priming rituals with cues may help make mothers more likely to follow through and repeat them.

If practitioners and mothers utilize Ter Kuile's three elements of *intention, attention, and repetition* as the primary criteria for crafting personalized rituals and, when appropriate, supplement those elements with a *special time or place*, a broad diversity of intervention options become available. Virtually any activity can be made into a ritual, so long as it incorporates these essential elements. This flexibility offers users the ability to create and customize the rituals they choose to practice personally. In the process, this also lends the opportunity to maximize person-activity fit (Schueller, 2014), a key component of effective positive psychology interventions. Given the role individual preference, lifestyle, and customization plays in creating effective personal rituals, a single ritual suggestion would be ineffective. Because the target audience of mothers have dependents that consume and constrain their available resources, multiple interventions diverse in their required time, space, locations, and regularity are essential. What is accessible and appealing to a given mother will not be universal; it will vary.

Given this context, I will provide a list of prospective positive rituals for the concluding element of this paper. In its creation, I seek to offer a starting point for practitioners and mothers to brainstorm upon rituals that may align with a particular mother's intuitive interest. To reiterate, this list is nowhere near exhaustive. Many rituals exist and are available beyond those listed in Table 2. In addition to those omitted for brevity, new rituals are being created all the time. Furthermore, some mentioned in this table may not be aligned with select mothers' interests, constraints, and environment. Rather than provide a definite prescription, I hope Table 2 inspires further personal exploration and experimentation. When available, additional references are provided for readers interested in more deeply exploring suggested ideas.

Table 2: Prospective Positive Ritual Interventions

Type	Example	Related Research
Meditation	<p>For those seeking a specific tradition or style, some options shown to be beneficial through research are:</p> <ul style="list-style-type: none"> • loving-kindness • mindfulness-based stress reduction (MBSR) • compassion meditation • transcendental meditation • self-compassion meditation <p>For those seeking to begin informally:</p> <ul style="list-style-type: none"> • Set a timer for 5 minutes and sit comfortably with eyes closed. Pay attention to the rise and fall of your breath. As your mind wanders, gently bring it back. 	<p>(Baer et al., 2012) (Campos et al., 2016) (Galante et al., 2014) (Kabat-Zinn, 2003) (Neff & Germer, 2013) (Orme-Johnson & Barnes, 2014) (Rao & Kemper, 2017) (Shapiro & Snyder, 2009) (Smalley & Winston, 2010)</p>
Movement	<ul style="list-style-type: none"> • Go on a 10-minute walk alone. • Form a walking group: invite 2-3 friends to meet you for an outdoor walk regularly. • Each morning, arise early and complete an exercise routine of your choosing (cycling, running, a streaming video). • Practice 10 minutes of yoga. 	<p>(Cooley et al., 2021) (Ivtzan & Papantoniou, 2014) (Marselle et al., 2014) (Morgan et al., 2010) (Ratey & Hagerman, 2008) (Scully et al., 1998)</p>
Time in nature	<ul style="list-style-type: none"> • Remove shoes and stand or walk barefoot on a natural surface: grass, park, sand – whatever the local environment provides. • Take a hike in a natural environment. If living in an urban area, seek out green space. • Sit or lay under a tree. Notice the feeling of the bark, the diversity of the leaves. Envision the tree as a source of refuge. • Spend 5 minutes outside, allowing the morning sun to soak on your face. • If unable to go outside, pause and mindfully savor a view of natural elements (trees, bushes, plants) from your window. If available, open the window and take note of any sounds and smells. 	<p>(Howell et al., 2011) (Kaplan, 2001) (Marselle et al., 2013) (Mayer et al., 2009) (Ratey & Manning, 2014) (Reid et al., 2017)</p>
Sabbath / Time of Rest	<ul style="list-style-type: none"> • Establish a particular evening of the week during which your chosen family and/or friends enjoy a leisurely meal together. Set the table in a special way. Partake in a special food or drink. • Take a tech-free window – it could be one consistent day per or even hour per week. Rest from all screens. In absence of screens, read, meet a friend, practice a hobby. • Set a window of time when you are completely unavailable to others (can be for as little as ten minutes). Do something purely for pleasure and rest. 	<p>(Diddams et al., 2004) (Marks et al., 2018) (Speedling, 2019)</p>
Tea ceremony	<ul style="list-style-type: none"> • Choose a special mug or drinking cup. Also choose a favorite type of tea or non-alcoholic beverage to be consumed in the special mug. As you prepare your drink, notice the sensations of each step in the process – the sounds, smells, sensations. Once prepared, sit quietly in a chosen seat and mindfully drink your beverage. Notice the warmth, feeling of the cup’s heaviness in your hands. • If possible, complete this ritual before children arise or while they are sleeping. If not, incorporate them into your ritual, allowing 	<p>(Kondo, 1985) (Shiah & Radin, 2013)</p>

	<p>them to help with specific steps or inviting them to drink in a special way or position alongside you.</p>	
<p>Marking of life transitions</p>	<ul style="list-style-type: none"> • Create a ritual to intentionally mark a transition or change. These will be varied and personal. Transition rituals could acknowledge: <ul style="list-style-type: none"> • 1) individual changes (e.g., from single to married, non-parent to parent, stay-at-home parent to working parent, illness to health) • 2) family system changes (e.g., expansion through addition of members, a move to a new home, child starting school) • 3) family-community changes (e.g., graduation, retirement, change in role). • Practice creativity to design a ritual imbued with personal meaning for the transition. It could incorporate physical symbols and spoken or written words. It could be performed alone in private or in a group as a gathering. 	<p>(Imber-Black, 2014) (Van der Hart, 1983)</p>
<p>Acknowledging cycles and seasons</p>	<ul style="list-style-type: none"> • The ancient Indian practice of Ayurveda suggests crafting lifestyle rituals based on nature’s seasonal, lunar, and daily rhythms. • Inspired by the wisdom of Ayurveda, create food, exercise, bathing, rest, and/or beauty routines associated with different cycles. Perform them whenever that cycle occurs. • Examples: seasons (spring, summer, winter, fall), daily (morning, afternoon, evening), lunar (pre-menstruation, menstruation, post-menstruation) 	<p>(Ragozzino, 2020) (Sharma et al., 2007)</p>
<p>Giving thanks</p>	<ul style="list-style-type: none"> • Write a letter of thanks to someone who recently supported you. Spend time explicitly capturing details of the help and how it impacted you. • Purchase or make a small gift as a token of appreciation. Deliver it by hand. • At the end of the day, verbally recount for your spouse or partner something they did that day which you appreciated or leave them a surprise note. • Make gratitude part of your child’s bedtime routine. Whisper to them something they did that day which you appreciated (e.g., putting their dirty laundry in the hamper, giving you a hug, helping with a sibling). Offer them the optional chance to do the same. 	<p>(Emmons & McCullough, 2004) (Visser, 2009)</p>
<p>Mantra and affirmations</p>	<ul style="list-style-type: none"> • Each morning, spend just a few minutes reading a brief passage from an inspirational book. Write down a favorite quote from that reading on a sticky note or piece of paper. Keep that quote in your pocket or purse and revisit it during the day. • Spend a moment reflecting on an intention you would like to bring into a moment or day. Turn that intention into a mantra. For example, “I am patient” or “I am powerful”. Repeat it out loud or quietly within your mind. • If you practice a religion, recite a favorite or meaningful prayer breathing slowly as you do so. 	<p>(Bernardi et al., 2001) (Bormann & Oman, 2007)</p>

Commitment

Transfiguration

*I dreamt myself into a mother
but when I became her, I had to
dream her back into a woman
back into a woman
back into a woman
again.*

– Kate Baer, *What Kind of Woman*, 2020, p. 71

As in the above prose Baer poetically alludes, complete selfhood is something mothers must intentionally pursue over and over again. Similarly, successful ritual use requires deliberate, repeated practice. Without the three combined elements of intention, attention, and repetition (Ter Kuile, 2020), all of the actions suggested within the above table will be just that: solitary actions. As Yaden (2020) emphasized, “rituals and practices become more profound with, and gain much of their value from repetition” (p. 225). It is the repetition that deepens rituals’ imbued meanings and delivers their transformative power.

