

Wise, Well off and Tired--a Qualitative Study of Over-35 Mothers Raising Their Teens

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Abstract

This qualitative study used a phenomenological approach to understand the experience of 10 later-life mothers who had a first child at age 35 or older and were in the process of raising a teenager. Data were collected with semi-structured interviews and analyzed using thematic coding. Initial findings suggest maternal age contributes to a positive parenting outcome due to life experience, emotional maturity and financial security. Drawbacks include fatigue and reduced fertility that limited family size, as well as competing life stages such as retirement and college. Older mothers felt in the mainstream. Clinical implications are discussed.

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Each of the women who participated in this study had already mastered one career and were in the midst of a second as a mother. But they weren't finished yet. Something urged them to search for another meaningful life adventure once their children launched—a next chapter. They helped me to see I was doing the same; Marriage & Family Therapy is my next chapter.

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CHAPTER 1: INTRODUCTION

The purpose of this study is to explore the parenting experience of “older mothers”—those who had a first child at age 35 or later—once the child reaches adolescence.

The problem and its setting

The face of motherhood is older than it used to be. The trend toward delaying the birth of a first child has been steadily on the rise since the 1970s (U.S. Census Bureau, 2012; Wilkie, 1981) and carries with it implications for the women who chose this course, as well as for their families. Delaying one stage of the family life cycle—the birth of a child—does not prevent other pivotal life events from happening on time. This sets up an inevitable but perhaps unforeseen outcome: an overlap of family life stages.

The literature defines women who gave birth to a first child at age 35 or older as “delayed” and views this group as distinct from women who become mothers at a younger age (e.g. Carolan, 2005; Dobrzykowski & Stern, 2003; Frankel, 1982; Livingston & Cohn, 2011; Ragozin, 1982). For instance, 35-plus mothers—henceforth called “older mothers”—are more likely to be faced with caring for their own aging parents while still raising a teenager (Carolan, 2005). They may be juggling finances to pay college bills while saving for retirement years already on the horizon (Clayton & Ninan, 2010; Erikson, 1963). The older mother is also likely to be shepherding a child through puberty while managing the emotional changes that can come with transition to menopause (Clayton & Ninan; Erikson).

While some researchers have examined the experience of older mothers with infants, (e.g. Carolan, 2005; Ragozin, 1982), few have continued this exploration into the adolescent years. Moreover, no published literature has been identified to date that explores the intersection

of raising a teenager in the pre-retirement years--in other words, when two life stages traditionally defined as separate and distinct (Smith, 2009) occur simultaneously.

Delaying motherhood

Conventional wisdom once held that the optimal age for a woman to give birth and care for an infant fell between 22 and 31 (Rindfuss & Bumpuss, 1978). By the 21st century, however, a paradigm shift had taken place and the “older” first-time mother was no longer an aberration. The only increase in birth rates reported nationally in 2012 was among women 30 to 44 (Hamilton, 2013). Indeed, while more babies were born to teenage mothers than to older ones in the latter part of the 20th century, by 2008, that trend had flipped: 14% of births were to women over 30, with just 10% of babies born to teens (Livingston & Cohn, 2011).

Since 1960, hormonal birth control has allowed millions to manage the timetable of starting a family; the average age at first birth for American women is 25.6; for college graduates it is 30 (Twenge, 2013).

Several factors facilitated this cultural change. Medical advancements reduced the risks of complications linked to late childbearing (Daniels & Weingarten, 1979). Fertility advancements made later-life conception more possible (Garrison, Blalock, Zarski & Merrit, 1997). And while the physical risks fell, the financial incentives of delaying motherhood to pursue a career climbed. Existing research suggests a 3% to 5% hike in wages for each year a woman puts off starting a family (Buckles, 2008; Miller, 2011).

It comes as little surprise, then, that while the number of women in the labor market rose in recent decades (Buckles, 2008), so, too, did the number of over-35 mothers. The phenomenon of postponing motherhood has taken hold in American society, and with it comes a shift in the calendar of family development.