Bringing intention, attention, and repetition to behaviors is not always easy. At times, deepening ritual practices will require rigor – showing up for a behavior even when it feels difficult. This is what makes ritual practice just that: a practice. Like yoga, it cannot be performed without repeatedly showing up to do the work “on the mat”. Willpower cannot always be relied upon to pull mothers through in these moments. Akin to a muscle, willpower is a limited resource that can be used up and depleted (Baumeister et al., 2006). In contrast to willpower, commitment is a more sustainable resource. When present, it can help bridge action

where willpower ends and support the achievement of longer-term health habits (Royer et al., 2015). As such, mothers seeking improved well-being through ritual should consider beginning at this first step: committing to the value and benefits of their repeated practice.

Commitment devices, defined as “the arrangements people make to formalize and facilitate their goals” can support mothers in establishing a ritual practice – or for that matter, any desired habit they know will otherwise be difficult (Bryan et al., 2010, p. 672). Researchers have identified a variety of commitment devices that correlate with goal achievement success. Among them are: precommitments (Schwartz et al., 2014), commitment contracts (Royer et al., 2015), tangible rewards for meeting goals, and social support (Lee et al., 2021). For example, I meet with and facilitate a women’s mastermind group monthly. Our meeting ritual is regularly threatened by conflicting schedules and demands – all eight group members are busy mothers. However, our precommitment (including explicit expectations surrounding meeting attendance and participation) combined with the group’s encouraging social support keep our group healthy and vital. Occasional rewards, like a special group dinner or retreat, also fuel and positive reinforce our group’s cohesion.

A Personal Picture of Motherhood Imbued with Ritual

When I began writing this paper, I had two goals. The first was to validate the pain points modern American mothers (like myself) face – especially in a world post-COVID which placed extraordinary new pressures on moms. The second was to provide evidence supporting the benefits of ritual practice as a prospective remedy for some of motherhood’s controllable stressors.

On one hand, I believe the hard science I have referenced does this: providing evidence that links the benefits of ritual to well-being, and the need for this in American mothers. On the

other hand, my personal experience with ritual feels so far beyond what the above pages capture. For me, ritual practices have represented deep, embodied, heart-filled phenomena: experiences scientific experiments cannot operationalize or fully express.

Rituals have infused my life and its changing seasons with mysticism and magic. When rituals are a part of my day, mornings are marked with woody smells and meditations in stillness. Busy days are punctuated with stops to soak my face in the sun, walks to savor my surroundings, and matcha tea lattes prepared with precision. Transitions I might otherwise pass over hastily, I instead aspire to acknowledge, process, and fully integrate. For example, a few weeks ago, a dear friend in my women's mastermind shared her last meeting with us. For that gathering, I prepared a send-off ritual complete with a healing sound bath conducted in front of the ocean, a ceremonial gift, and a round-table verbal exercise in which we all shared our heartfelt thanks for her contributions to us over the prior years. The group experience helped to punctuate the involvement of our departing member and to acknowledge that our group would look different the following year.

Rituals also help me prepare for and face difficulties. After a challenging first birth of my oldest child, I was nervous and anxious ahead of the birth of my second. To help channel calm for that delivery, a spiritual mentor of mine conducted a ritual for me in the last weeks of my pregnancy. She took me through breathing exercises along with a visualization in which a warm rose-colored light wrapped around my shoulders like a protective cloak, moved down around my belly and baby, then continued on to wrap around the hospital staff aiding me, touching all the equipment monitoring me and infusing the hospital with safety and love. I revisited this visualization while in labor, holding onto it in moments fear arose. By the time my daughter arrived, I had created a completely different birth experience. I have shared this technique with

other friends preparing for childbirth and have also revisited in different scenarios that generate sensations of physical fear. Repeatedly, it has lent me comfort, peace, and a sense of empowerment. Perhaps the magic of ritual seems so innately well paired with motherhood owing to the miraculous nature of pregnancy, birth, and child-rearing itself. Few accomplishments seem to rival the feat of growing a human.

Given this personal experience, I have come to perceive ritual practices like a fabric and its threads. Alone, a thread is easily broken. Woven together, many threads become a strong, cohesive unit. Similarly, each experience of ritual practice contributes to the larger whole. When practiced regularly and repeatedly over time, rituals can provide a supportive fabric that holds together our changing and unpredictable lives. As a woman and mother, this has cultivated within me an invaluable and invisible sense of power.

What would families and our society look like if mothers were explicitly encouraged to invest in ritual practices? How would mothers cope with the transition to parenthood, the decades of self-sacrifice, and constant change that accompanies child-rearing? If the United States' next generation of children grew up watching their mothers model behaviors which proactively instilled them with health, emotion regulation, social connectedness, and meaning, what kind of adults (and future parents) would those children grow up to be? My hope is that one day we will see.

Conclusion

Each day in the United States, over 10,000 women give birth to a new baby, becoming a mother either for the first time, or again. This role of mother is both meaningful and arduous. Integrating new members into the family can bring mothers increased time caring for children, increased housework, decreased downtime, overload, high stress, fatigue, social judgement and

guilt, among other stressors (Hamelin-Brabant et al., 2015; Hays, 1996; Nomaguchi & Milkie, 2003). As parenting takes priority, mothers often neglect their own needs to prioritize the child's, negatively impacting their well-being (De Goede & Greeff, 2016). Recent surveys indicate an increasing proportion of American mothers feel burned out, not supported or understood by society, and as though they lack non-family support (Motherly, 2021). Furthermore, well-being assessments in response to 2020's COVID pandemic indicate female parents are among the most likely to report worsening mental and physical health (Patrick et al., 2020). A variety of factors may be contributing to this declining maternal health: institutional invisibility, inequity, inflexibility, imbalance, isolation, and identity issues among them. Despite the lack of cultural and political attention given to these issues, maternal well-being matters, especially given its multigenerational impact; a mother's well-being impacts the outcomes of both herself and her children (Phua et al., 2020; Rizzo et al., 2013).

When considering maternal well-being and how to support it, attention should be lent to the varying degrees in which it occurs. While about one in ten women may experience clinical depression, another 40% are likely languishing and experiencing non-clinical anxiety and depressive symptoms (Phua et al., 2020; Zhou et al., 2019). Though significantly less research exists on maternal well-being than ill-being, evidence from general populations suggest psychological assets related to well-being (e.g., positive emotions, meaning, good relationships, and spirituality) correlate with an array of positive outcomes that would benefit mothers.

As an ancient practice which has benefited individuals, families, and communities for millennia, ritual practice offers a vehicle for delivering psychological assets. Rituals are symbolic, repetitious, and embodied practices that are rich with meaning (Yaden, 2020). In a counterbalance to the stressors which threaten modern maternal well-being, rituals offer benefits

to health, internal meaning-making processes, social connectedness, and emotion regulation. The alignments between modern maternal pain points and rituals' benefits make ritual practice well-suited for adoption as a positive intervention for mothers. Integrating ritual practice into daily life requires three core elements – attention, intention, and repetition (Ter Kuile, 2020). Though insufficient to completely address the many forces working negatively against modern mothers, commitment to a ritual practice may help strengthen the aspects of day-to-day motherhood that remain within a woman's control.

References

- American Psychological Association. (n.d.). definition of “prosocial”. In *APA Dictionary of Psychology*. Retrieved July 12, 2021, from <https://dictionary.apa.org/prosocial>
- Anastasi, M. W., & Newberg, A. B. (2008). A preliminary study of the acute effects of religious ritual on anxiety. *The Journal of Alternative and Complementary Medicine, 14*, 163–165. <https://doi.org/10.1089/acm.2007.0675>
- Atif, N., MSc, Lovell, K., PhD, & Rahman, A., PhD. (2015). Maternal mental health: The missing “m” in the global maternal and child health agenda. *Seminars in Perinatology, 39*(5), 345–352. <https://doi.org/10.1053/j.semperi.2015.06.007>
- Badinter, E. (2010). *The conflict: How modern motherhood undermines the status of women*. Metropolitan Books.
- Baer, K. (2020). *What Kind of Woman: Poems*. Harper Perennial.
- Baer, R. A., Lykins, E. L., & Peters, J. R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *Journal of Positive Psychology, 7*(3), 230–238. <https://doi.org/10.1080/17439760.2012.674548>
- Baruch, G. K., Beiner, L., & Barnett, R. C. (1987). Women and gender research on work and family stress. *American Psychologist, 42*(2), 130–136. <https://doi.org/10.1037/0003-066X.42.2.130>
- Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H., Coy, K. C., Harrison, L., & Barfield, W. D. (2018). *Vital signs: Postpartum depressive symptoms and provider discussions about perinatal depression - United States (2020: 69)* [Morbidity and Mortality Weekly Report]. U.S. Department of Health and Human Services. <https://doi.org/10.15585/mmwr.mm6919a2>

Baumeister, R. F. (1991). *Meanings of life*. Guilford.

Baumeister, R. F., Gailliot, M., Dewall, C. N., & Oaten, M. (2006). Self-regulation and personality: How interventions increase regulatory success, and how depletion moderates the effects of traits on behavior. *Journal of Personality, 74*, 1773–1801.

<https://doi.org/10.1111/j.1467-6494.2006.00428.x>

Baumeister, R. F., & Vohs, K. D. (2002). The pursuit of meaningfulness in life. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 608–618). Oxford University Press.

Belkin, L. (2003, October 26). The opt-out revolution. *The New York Times*. Retrieved May 21, 2021, from <https://www.nytimes.com/2003/10/26/magazine/the-opt-out-revolution.html>

Bernardi, L., Sleight, P., Bandinelli, G., Cencetti, S., Fattorini, L., Wdowczyc-Szulc, J., & Lagi, A. (2001). Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: comparative study. *British Medical Journal, 323*(7327), 146–1449.

<https://doi.org/10.1136/bmj.323.7327.1446>

Bianchi, S. M., Sayer, L. C., Milkie, M. A., & Robinson, J. P. (2012). Housework: who did, does or will do it, and how much does it matter? *Social Forces, 91*(1), 55–63.

<https://doi.org/10.1093/sf/sos120>

Boehm, J. K., Peterson, C., Kivimaki, M., & Kubzansky, L. D. (2011). Heart health when life is satisfying: evidence from the Whitehall II cohort study. *European Heart Journal, 32*(21), 2672–2677. <https://doi.org/10.1093/eurheartj/ehr203>

Borland, D. C. (1982). A cohort analysis approach to the empty-nest syndrome among three ethnic groups of women: A theoretical position. *Journal of Marriage and Family, 44*(1), 117–129. <https://doi.org/10.2307/351267>

- Bormann, J. E., & Oman, D. (2007). Mantram or holy name repetition: Health benefits from a portable spiritual practice. In T. G. Plante & C. E. Thoresen (Eds.), *Spirit, science, and health: How the spiritual mind fuels physical wellness* (pp. 94–114). Greenwood Publishing Group.
- Boyle, P., Barnes, L., Buchman, A., & Bennett, D. (2009). Purpose in life is associated with mortality among community-dwelling older persons. *Psychosomatic Medicine*, *71*(5), 574–579. <https://doi.org/10.1097/PSY.0b013e3181a5a7c0>
- Brant, A. R. (2021). *Tending to the sacred: Rituals to connect with earth, spirit, and self*. Sounds True.
- Brill, Y., Del Boca, D., & Pronzato, C. D. (2016). Does child care availability play a role in maternal employment and children’s development? Evidence from Italy. *Review of Economics of the Household*, *14*(1), 27–51. <https://doi.org/10.1007/s11150-013-9227-4>
- Brooks, A. W., Schroeder, J., Risen, J. L., Gino, F., Galinsky, A. D., Norton, M. I., & Schweitzer, M. E. (2016). Don’t stop believing: Rituals improve performance by decreasing anxiety. *Organizational Behavior and Human Decision Processes*, *137*, 71–85. <https://doi.org/10.1016/j.obhdp.2016.07.004>
- Bruce, M. A., Martins, D., Duru, K., Beech, B. M., Sims, M., Harawa, N., Vargas, R., Kermah, D., Nicholas, S., Brown, A., & Norris, K. C. (2017). Church attendance, allostatic load and mortality in middle aged adults. *PLoS One*, *12*(5), Article e0177618. <https://doi.org/10.1371/journal.pone.0177618>
- Bryan, G., Karlan, D., & Nelson, S. (2010). Commitment devices. *Annual Review of Economics*, *2*(1), 671–698. <https://doi.org/10.1146/annurev.economics.102308.124324>

- Budds, K. (2021). Validating social support and prioritizing maternal wellbeing: Beyond intensive mothering and maternal responsibility. *Philosophical Transactions of the Royal Society: Biological Sciences*, 376(1827). <https://doi.org/10.1098/rstb.2020.0029>
- Campos, D., Cebolla, A., Quero, S., Breton-Lopez, J., Botella, C., Joaquim, S., Garcia-Campayo, J., Demarzo, M., & Banos, R. (2016). Meditation and happiness: Mindfulness and self-compassion may mediate the meditation-happiness relationship. *Personality and Individual Differences*, 93, 80–85. <https://doi.org/10.1016/j.paid.2015.08.040>
- Cancian, M. F. (2019). *U.S. Military Forces in FY 2020: Army* (Part of U.S. Military Forces in FY2020: The Struggle to Align Forces with Strategy) [Report]. Center for Strategic & International Studies. <https://www.csis.org/analysis/us-military-forces-fy-2020-army>
- Centers for Disease Control and Prevention. (2020, September 8). *Heart disease in the United States*. Heart disease facts. Retrieved May 26, 2021, from <https://www.cdc.gov/heartdisease/facts.htm>
- Chzhen, Y., Gromada, A., & Rees, G. (2019). *Are the world's richest countries family friendly? Policy in the OECD and EU*. UNICEF Office of Research - Innocenti. https://www.unicef-irc.org/publications/pdf/Family-Friendly-Policies-Research_UNICEF_%202019.pdf
- Cohen, E. E., Ejsmond-Frey, R., Knight, N., & Dunbar, R. I. (2010). Rowers' high: behavioural synchrony is correlated with elevated pain thresholds. *Biology Letters*, 6, 106–108. <https://doi.org/10.1098/rsbl.2009.0670>
- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676–684. <https://doi.org/10.1037/0003-066X.59.8.676>

- Cohen, S., & Pressman, S. D. (2006). Positive affect and health. *Current Directions in Psychological Science*, *15*(3), 122–125. <https://doi.org/10.1111/j.0963-7214.2006.00420.x>
- Collins, C., Landivar, L. C., Ruppner, L., & Scarborough, W. J. (2020). COVID-19 and the gender gap in work hours. *Gender, Work & Organization*, *28*, 101–112. <https://doi.org/10.1111/gwao.12506>
- Collins, W. A., & Russell, G. (1991). Mother-child and father-child relationships in middle childhood and adolescence: A developmental analysis. *Developmental Review*, *11*, 99–136. [https://doi.org/10.1016/0273-2297\(91\)90004-8](https://doi.org/10.1016/0273-2297(91)90004-8)
- Connelly, R., & Kimmel, J. (2015). If you're happy and you know it: How do mothers and fathers in the US really feel about caring for their children? *Feminist Economics*, *21*(1), 1–34. <https://doi.org/10.1080/13545701.2014.970210>
- Cooley, S. J., Robertson, N., Jones, C. R., & Scordellis, J. A. (2021). “Walk to wellbeing” in community mental health: Urban and green space walks provide transferable biopsychosocial benefits. *Ecopsychology*, *13*(2), 84–95. <https://doi.org/10.1089/eco.2020.0050>
- Craig, L. (2006). Does father care mean fathers share?: A comparison of how mothers and fathers in intact families spend time with children. *Gender and Society*, *20*(2), 259–281. <https://doi.org/10.1177/0891243205285212>
- Craig, L., & Brown, J. E. (2017). Feeling rushed: Gendered time quality, work hours, nonstandard work schedules, and spousal crossover. *Journal of Marriage and Family*, *79*(1), 225–242. <https://doi.org/10.1111/jomf.12320>