Maternal Age

The body of research on parenting suggests that age matters. In Mercer's (1986) quantitative study of motherhood, different age groups reported different strengths and vulnerabilities when it came to motherhood. Mothers in Mercer's oldest group (aged 30 to 43) were more adept at dealing with challenging child behaviors, but reported less gratification in parenting. Balancing motherhood and a career left many older mothers isolated from other adults. A separate study also found that older mothers tend to be more anxious and cautious when it comes to aspects of infant care, such as breastfeeding (Welles-Nystrom & de Chateau, 1987). Carolan wrote in 2005 of older first-time mothers with infants who felt compelled to "do it properly" and over-prepare for the task, only to feel overwhelmed anyway when the baby arrived.

Yet even as more women delay motherhood, existing research sheds limited light on the effects of maternal age on the parenting experience, and virtually all of it focuses on the earliest days of motherhood (Powell, Steelman, & Carini, 2006.) In one 1982 study, Ragozin interviewed 105 mothers aged 16 to 38 one month after delivery and found increased maternal age was significantly correlated to greater parenting satisfaction, greater time commitment to the parenting role and more optimal observed behavior. In a separate, later study by Carolan (2005), however, over-35 mothers of infants described feeling helpless, inadequate, overwhelmed, and drained. More long-range concerns included doubts about whether getting a later start would allow the stamina to parent effectively or the lifespan to finish the job (Dobrzykowski & Stern, 2003).

In sum, while some research has explored the experience of older mothers, it has been limited to the experience of parenting during infancy. No published empirical research to date

could be found examining the experience of the older mother once her child reaches adolescence. Parenting an adolescent can be challenging even for on-time families. Simple arithmetic tells us that delayed families face the added variables of midlife, such as caring for aging parents, planning for retirement and the onset of menopause.

Marriage and family theorists hold that any life stage transition can reverberate through the family system, triggering increased levels of stress; adolescence and menopause would appear to be no exception (Clayton, 2010; Smith, 2009).

On-time vs. delayed families

Parents who start their families early—so-called “on-time families”—are poised to move through the stages of family development set out by Duvall (1988) on a fairly predictable schedule: children grow from infancy to launch well before their parents need to prepare for retirement--what Duvall called the Middle Years. A woman who gives birth at age 22, for example, is on schedule to launch her child by the time she turns 40, with retirement still decades away. For the delayed family, however, the woman who gives birth at age 35 is 53 by the time her child launches, her own golden years considerably closer at hand.

Timing is an important factor when it comes to events in a family’s life cycle; *when* something happens is as significant as *what* happens (Smith, 2009). Societal norms prescribe a timetable for when major life events are expected to occur (Neugarten, 1965).

The timing of parenthood holds advantages and disadvantages for family life. While delayed families have fewer years to prepare for retirement after their children are grown, they are more likely to be higher earners; delayed childbirth correlates with high levels of skill, education, and professional status of the mother (Buckles, 2008; Powell, 2006). Older mothers tend to be better educated than younger ones; many are or were working professionals

(Livingston & Cohn, 2011). Overall, older mothers are more likely to have the wisdom of age, a breadth of life experience, greater financial security and sharper decision-making skills (Dobrzykowski & Stern, 2003; Frankel, 1982).

But delayed families are also on track to face competing demands and needs of aging parents and dependent children, as well as the responsibilities of a career, putting family caregivers at risk for a range of mental health problems such as depression and anxiety (Cattanach & Tebes, 1991).

While some status passages may be relatively independent of each other, others may compete for time and energy, often causing considerable personal strain (Glaser & Straus, 1971, p. 142).

No research could be found, however, that considers one biological component to delaying the start of a family: mothers who give birth at 35 or later are on track to be in menopausal transition when their children reach adolescence (Clayton, 2010; Erikson, 1963). Adolescence and menopause are characterized by changes in affect and response to stressors (Arnett, 1992; Spear, 2000.) As will be explained below, such changes stand to affect the family as a whole because, according to family development theory, growth within a family is reciprocal—change in an individual family member influences other family members (Smith, 2009).