- Criado Perez, C. (2019). *Invisible women: Data bias in a world designed for men*. Chatto & Windus.
- Cummings, E. M., & Davies, P. T. (1994). Maternal depression and child development. *Journal of Child Psychiatry*, 35, 73–112. <https://doi.org/10.1111/j.1469-7610.1994.tb01133.x>
- Daminger, A. (2019). The cognitive dimension of household labor. *American Sociological Review*, 84(4), 609–633. <https://doi.org/10.1177/0003122419859007>
- Daniels, A. K. (1987). Invisible Work. *Social Problems*, 34(5), 403–415.
- Danner, U. N., Aarts, H., & de Vries, N. K. (2007). Habit formation and multiple means to goal attainment: Repeated retrieval of target means causes inhibited access to competitors. *Personality and Social Psychology*, 33, 1367–1379. <https://doi.org/10.1177/0146167207303948>
- Danziger, S., & Ratner, D. (2010). Labor market outcomes and the transition to adulthood. *The Future of Children*, 20(1), 133–158. <https://jstor.org/stable/27795063>
- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenbrankz, M., Miller, D., Santorelli, S. F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65(4), 564–570. <https://doi.org/10.1097/01.psy.0000077505.67574.e3>
- De Goede, C., & Greeff, A. (2016). Challenges couples face in managing family routines after the transition to parenthood. *Social Work*, 52, 313–331. <https://doi.org/10.15270/52-3-512>.
- DeGroot, J. M., & Vik, T. A. (2020). “The weight of our household rests on my shoulders”: Inequity in family work. *Journal of Family Issues*, 41(8), 1258–1281. <https://doi.org/10.1177/071790215921531X3X191988877767>

- Denham, S. A., & Grout, L. (1992). Mothers' emotional expressiveness and coping: Relations with preschoolers' social-emotional competence. *Genetic, Social, and General Psychology Monographs*, *118*(1), 73–101.
- Diddams, M., Surdyk, L. K., & Daniels, D. (2004). Rediscovering models of Sabbath keeping: Implications for psychological well-being. *Journal of Psychology and Theology*, *32*(1), 3–11. <https://doi.org/10.1177/009164710403200101>
- Diener, E. (2009). Positive psychology: past, present, and future. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford Handbook of Positive Psychology* (pp. 7–11). Oxford University Press.
- Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, *3*(1), 1–43. <https://doi.org/10.1111/j.1758-0854.2010.01045.x>
- Durkheim, E. (1915). *The Elementary Forms of Religious Life*. The Free Press.
- Elvin-Nowak, Y. (1999). The meaning of guilt: A phenomenological description of employed mothers' experiences of guilt. *Scandinavian Journal of Psychology*, *40*, 73–83. <https://doi.org/10.1111/1467-9450.00100>.
- Emmons, R. A., & McCullough, M. E. (Eds.). (2004). *The psychology of gratitude*. Oxford University Press.
- Feinstein, B. A., Hershenberg, R., Bhatia, V., Latack, J. A., Meuwly, N., & Davila, J. (2013). Negative social comparison on Facebook and depressive symptoms: Rumination as a mechanism. *Psychology of Popular Media Culture*, *2*(3), 161–170. <https://doi.org/10.1037/a0033111>

- Fischer, R., Callander, R., Reddish, P., & Bulbulia, J. (2013). How do rituals affect cooperation? *Human Nature, 24*, 115–125. <https://doi.org/10.1007/s12110-013-9167-y>
- Fowler, J. H., & Christakis, N. A. (2009). Dynamic spread of happiness in a large social network: Longitudinal analysis over 20 years in the Framingham Heart Study. *British Medical Journal, 337*, 1–9. <https://doi.org/10.1136/bmj.a2338>
- Frederickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218–226. <https://doi.org/10.1037/0003-066x.56.3.218>
- Gable, S. G., & Gosnell, C. L. (2011). The positive side of close relationships. In T. B. Kashdan, K. M. Sheldon, & M. F. Stegar (Eds.), *Designing positive psychology: Taking stock and moving forward* (pp. 265–279). Oxford University Press.
- Galante, G., Galante, I., Bekkers, M. J., & Gallacher, J. (2014). Effect of kindness-based meditation on health and well-being: A systematic review and meta-analysis. *Journal of consulting and clinical psychology, 82*(6), 1101–1114. <https://doi.org/10.1037/a0037249>
- Garland, E. L., Frederickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. *Clinical Psychology Review, 30*(7), 849–864. <https://doi.org/10.1016/j.cpr.2010.03.002>
- GDP ranked by country 2021*. (n.d.). World Population Review. Retrieved May 21, 2021, from <https://worldpopulationreview.com/en/countries/countries-by-gdp>

- Gimenez-Nadal, J. I., & Sevilla, A. (2016). *Intensive mothering and well-being: The role of education and child care activity* (No. 10023) [IZA Discussion Papers]. Institute for the Study of Labor (IZA).
- Gould, E., & Cooke, T. (2015). *High quality child care is out of reach for working families* (No. 404) [issue brief]. Economic Policy Institute.
- Grote, N. K., & Bledsoe, S. E. (2007). Predicting postpartum depressive symptoms in new mothers: The role of optimism and stress frequency during pregnancy. *Health & Social Work, 32*(2), 107–118.
- Hagen, E. W., Mirrer, A. G., Palta, M., & Peppard, P. E. (2013). The sleep-time cost of parenting: Sleep duration and sleepiness among employed parents in the Wisconsin sleep cohort study. *American Journal of Epidemiology, 177*(5), 394–401.
<https://doi.org/10.1093/aje/kws246>
- Hamelin-Brabant, L., Montigny, F., Roch, G., Deshaies, M. H., Mbourou-Azizah, G., Borgès Da Silva, R., & Fournier, C. (2015). Vulnérabilité périnatale et soutien social en période postnatale: Une revue de la littérature. [Perinatal vulnerability and social support during the postnatal period: A review of the literature]. *Santé Publique, 27*(1), 27–37.
<https://doi.org/10.3917/spub.151.0027>
- Hamilton, B. E., PhD, Martin, J. A., M.P.H., & Osterman, M. J., M.H.S. (2021). *Births: Provisional Data for 2020* (Report No. 012) [Vital Statistics Rapid Release]. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf>
- Hawkes, K., & Coxworth, J. E. (2013). Grandmothers and the evolution of human longevity: A review of findings and future directions. *Evolutionary Anthropology: Issues, News, and Reviews, 22*(6), 294–302. <https://doi.org/10.1002/evan.21382>

- Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.
- Hebl, M. R., King, E. B., Glick, P., Singletary, S. L., & Kazama, S. (2007). Hostile and benevolent reactions to pregnant women: Complementary interpersonal punishments and rewards that maintain traditional roles. *Journal of Applied Psychology*, 92(6), 1499. <https://doi.org/10.1037/0021-9010.92.6.1499>
- Hill, P. C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science*, 10(1), 21–24. <https://doi.org/10.1111/1467-8721.00106>
- Hobson, N. M., Schroeder, J., Risen, J. L., Xygalatas, D., & Inzlicht, M. (2018). The psychology of rituals: An integrative review and process-based framework. *Personality and Social Psychology Review*, 22(3), 260–284. <https://doi.org/10.1177/1088868317734944>
- Hochschild, A. (1989). *The second shift: Working parents and the revolution at home*. Viking Adult.
- Hoekzema, E., Barba-Müller, E., Pozzobon, C., Picado, M., Lucco, F., García-García, D., Soliva, J., Tobeña, A., Desco, M., Crone, E., Ballesteros, A., Carmona, S., & Vilarroya, O. (2017). Pregnancy leads to long-lasting changes in human brain structure. *Nature Neuroscience*, 20(2), 287–300. <https://doi.org/10.1038/nn.4458>
- Hoffman, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31(7), 1126–1132. <https://doi.org/10.1016/j.cpr.2011.07.003>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 7(7), Article e1000316. <https://doi.org/10.1371/journal.pmed.1000316>

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241(4865), 540–545.