Adolescence

In his theory of human development stages, Erikson (1963) defines adolescence as occurring between the ages of 13 to 19. But few families with teenagers need scholarly literature to recognize this period of physical and behavioral metamorphosis. Children shoot up, voices deepen and secondary sex characteristics appear. Social interactions with peers take center stage in a child's once parent-centered life (Arnett, 1992). Yet as striking as the outward physical

changes of adolescence can be, the changes going on inside the brain are even more dramatic (Spear, 2000). Prominent transformations are taking place in the pre-frontal cortex, the limbic area and in dopamine output—all areas sensitive to stressors (Spear). The changes themselves could predispose adolescents to certain behaviors and make them particularly likely to use alcohol and other drugs (Spear).

G. S. Hall's landmark 1904 work viewed adolescence as a period of heightened "storm and stress" in three key areas: conflict with parents, mood disruptions and risk behavior. More current research, however, supports a less rigid view of adolescent behavior that takes into account individual differences and cultural variations: Not all adolescents experience storm and stress, but storm and stress is more likely during adolescence than at other age (Arnett, 1999).

Indeed, increased risk-taking in adolescence is seen across a variety of cultures and species and may have evolved to help them attain the necessary skills for independence (Spear). In addition, research indicates adolescents may be more disrupted by stress than their parents are (Petersen, 1993). With so much under reconstruction, adolescents may tend to respond to life with greater negative affect (Larson & Richards 1994).

Raising adolescents, particularly early adolescents, can be a challenging period for parents; they are likely to feel less adequate and more anxious than they did when their children were younger (Small & Eastman, 1991). Cui (2009) found that marital satisfaction declined over time for couples with adolescent children. In one national survey, psychological changes were significantly associated with stages of family life. Parents of young children displayed higher satisfaction scores than did the parents of adolescents (Barr, 1970). Adolescence can have a profoundly negative effect on parental optimism; the psychological outlook of both mothers and fathers can be adversely influenced (Tamir & Antonucci, 1981). While parenting is always a

challenging job, the literature's over-riding message is that raising teenagers poses unique strains. In those instances where storm and stress is heightened, patterns of behavior and stress response may include recklessness, school misconduct, fighting, stealing, trespassing, cigarette smoking, alcohol abuse and drug abuse (Arnett, 1992).

Transition to Menopause

Menopause can be viewed as the flip side of adolescence, involving similar physical and behavioral changes. Hormonal production that surges in adolescence wanes in midlife; mood swings and a propensity toward depression are common attending symptoms (Carey & Franklin, 2004). Yet unlike its earlier life counterpart, the symptoms of menopause can be difficult to recognize and research indicates many women feel ill-informed about what to expect (Deeks, 2011; Mansfield, 1997). Biological changes that are outward and obvious in adolescence are inward and subtle in menopause.

Confusion surrounds the use of terminology relating to menopause (Utian, 2004). The World Health Organization (1994) and others (e.g. Ballard et al., 2001; National Institute on Aging, 2008; Utian, 2004) see menopause as a period of transition that includes three phases:

Perimenopause: A span of time when hormonal, biological and clinical features of approaching menopause begin. The median age at onset of perimenopause in the United States is 47.5 (Clayton & Ninan, 2010).

Menopause: The permanent cessation of menstruation, recognized to have occurred 12 consecutive months after the final menstrual period (FMP), when there is no other obvious pathological or physiological cause. Menopause has no independent biological marker and can only be defined in retrospect. The median age is 51 (Clayton & Ninan, 2010).

Postmenopause: The time dating from the FMP.

Among the symptoms that characterize the transition to menopause are hot flashes, mood swings, sleep interruption and irritability (Cleveland Clinic, 2013). While irritability is the primary mood complaint for up to 70 percent of perimenopausal women, this period of life is also strongly linked to depression (Clayton & Ninan, 2010). Women are 2 ½ times more likely to experience depression while in menopause transition; those with a prior history of depression are up to five times more likely to have a Major Depressive Disorder diagnosis (Clayton, 2010).