Howell, A. J., Dopko, R. L., Passmore, H. A., & Buro, K. (2011). Nature connectedness: Associations with well-being and mindfulness. *Personality and individual differences*, 51(2), 166–171. <https://doi.org/2011 Elsevier Ltd. All rights reserved.10.1016/j.paid.2011.03.037>

Hrdy, S. B. (2016). Variable postpartum responsiveness among humans and other primates with “cooperative breeding”: A comparative and evolutionary perspective. *Hormones and Behavior*, 77, 272–283. <https://doi.org/10.1016/j.yhbeh.2015.10.016>

Imber-Black, E. (2014). Creating meaningful rituals for new life cycle transitions. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle: Individual, family, social perspectives* (4th ed ed., pp. 425–436). Pearson Education.

Imber-Black, E. (2019). Rituals in contemporary couple and family therapy. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (Vol. 3 ed., pp. 257–273). American Psychological Association . <https://doi.org/10.1037/0000101-000>

Instagram Business Team. (2016, March 24). *Reaching Moms on Instagram*. Instagram Blog. Retrieved June 16, 2021, from <https://business.instagram.com/blog/reaching-moms-on-instagram>

Ivtzan, I., & Papantoniou, A. (2014). Yoga meets positive psychology: Examining the integration of hedonic (gratitude) and eudaimonic (meaning) wellbeing in relation to the extent of yoga practice. *Journal of bodywork and movement therapies*, 18(2), 183–189. <https://doi.org/10.1016/j.jbmt.2013.11.005>

James, W. (1899). The gospel of relaxation. *Scribner's Magazine*, 25, 499–507.

Jung, C. G. (1960). *Psychology and religion*. Yale University Press.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future.

Clinical Psychology: Science and Practice, 10(2), 144–156.

<https://doi.org/10.1093/clipsy.bpg016>

Kahana, B., & Kahana, E. (1982). Clinical issues of middle age and later life. *The ANNALS of the American Academy of Political and Social Science*, 464(1), 140–161.

<https://doi.org/10.1177/0002716282464001013>

Kamp Dush, C. M., Yavorsky, J. E., & Schoppe-Sullivan, S. J. (2018). What are men doing while women perform extra unpaid labor? Leisure and specialization at the transitions to parenthood. *Sex Roles*, 78, 715–730. <https://doi.org/10.1007/s11199-017-0841-0>

Kaplan, R. (2001). The nature of the view from home: Psychological benefits. *Environment and Behavior*, 33(4), 507–542. <https://doi.org/10.1177/00139160121973115>

Keene, J. R., & Batson, C. D. (2010). Under one roof: A review of research on intergenerational coresidence and multigenerational households in the United States. *Sociology Compass*, 4(8), 642–657. <https://doi.org/10.1111/j.1751-9020.2010.00306.x>

Kendig, S., Keats, J. P., Hoffman, M. C., Kay, L. B., Miller, E. S., Moore Simas, T. A., Frieder, A., Hackley, B., Indman, P., Raines, C., Semenuk, K., Wisner, K. L., & Lemiux, L. A. (2017). Consensus bundle on maternal mental health: Perinatal depression and anxiety. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 46(2), 272–281.

<https://doi.org/10.1097/AOG.0000000000001902>

- Kenrick, D. T., Griskevicius, V., Neuberg, S. L., & Schaller, M. (2010). Renovating the pyramid of needs: Contemporary extensions built upon ancient foundations. *Perspectives on Psychological Science*, 5(3), 292–314. <https://doi.org/0.1177/1745691610369469>
- Killewald, A., & Zhuo, X. (2019). U.S. mothers' long-term employment patterns. *Demography*, 56(1), 285–320. <https://doi.org/10.1007/s13524-018-0745-9>
- Kim, E. S., Park, N., & Peterson, C. (2011). Dispositional optimism protects older adults from stroke: The health and retirement study. *Stroke*, 42(10), 2855–2859. <https://doi.org/10.1161/STROKEAHA.111.613448>
- Kim, E. S., Sun, J. K., Park, N., Kubzansky, L. D., & Peterson, C. (2013). Purpose in life and reduced risk of myocardial infarction among older U.S. adults with coronary heart disease: A two-year follow-up. *Journal of Behavioral Medicine*, 36(2), 124–133. <https://doi.org/10.1007/s10865-012-9406-4>
- Kim, P. (2020). How stress can influence brain adaptations to motherhood. *Frontiers in Neuroendocrinology*, 60. <https://doi.org/10.1016/j.yfrne.2020.100875>
- King, E. (2020). Gender and work-life inclusion in business schools & understudied faculty contexts: What are the issues and the terrain? In E. Kossek & K. H. Lee (Eds.), *Fostering Gender and Work-Life Inclusion for Faculty in Understudied Contexts: An Organizational Science Lens* (pp. 20–22). Purdue e-Pubs. <https://doi.org/10.5703/1288284317254>
- Koenig, H. G. (2008). Religion and mental health: What should psychiatrists do? *Psychiatric Bulletin*, 32(6), 201–203. <https://doi.org/10.1192 / p b. bp.10 8.019 4 3 0>

- Koizumi, M., Ito, H., Kaneko, Y., & Motohashi, Y. (2008). Effect of having a sense of purpose in life on the risk of death from cardiovascular diseases. *Journal of Epidemiology*, *18*, 191–196. <https://doi.org/10.1007/s10865-012-9406-4>
- Kondo, D. (1985). The way of tea: A symbolic analysis. *Man*, *20*(2), 287–306. <https://doi.org/10.2307/2802386>
- Kraybill, J. H., & Bell, M. A. (2013). Infancy predictors of preschool and post-kindergarten executive function. *Developmental Psychobiology*, *55*(5), 530–538. <https://doi.org/10.1002/dev.21057>
- Krishna Kumar, P. R. (2013). Chapter 6: The role of social rituals in well-being. In A. Morandi & A. N. Narayanan Nambi (Eds.), *An Integrated View of Health and Well-being, Cross-Cultural Advancements in Positive Psychology* (pp. 83–98). Springer Science. https://doi.org/10.1007/978-94-007-6689-1_6
- Le Moignan, E., Lawson, S., Rowland, D. A., Mahoney, J., & Briggs, P. (2017, May 6–11). *Has Instagram fundamentally altered the 'family snapshot'?* CHI Conference on Human Factors in Computing Systems, Denver, CO, USA. <https://doi.org/10.1145/3025453.3025928>
- Lee, H., Kim, A., Hong, H., & Lee, U. (2021, May 8–13). *Sticky goals: Understanding goal commitments for behavioral changes in the wild.* [Proceedings Article No. 230]. CHI Conference on Human Factors in Computing Systems, Yokohama, Japan. <https://doi.org/10.1145/3411764.3445295>
- Lee, S. Y. (2014). How do people compare themselves with others on social network sites?: The case of Facebook. *Computers in human behavior*, *32*, 253–260. <https://doi.org/10.1016/j.chb.2013.12.009>

- Lévesque, S., Bisson, V., Charton, L., & Fernet, M. (2020). Parenting and relational well-being during the transition to parenthood: Challenges for first-time parents. *Journal of Child and Family Studies*, 29, 1938–1956. <https://doi.org/10.1007/s10826-020-01727-z>
- Li, S., Stampfer, M. J., Williams, D. R., & VanderWeele, T. J. (2016). Association of religious service attendance with mortality among women. *JAMA Internal Medicine*, 176(6), 777–785. <https://doi.org/10.1001/jamainternmed.2016.1615>
- Ludwig, D. S., & Kabat-Zinn, J. (2008). Mindfulness in medicine. *Journal of the American Medical Association (JAMA)*, 300(11), 1350–1352. <https://doi.org/10.1001/jama.300.11.1350>
- Luthar, S. S., & Cicciolla, L. (2016). What it feels like to be a mother: Variations by children's developmental stages. *Developmental Psychology*, 52(1), 143–154. <https://doi.org/10.1037/dev0000062>
- Luthar, S. S., & Ciccolla, L. (2015). Who mothers mommy? Factors that contribute to mother's well-being. *Developmental Psychology*, 51(12), 1812–1823. <https://doi.org/http://dx.doi.org/10.1037/dev0000051>
- Mackler, J. S., Kelleher, R. T., Shanahan, L., Calkins, S. D., Keane, S. P., & O'Brian, M. (2015). Parenting stress, parental reactions, and externalizing behavior from ages 4 to 10. *Journal of Marriage and Family*, 77(2), 388–406. <https://doi.org/10.1111/jomf.12163>
- Marks, L. D., Hatch, T. G., & Dollahite, D. C. (2018). Sacred practices and family processes in a Jewish context: Shabbat as the weekly family ritual par excellence. *Family Process*, 57(2), 448–461. <https://doi.org/10.1111/famp.12286>
- Marselle, M. R., Irvine, K. N., & Warber, S. L. (2013). Walking for well-being: Are group walks in certain types of natural environments better for well-being than group walks in urban