While popular culture tends to portray this stage of life in somewhat negative terms, i.e. empty nest (Baruch & Brooks-Gunn, 1984; Clayton & Ninan, 2010) others object to that characterization. Anthropologist Margaret Mead famously credited her tireless, over-50, 15-hour-day energy to “post-menopausal zest (Cook, 2009).” Clayton and Ninan write that each woman’s experience of menopause is neither universal nor purely biological, but influenced instead by life events and the larger social context of her life. Some women wrestle with somatic symptoms, others breeze through with little trouble.

A growing body of research suggests menopause does not occur in a vacuum, but is one component of midlife change. Ballard et al. (2001) notes that menopause in the 20th century was thought of as a biological state which, while true, understates the larger social context in which it takes place. Changing relationships with partners, children, parents and career common in midlife often compete for attention with the menopause transition. The lay term “change of life,” then, appropriately captures the layers of biological and social shifts that occur during this phase of life, of which menopause is only one part Ballard (p. 397).

Mansfield et al. (1997)--examining data collected from 400 women as part of the Midlife Women's Health Survey, a 1990 longitudinal study of menopause involving several hundred women from across the United States--found that when it comes to menopause, women tend to

feel confused and in the dark. Participants reported that the health care system fails to fully inform them or meet their needs regarding the menopause transition. Other research suggests midlife women are more likely to turn to their friends or to the popular media-- including television sitcoms, books, and magazines--than to their physicians for menopause information (Mansfield).

Significance

We live in a world where the population of older mothers has reached critical mass, yet the influence of delayed births on family life has only begun to be considered. Meanwhile, a generation of children born into delayed families is growing up. Their mothers are moving into an important life stage of their own. What, then, is a mother's experience when two life stages occur at once? As noted above, existing research on later-life mothers focuses on the front end—caring for an infant. That scholarly literature tells us maternal age colors the experience of raising an infant, and begs the question: how do these mothers experience the job as their children grow to adolescence? A body of evidence waits to be collected to capture a fuller understanding of what it means to be the mother of a teenager within this shifting timeline.

Rationale

While much has been written about the reasons more women are waiting to have their children—advances in obstetrics and fertility, career opportunities, the pill (Garrison et al., 1997)--the bulk of that evidence was deduced from demographic information or the characteristics of research participants. Relatively few researchers have explored the experience of delayed motherhood by directly asking the women themselves (Browning, 2007).

The phenomenological study proposed here would, with in-depth qualitative interviews, help complete the portrait of this under-researched yet growing population. The study aims to set

a baseline for future comparisons of delayed and on-time families, broaden the existing field of knowledge and assist family therapists in explaining and normalizing the parenting experience. For families seeking to better understand the physical and behavioral components of their inter-relational experiences, a fuller knowledge of the impact of maternal age could prove useful.

Qualitative methodology—in this case, phenomenological research—seems tailor made for the task. The strength of phenomenological research is its ability to describe the meaning of the experiences people share (Creswell, 2007), in this case 10 women in the thick of it.

Theoretical framework: Phenomenology

Phenomenology is a tradition in German philosophy that focuses on the essence of a lived experience (Rossman & Rallis, 1998). Phenomenological researchers look in-depth at the meaning of a particular aspect of an experience, assuming that through language and reflection the quintessential meaning of the experience will be captured (Rossman & Rallis). Language is considered the primary vehicle through which meaning is both constructed and conveyed (Holstein & Gubrium, 1994). The purposes of phenomenological inquiry are description, interpretation, and critical self-reflection into the “world as world” (Van Manen, 1990). The ideas of intentionality and caring are central to this framework: “The researcher inquires about the essence of lived experience (Van Manen, p. 72).”

Phenomenology theory assumes that all knowledge is constructed socially and is therefore relative and fluid, subject to change and reinterpretation (Boss, Dahl, & Kaplan, 1996). The researcher is viewed as an instrument who inquires and records, but cannot be separate from the phenomenon being studied. Patton (2002) explains this when he writes: “The only way for us to really know what another person experiences is to experience the phenomenon as directly as possible for ourselves (p. 106).” Because the researcher becomes such an intricate part of the

study, phenomenology also assumes that no study is ever totally objective and that some level of bias is present in all research. These biases must be made explicit (Boss et al., 1996). Finally, phenomenology assumes that the experiences of people are important and worthy of study, that the way these experiences are described is significant, and that similar events can have different meanings for different people (Boss et al., 1996).

Because this study is exploring the experience of older mothers raising teenaged children, phenomenology is well suited as a guiding theory. This study views the experience of this group of people as important, and assumes that the experiences of all participants will differ, despite similar circumstances. The research aims to capture what happens for these mothers as they live it, and in their own words.

CHAPTER II: LITERATURE REVIEW

The delayed childbirth trend

Researchers agree that the rise in later motherhood that began in the 1970s is significant: Women aged 30-34 years accounted for 1 in 5 first births in 1993, compared to 1 in 25 two decades before; women aged 35 years and older accounted for 1 in 18 first births, compared to the earlier rate of 1 in 101 (Ventura, 1993; Ventura, Martin, Taffel, Matthews, & Clarke, 1995). The trend has held. The only increase in birth rates reported in 2012 was among women 35 to 44 (Hamilton, 2013).

While many reasons account for this delayed motherhood phenomenon, three primary factors emerge from previous studies: earning a college degree; financial stability; and career establishment and advancement (Baldwin & Nord, 1984; Blossfeld & Jaenichen, 1992; Schlesinger & Schlesinger, 1989; Wilkie, 1981).

A woman's earning power appears to rise with every year she delays a first birth. Miller (2011) explored data from the National Longitudinal Survey of Youth (NLSY) public use files from 1979-2000, which combines detailed labor market information with pregnancy, childbirth, and contraceptive use histories. Respondents in 1979 were aged 14 to 22, while respondents in 2004 were 39 to 48. Miller's sample was restricted to women who had their first child between the ages of 21 and 33, and between the years 1983 and 2000. Miller found motherhood delay resulted in an increase in earnings (paid annually) of 9% per year of delay and an increase in wages (paid hourly) of 3% for every year of delay. The advantage was largest for college-educated women and those in professional and managerial careers.

Just as delaying childbirth increases wages, having a child carries an apparent wage penalty—the so-called “mommy track” effect. Several studies found evidence that a rise in

earnings for highly skilled women leveled out as soon as they had a child, resulting in significantly higher earnings over a lifetime for delayers (Buckles, 2008; Elwood, Wilde & Batchelder (2004).

Waldfogel (1997, 1998) found a similar financial penalty to motherhood: the wages of women studied fell by roughly 6% with the birth of one child and by 15% with the birth of two in a fixed effects model, even after controlling for actual work experience. (Waldfogel theorized that the outliers--college-educated mothers who saw their wages go up--may be the result of their search for family-friendly work environments that offer greater opportunities for advancement.)

In summary, existing research establishes that the lifetime costs of childbearing, especially early childbearing, are particularly high for skilled women. These differential costs of having a baby may explain the growing trend of highly skilled women to postpone starting a family.

If maternal age influences the timing of a family, what does existing literature say about its effect once the child is born?

Maternal age

Research examining the effects of maternal age in parenting has thus far focused on only half of the American demographic story. While much has been written about the under-30 mother, the experience of the 30-plus mother has been largely overlooked ((Burke & Liston, 1994; Dobrzykowski & Stern, 2003). As Powell et al. put it, parental age in delayed childbirth remains “a neglected aspect of the process by which parents affect their offspring” (2006, p. 1360).

What research there is on older mothers focuses on those with infants, and reports that maternal age correlates positively with maternal attitudes (Ragozin, 1982). How those mothers fared once the child reached adolescence is a question mark, however (Blossfeld & Jaenichen, 1992; Schlesinger & Schlesinger, 1989; Wilkie, 1981).