- environments? *International Journal of Environmental Research and Public Health*, 10(11), 5603–5628. <https://doi.org/10.3390/ijerph10115603>
- Marselle, M. R., Irvine, K. N., & Warber, S. L. (2014). Examining group walks in nature and multiple aspects of well-being: A large-scale study. *Ecopsychology*, 6(3), 134–147. <https://doi.org/10.1089/eco.2014.0027>
- Martin, J. A., Hamilton, B. E., Osterman, M. J., & Driscoll, A. K. (2021). Births: Final Data for 2019. *National Vital Statistics Reports*, 70(2), 1–51. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>
- Maruschak, L. M., Minton, T. D., & Minton, T. D. (2020). *Correctional populations in the United States, 2017-2018* [Bulletin NCJ 252157]. US Department of Justice. <https://www.bjs.gov/content/pub/pdf/cpus1718.pdf>
- Mathews, T. J., & Hamilton, B. E. (2016). *Mean age of mothers is on the rise: United States, 2000–2014* (Number 232) [NCHS data brief]. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/databriefs/db232.pdf>
- Mathews, T. J., & Hamilton, B. E., PhD. (2002). *Mean age of mother, 1970–2000* (Volume 4, Number 1) [National vital statistics reports]. National Center for Health Statistics. https://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_01.pdf
- Mayer, F. S., Frantz, C. M., Bruehlman-Senecal, E., & Dolliver, K. (2009). Why is nature beneficial? The role of connectedness to Nature. *Environment and Behavior*, 41(5), 607–643. <https://doi.org/0.1177/0013916508319745>
- McDonnell, C., Luke, N., & Short, S. E. (2019). Happy moms, happier dads: Gendered caregiving and parents' affect. *Journal of Family Issues*, 40, 2553–2581. <https://doi.org/10.1177/0192513X19860179>

Meaney, M. J. (2018). Perinatal maternal depressive symptoms as an issue for population health.

American Journal of Psychiatry, 175(11), 1084–1093.

<https://doi.org/10.1176/appi.ajp.2018.17091031>

Meert, K. L., Kavanaugh, K., Wessel, D. L., Shanley, T. P., Dalton, H., Doctor, A., Park, C. L.,

Egely, S., Berg, R. A., Newth, C. J., Harrison, R., Dean, J. M., & Jenkins, T. (2015).

Meaning making during parent-physician bereavement meetings after a child's death.

Health Psychology, 34(4), 453–461. <https://doi.org/10.1037/hea0000153>

Melchert, N. (2002). *The great conversation: A historical introduction to philosophy* (4th ed.).

McGraw-Hill.

Merriam-Webster. (n.d.). Languish. In *Merriam-Webster.com dictionary*. Retrieved July 12,

2021, from <https://www.merriam-webster.com/dictionary/languish>

Miller, C. (2019, June 7). *College enrollment & student demographic statistics*.

educationdata.org. Retrieved May 24, 2021, from [https://educationdata.org/college-](https://educationdata.org/college-enrollment-statistics#:~:text=College%20enrollment%20rates%20have%20increased,full%2Dtime%20students%20were%20enrolled)

[enrollment-](https://educationdata.org/college-enrollment-statistics#:~:text=College%20enrollment%20rates%20have%20increased,full%2Dtime%20students%20were%20enrolled)

[statistics#:~:text=College%20enrollment%20rates%20have%20increased,full%2Dtime%](https://educationdata.org/college-enrollment-statistics#:~:text=College%20enrollment%20rates%20have%20increased,full%2Dtime%20students%20were%20enrolled)

[20students%20were%20enrolled](https://educationdata.org/college-enrollment-statistics#:~:text=College%20enrollment%20rates%20have%20increased,full%2Dtime%20students%20were%20enrolled)

Montross-Thomas, L. P., Scheiber, C., Meier, E. A., & Irwin, S. A. (2016). Personally

meaningful rituals: A way to increase compassion and decrease burnout among hospice staff and volunteers. *Journal of Palliative Medicine*, 19(10), 1043–1050.

<https://doi.org/10.1089/jpm.2015.0294>

Moran, K. M., Root, A. E., Vizy, B. K., Wilson, T. K., & Gentzler, A. L. (2018). Maternal

socialization of children's positive affect regulation: Associations with children's

- savoring, dampening, and depressive symptoms. *Social Development*, 28(2), 306–322.
<https://doi.org/10.1111/sode.12338>
- Morgan, A. L., Tobar, D. A., & Snyder, L. (2010). Walking toward a new me: The impact of prescribed walking 10,000 steps/day on physical and psychological well-being. *Journal of physical activity and health*, 7(3), 299–307. <https://doi.org/10.1123/jpah.7.3.299>
- Mosconi, L., PhD. (2020). *The XX brain: The grounding science empowering women to maximize cognitive health and prevent alzheimer's disease*. Avery.
- Motherly. (n.d.). *About*. Retrieved June 8, 2021, from <https://www.mother.ly/about>
- Motherly. (2021, May 4). *Motherly's 2021 state of motherhood survey results: It's time to change the way we talk about motherhood*. Retrieved June 4, 2021, from <https://www.mother.ly/state-of-motherhood/2021-state-of-motherhood-survey/mothers-are-burned-out>
- Musick, K., Meier, A., & Flood, S. (2016). How parents fare: Mothers' and fathers' subjective well-being in time with children. *American Sociological Review*, 81(5), 1069–1095.
<https://doi.org/10.1177/0003122416663917>
- National Institute of Mental Health. (n.d.). *Perinatal Depression* (NIH Publication No. 20-MH-8116) [Fact Sheet]. U.S. Department of Health and Human Services.
https://www.nimh.nih.gov/health/publications/perinatal-depression/20-mh-8116-perinataldepression_159799.pdf
- National Safety Council. (2021, March 4). *Motor vehicle deaths in 2020 estimated to be highest in 13 years, despite dramatic drop in miles driven*. NSC. Retrieved May 26, 2021, from <https://www.nsc.org/newsroom/motor-vehicle-deaths-2020-estimated-to-be->

- Offer, S., & Schneider, B. (2011). Revisiting the gender gap in time-use patterns: Multitasking and well-being among mothers and fathers in dual-earning families. *American Sociological Review*, 76(6), 809–833. <https://doi.org/10.1177/0003122411425170>
- Orgad, S. (2019). *Heading home: Motherhood, work, and the failed promise of equality*. Columbia University Press.
- Orme-Johnson, D. W., & Barnes, V. A. (2014). Effects of the transcendental meditation technique on trait anxiety: A meta-analysis of randomized controlled trials. *The Journal of Alternative and Complementary Medicine*, 20(5), 330–341. <https://doi.org/10.1089/acm.2013.0204>
- Páez, D., Rimé, B., Basabe, N., Wlodarczyk, A., & Zumeta, L. (2015). Psychosocial effects of perceived emotional synchrony in collective gatherings. *Journal of Personality and Social Psychology*, 108, 711–729. <https://doi.org/10.1037/pspi0000014>
- Parks, P. L., Lenz, E. R., & Jenkins, L. S. (1992). The role of social support and stressors for mothers and infants. *Child: Care, Health and Development*, 18(3), 151–171. <https://doi.org/10.1111/j.1365-2214.1992.tb00349.x>
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). 2020. Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4). <https://doi.org/10.1542/peds.2020-016824>
- Pawelski, J. O. (2016). Defining the ‘positive’ in positive psychology: Part I. A descriptive analysis. *The Journal of Positive Psychology*, 11(4), 339–356. <https://doi.org/10.1080/17439760.2015.1137627>

Pedulla, D. S., & Thebaud, S. (2015). Can we finish the revolution? Gender, work-family ideals, and institutional constraint. *American Sociological Review*, *80*(1), 116–139.