Ragozin et al. (1982) examined the proposition that maternal age influences parental role performance and satisfaction in their study of 105 mothers aged 16 to 38. The mothers' perceptions of the parenting role were assessed one month after hospital discharge using the Satisfaction with Parenting Scale; interactive behaviors were then observed when the infants were 4 months old. When other demographic factors and psychosocial variables were controlled, increased maternal age was significantly related to greater satisfaction with parenting, to greater time commitment to that role, and to more optimal observed behavior. Ragozin et al. concluded that maternal age should be accounted for in studies of mother–infant interaction and child outcomes and suggested that the results did not align with popular beliefs that late childbearing held unique risks for a poor parenting outcome.

More than two decades later, Carolan's (2005) separate qualitative study in Melbourne, Australia, underscored the challenges of delayed motherhood. Twenty-two first-time mothers aged 35 to 48 were interviewed at three junctures: 35-38 weeks gestation, 10-14 days postpartum, and eight months postpartum. Themes that emerged from the analysis included vulnerability, "doing it properly," "finding my own way," and "being older" ((p.764). The women described feeling helpless, inadequate, overwhelmed, and drained.

Indeed, many women in Carolan's study felt their pregnancy experiences were overshadowed by concerns about fetal vulnerability—a belief that their babies were at increased risk of damage or demise related to maternal age. These women employed strategies such as “keeping busy to prevent negative thoughts from intruding” (Carolan, p. 770). Despite a slightly longer adjustment period, Carolan found that by 6 to 8 months most mothers were overwhelmingly positive about their mothering roles and did not display the high rates of postpartum depression frequently associated with older mothering.

One study stands out as the exception in the dearth of research on the older mom's long-term parenting experience. Dobrzykowski and Stern (2003) focused on the trajectory of mothering for women who had their first child after age 30. They noted the literature gap:

“The researchers who studied early maternal role attainment in women over 30 failed to reflect on the challenges of raising a child to adulthood... While this trend increased, researchers seeking to understand the problems facing first-time mothers over 30 dealt mainly with the period of infancy rather than long-term problems for these women and how they processed them. Research regarding the need for support and/or the need for interventions for these “elderly” primiparas has failed to keep pace with demographic changes in the society (p. 242).”

Using grounded theory, Dobrzykowski and Stern studied 53 women over 30 from Indiana, Illinois, Michigan, California, Connecticut, and Florida over a four-year period from 1998 to 2002. The ages of the women ranged from 30 to 91; ages of the children ranged from 6 weeks to late 60s. The data produced a dominant category the researchers called “out of sync.”

All of the women talked about being out of sync with mainstream American views of when a woman should become a mother and what the experience of motherhood should be like. One mother stated, ‘It was different, being the oldest mother when my daughter started school. I had people asking me about my granddaughter, and I had to correct them...’ Another mother solved the problem of being mistaken for a grandmother by dying her graying hair. A third woman told us, ‘I was living in New York when Claudia was little, and when I took her to the park, the only women my age with small children were nannies’ (p.248).

Dobrzykowski and Stern (2003) identified long-range concerns held by over-30 mothers, including doubts about whether getting a later start would allow the stamina to parent effectively or the lifespan to finish the job. At the same time, the researchers concluded that, because of maturity and experience, the women they studied seemed able to solve their own problems, while expressing a need for support of other women like themselves:

The substantive theory, out of sync... provides us with an understanding that the woman uses her past knowledge and experiences to mold her present and future relationship with her child(ren), but that being different takes its toll (p.251).

On-time vs. delayed families

In a 1965 study financed by the National Institute of Mental Health, Neugarten, Moore and Lowe describe a prescriptive timetable for the ordering of major life events: a time in the life span when men and women are expected to marry, a time to raise children, a time to retire:

Pressure exists for family life events to occur 'on time' rather than 'off time...