<https://doi.org/10.1177/0003122414564008>

Perkins, K. M., Boulet, S. L., Jamieson, D. J., Kissin, D. M., & National Assisted Reproductive Technology Surveillance System (NASS) Group. (2016). Trends and outcomes of gestational surrogacy in the United States. *Fertility and Sterility*, *106*(2), 435–442.

<https://doi.org/10.1016/j.fertnstert.2016.03.050>

Peterson, C. (1988). Explanatory style as a risk factor for illness. *Cognitive Therapy and Research*, *12*(2), 119–132.

Peterson, C., Seligman, M. E., & Vaillant, G. E. (1988). Pessimistic explanatory style is a risk factor for physical illness: A thirty-five-year longitudinal study. *Journal of Personality and Social Psychology*, *55*(1), 23–27. <https://doi.org/10.1037/0022-3514.55.1.23>

Pew Research Center. (2021). *The data on women leaders* (Report originally published January 2015 & updated January 2021) [Social Trends Fact Sheet].

<https://www.pewresearch.org/social-trends/fact-sheet/the-data-on-women-leaders/>

Phua, D. Y., Kee, M. Z., & Meaney, M. J. (2020). Positive maternal mental health, parenting, and child development. *Biological Psychiatry*, *87*(4), 328–337.

<https://doi.org/10.1016/j.biopsych.2019.09.028>

Pollmann-Schult, M. (2014). Parenthood and life satisfaction: Why don't children make people happy? *Journal of Marriage and Family*, *76*(2), 319–336.

<https://doi.org/10.1111/jomf.12095>

- Powell, L. H., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to physical health. *American Psychologist*, 58(1), 36–52. <https://doi.org/10.1037/0003-066X.58.1.36>
- Prilleltensky, I. (2016). *The laughing guide to well-being: Using humor and science to become happier and healthier*. Rowman & Littlefield .
- Pronzato, C. D. (2009). Return to work after childbirth: Does parental leave matter in Europe? *Review of Economics of the Household*, 7(4), 341–360. <https://doi.org/10.1007/s11150-009-9059-4>
- Ragozzino, C. (2020). *Living Ayurveda: Nourishing body and mind through seasonal recipes, rituals, and yoga*. Roost Books.
- Rao, N., & Kemper, K. J. (2017). Online training in specific meditation practices improves gratitude, well-being, self-compassion, and confidence in providing compassionate care among health professionals. *Journal of evidence-based complementary & alternative medicine*, 22(2), 237–241. <https://doi.org/10.1177/2156587216642102>
- Rasmussen, N. H., Scheier, M. F., & Greenhouse, J. B. (2009). Optimism and physical health: A meta-analytic review. *Annals of Behavioral Medicine*, 37(3), 239–256. <https://doi.org/10.1007/s12160-009-9111-x>
- Ratey, J. J., & Hagerman, E. (2008). *Spark: The revolutionary new science of exercise and the brain*. Little, Brown Spark.
- Ratey, J. J., MD, & Manning, R. (2014). *Go Wild: Eat fat, run free, be social, and follow evolution's other rules for total health and well-being*. Little, Brown and Company.

- Raup, J. L., & Myers, J. E. (1989). The empty nest syndrome: Myth or reality? *Journal of Counseling and Development*, 68(2), 180–183. <https://doi.org/10.1002/j.1556-6676.1989.tb01353.x>
- Reid, C. E., Clougherty, J. E., Shmool, J. L., & Kubzansky, L. D. (2017). Is all urban green space the same? A comparison of the health benefits of trees and grass in New York City. *International Journal of Environmental Research and Public Health*, 14(11), 1411. <https://doi.org/10.3390/ijerph14111411>
- Rini, C. K., Dunkel-Schetter, C., Wadhwa, P. D., & Sandman, C. A. (1999). Psychological adaptation and birth outcomes: The role of personal resources, stress, and sociocultural context in pregnancy. *Health Psychology*, 18(4), 333–345. <https://doi.org/10.1037//0278-6133.18.4.333>
- Rizzo, K. M., Schiffrin, H. H., & Liss, M. (2013). Insight into the parenthood paradox: Mental health outcomes of intensive mothering. *Journal of Child and Family Studies*, 22(5), 614–620. <https://doi.org/10.1007/s10826-012-9615-z>
- Romanoff, B. D. (1998). Rituals and the grieving process. *Death Studies*, 22(8), 697–711. <https://doi.org/10.1080/074811898201227>
- Rossano, M. J. (2020). Ritual as resource management. *Philosophical Transactions of the Royal Society: Biological Sciences*, 375(1805), Article 20190429. <https://doi.org/10.1098/rstb.2019.0429>
- Rothwell, J., & Saad, L. (2021). *How have U.S. working women fared during the pandemic?* (Impact of the COVID-19 pandemic on working women, Part 1). Gallup. <https://news.gallup.com/poll/330533/working-women-fared-during-pandemic.aspx>

- Royer, H., Stehr, M., & Sydney, J. (2015). Incentives, commitments, and habit formation in exercise: Evidence from a field experiment with workers at a Fortune-500 company. *American Economic Journal: Applied Economics*, 7(3), 51–84.
<https://doi.org/10.1257/app.20130327>
- Ruppanner, L., Perales, F., & Baxter, J. (2019). Harried and unhealthy? Parenthood, time pressure, and mental health. *Journal of Marriage and Family*, 81(2), 308–326.
<https://doi.org/10.1111/jomf.12531>
- Sadrudin, A. F., Ponguta, L. A., Zonderman, A. L., Wiley, K. S., Grimshaw, A., & Panter-Brick, C. (2019). How do grandparents influence child health and development? A systematic review. *Social Science & Medicine*, 239, Article 112476.
<https://doi.org/10.1016/j.socscimed.2019.112476>
- Sandberg, S. (2013). *Lean in: Women, work, and the will to lead*. Alfred A. Knopf.
- Sarason, S. B. (1988). *The psychological sense of community: Prospects for a community psychology*. Brookline Books.
- Saxbe, D., Rossin-Slater, M., & Goldenberg, D. (2018). The transition to parenthood as a critical window for adult health. *American Psychologist*, 73(9), 1190–1200.
<https://doi.org/10.1037/amp0000376>
- Schnell, T., & Pali, S. (2013). Pilgrimage today: The meaning-making potential of ritual. *Mental Health, Religion & Culture*, 16(9), 887–902.
<https://doi.org/10.1080/13674676.2013.766449>
- Schueller, S. M. (2014). Person-activity fit in positive psychological interventions. In A. C. Parks & S. M. Schueller (Eds.), *The Wiley Blackwell handbook of positive psychological interventions* (pp. 385–402). John Wiley & Sons.

- Schwartz, J., Mochon, D., Wyper, L., Maroba, J., Patel, D., & Ariely, D. (2014). Healthier by precommitment. *Psychological Science*, *25*(2), 538–546.
<https://doi.org/10.1177/0956797613510950>
- Scully, D., Kremer, J., Meade, M. M., Graham, R., & Dudgeon, K. (1998). Physical exercise and psychological well being: A critical review. *British Journal of Sports Medicine*, *32*(2), 111–120. <https://doi.org/10.1136/bjism.32.2.111>
- Sear, R. (2021). The male breadwinner nuclear family is not the ‘traditional’ human family, and promotion of this myth may have adverse health consequences. *Philosophical Transactions of the Royal Society B*, *376*(1827), Article 20200020.
<https://doi.org/10.1098/rstb.2020.0020>
- Seligman, A. B., Weller, R. P., Simon, B., & Puett, M. J. (2008). *Ritual and its consequences: An essay on the limits of sincerity*. Oxford University Press.
- Shapiro, S. L., & Snyder, C. R. (2009). Meditation and Positive Psychology. In S. J. Lopez (Ed.), *The Oxford Handbook of Positive Psychology* (pp. 601–610). Oxford University Press.
- Sharma, H., Chandola, H. M., Singh, G., & Basisht, G. (2007). Utilization of Ayurveda in health care: An approach for prevention, health promotion, and treatment of disease. Part 1 - Ayurveda, the science of life. *The Journal of Alternative and Complementary Medicine*, *13*(9), 1011–1020. <https://doi.org/10.1089/acm.2007.7017-A>
- Shiah, Y., & Radin, D. (2013). Metaphysics of the tea ceremony: A randomized trial investigating the roles of intention and belief on mood while drinking tea. *The Journal of Science and Healing*, *9*(6), 355–360. <https://doi.org/10.1016/j.explore.2013.08.005>

- Skreden, M., Skari, H., Malt, U. F., Pripp, A. H., Bjork, M. D., Faugli, A., & Emblem, R. (2012). Parenting stress and emotional wellbeing in mothers and fathers of preschool children. *Scandinavian Journal of Public Health, 40*(7), 596–604.
- Smalley, S. L., & Winston, D. (2010). Chapters 1 & 2. In *Fully present: the science, art, and practice of mindfulness* (pp. 1–35). Da Capo Lifelong.
- Smith, E. E. (2017). *The power of meaning: Finding fulfillment in a world obsessed with happiness*. Crown.
- Sone, T., Nakaya, N., Ohmori, K., Shimazu, T., Higashiguchi, M., Kakizaki, M., Kikuchi, N., Kuriyama, S., & Tsuji, I. (2008). Sense of life worth living (ikigai) and mortality in Japan: Oshaki Study. *Psychosomatic Medicine, 70*(6), 709–715.
<https://doi.org/10.1097/PSY.0b013e31817e7e64>
- Sosis, R., & Handwerker, W. P. (2011). Psalms and coping with uncertainty: Religious Israeli women's responses to the 2006 Lebanon War. *American Anthropologist, 113*(1), 40–55.
<https://doi.org/10.1111/j.1548-1433.2010.01305.x>
- Speedling, B. B. (2019). Celebrating Sabbath as a holistic health practice: The transformative power of a sanctuary in time. *Journal of Religion and Health, 58*, 1382–1400.
<https://doi.org/10.1007/s10943-019-00799-6>
- Stone, P. (2007). The rhetoric and reality of “opting out”. *Contexts, 6*(4), 14–19.
<https://doi.org/10.1525/ctx.2007.6.4.14>
- Sutherland, J.-A. (2010). Mothering, guilt and shame. *Sociology Compass, 4*, 310–321.
<https://doi.org/10.1111/j.1751-9020.2010.00283.x>
- Sylva, K. (2014). The role of families and preschool in educational disadvantage. *Oxford Review of Education, 40*(6), 680–695. <https://doi.org/10.1080/03054985.2014.979581>

Ter Kuile, C. (2020). *The Power of Ritual: Turning Everyday Activities into Soulful Practices*. HarperCollins.

Tseng, Y., Hsu, M. T., Hsieh, Y. T., & Cheng, H. R. (2018). The meaning of rituals after a stillbirth: a qualitative study of mothers with a stillborn baby. *Journal of Clinical Nursing*, 27(5-6), 1134–1142. <https://doi.org/10.1111/jocn.14142>

Tummala-Narra, P. (2009). Contemporary impingements on mothering. *The American Journal of Psychoanalysis*, 69, 4–21. <https://doi.org/10.1057/ajp.2008.37>

Turner, V. (1969). *The Ritual Process: Structure and Anti-Structure*. University of Chicago Press.

U.S. Bureau of Labor Statistics. (2018). *Highlights of women's earnings in 2017* (Report 1075) [BLS Reports]. U.S. Department of Labor, Bureau of Labor Statistics. <https://www.bls.gov/opub/reports/womens-ear>

U.S. Bureau of Labor Statistics. (2021). *Labor force statistics from the current population* (Table A-27: Persons at work in nonagricultural industries by age, sex, race, Hispanic or Latino ethnicity, marital status, and usual full- or part-time status). U.S. Department of Labor, Bureau of Labor Statistics. <https://www.bls.gov/web/empsit/cpseea27.htm>

U.S. Cancer Statistics Working Group. (2020). *U.S. Cancer Statistics Data Visualizations Tool* (based on 2019 submission data (1999-2017)). U.S. Department of Health and Human Services; Centers for Disease Control; National Cancer Institute. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

U.S. Department of Labor, Women's Bureau. (2020). *Mothers and Families: Labor Force Participation*. Women's Bureau. Retrieved June 16, 2021, from <https://www.dol.gov/agencies/wb/data/mothers-and-families>

- Umberson, D., Pudrovska, T., & Reczek, C. (2010). Parenthood, childlessness, and well-being: A life course perspective. *Journal of Marriage and Family*, 72(3), 612–629.
<https://doi.org/10.1111/j.1741-3737.2010.00721.x>
- Van der Hart, O. (1983). *Rituals in psychotherapy: Transition and continuity*. Ardent Media.
- Van Dillen, L. F., & Koole, S. L. (2007). Clearing the mind: A working memory model of distraction from negative mood. *Emotion*, 7(4), 715–723. <https://doi.org/10.1037/1528-3542.7.4.715>
- Visser, M. (2009). *The gift of thanks: The roots and rituals of gratitude*. Houghton Mifflin Harcourt.
- Voellmin, A., Entringer, S., Moog, N., Wadhwa, P. D., & Buss, C. (2013). Maternal positive affect over the course of pregnancy is associated with the length of gestation and reduced risk of preterm delivery. *Journal of Psychosomatic Research*, 75, 336–340.
<https://doi.org/10.1016/j.jpsychores.2013.06.031>
- Wachs, T., Black, M. M., & Engle, P. L. (2009). Maternal depression: A global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives*, 3(1), 51–59. <https://doi.org/10.1111/j.1750-8606.2008.00077.x>
- Wen, N. J., Herrmann, P. A., & Legare, C. H. (2016). Ritual increases children's affiliation with in-group members. *Evolution and Human Behavior*, 37(1), 54–60.
<https://doi.org/10.1016/j.evolhumbehav.2015.08.002>
- Williams, J. C. (2004). Hitting the maternal wall - Before they reach a "glass ceiling" in their careers, women faculty may hit a "maternal wall". *Academe Bulletin of the American Association of University Professors*, 90, 16–20.
https://repository.uchastings.edu/faculty_scholarship/1202/

- Williford, A. P., Calkins, S. D., & Keane, S. P. (2007). Predicting change in parenting stress across early childhood: Child and maternal factors. *Journal of Abnormal Child Psychology*, 35(2), 251–263. <https://doi.org/10.1007/s10802-006-9082-3>
- Wiltermuth, S. S., & Heath, C. (2009). Synchrony and cooperation. *Psychological Science*, 20(1), 1–5. <https://doi.org/10.1111/j.1467-9280.2008.02253.x>
- Wood, W., & Neal, D. T. (2016). Healthy through habit: Interventions for initiating & maintaining healthy behavior change. *Behavioral Science & Policy*, 2(1), 71–83.
- World Health Organization. (n.d.). *Breastfeeding*. World Health Organization. Retrieved June 9, 2021, from https://www.who.int/health-topics/breastfeeding#tab=tab_1
- World Health Organization. (1948). *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States* [Official Records of the World Health Organization, no. 2, p. 100].
https://www.who.int/governance/eb/who_constitution_en.pdf
- Yaden, D. B. (2020). Conclusion. In D. B. Yaden, Y. Zhao, K. Peng, & A. B. Newberg (Eds.), *Rituals and Practices in World Religions: Cross-Cultural Scholarship to Inform Research and Clinical Contexts* (pp. 225–229). Springer.
- Zhou, J., Ko, J. Y., Haight, S. C., & Tong, V. T. (2019). Treatment of substance use disorders among women of reproductive age by depression and anxiety disorder status, 2008-2014. *Journal of Women's Health (Larchmt)*, 28(8), 1068–1076.
<https://doi.org/10.1089/jwh.2018.7597>