Men and women are aware not only of the social clocks that operate in various areas of their lives, but they are aware also of their own timing and readily describe themselves as 'early,' 'late,' or 'on time' with regard to family and occupational events (p. 711).

Traditional life cycle theories have long contended that families who fail to accomplish tasks on time are developmentally delayed at best and dysfunctional at worst (Erikson, 1968; Gould, 1972; Levinson, Darrow, Klein, Levinson, & McKee, 1976; Sheehy, 1976; Valliant, 1977).

Based on that traditional thinking, Garrison et al. launched a 1997 study which theorized that families who delayed having children would have a less positive experience than on-time families. They found otherwise. Sixty-nine families who had their first child after the age of 35

completed standardized instruments that assessed marital satisfaction, parental stress, and family functioning. With few exceptions, parents who delayed childbearing were more satisfied and less stressed, and reported better functioning than their non-delaying peers.

The research in this area is mixed. While Garrison et al. found delayed parents to be less stressed and more satisfied with child-related aspects of the marital relationship, research by both Cowan and Cowan (1992) and Schlesinger and Schlesinger (1989) concluded older parents were more stressed (i.e., more vulnerable, less competent). However, Garrison et al.'s research comports with both Frankel and Wise's (1982) and Heath's (1995) findings that older parents were more accepting, more nurturing, and less conflicted in their parenting than their younger counterparts.

Garrison et al. (1997) believe their findings support more modern and moderate life cycle theories which presume that adults who delay childbearing may be better prepared for and adapt more easily to parenthood. In other words, it may be that parents who delay having children hold different expectations that temper their experiences and the meaning they make of them.

Adolescence

G. Stanley Hall launched the scientific study of adolescence in 1904 with a landmark, two-volume work that set the benchmark for the way adolescence was viewed by scientists and society at large for decades to come--an inherent period of "storm and stress" where turmoil and opposition were the norm (Arnett, 1999). In Hall's view, some extremely challenging and tumultuous period took place in the course of evolution that then passed from one generation to the next like an inescapable legacy, showing up in the development of each individual (Arnett, 2006; Hall, 1904).

Abundant research in the decades since rejects as “clearly false” the notion that storm and stress is either universal or that its source is purely biological (Arnett, 1999, p.317). But contemporary scholars stop short of debunking Hall’s thinking outright, adopting instead a more moderate view that adolescent storm and stress is less an inevitability than a likelihood (Arnett, 1997, 2006). While this period may not be as conflictual and turbulent as some popular clinical literature has depicted (Steinberg, 1990), contemporary researchers concur that adolescence carries with it major developmental changes and realignment of family relations such that:

Raising adolescents, especially early adolescents, can be stressful and difficult for parents. During this period parents are likely to feel less adequate and more anxious and stressed than when their children were younger (e.g. Small & Eastman, 1991, p. 455)

Parents often struggle to adjust to their adolescent's development “*as well as to their own midlife developmental changes*” (Small & Eastman, 1991, p. 455, emphasis added). These changes are affected by shifts inside the family and out, including the marital relationship, economic and social resources and family structure:

“Parents have become confused about how best to prepare adolescents for future adult roles as a result of rapid sociocultural change and the multiple and often competing sources of information and values that our multicultural society presents. Parents may be more worried as a result of the greater number of potentially dangerous activities, substances, and influences to which contemporary adolescents are exposed (Small & Eastman, 1991, p. 455).

A 2009 longitudinal study by Cui and Donnellan examined the trajectories of marital satisfaction among 431 couples with adolescent children. Controlling for family socioeconomic status, the study assessed how changes in marital conflict over raising adolescent children were

linked with changes in marital satisfaction over four years' time. Using a prospective, longitudinal research design and controlling for family socioeconomic status, the results indicated that marital satisfaction decreased over time for parents with adolescent children. Marital conflict over raising adolescents was inversely linked to marital satisfaction for both mothers and fathers.

The overarching theme of the literature suggests that an essential core of the storm and stress view endures--adolescence is a difficult period of life compared to other periods of life both for young people and those around them (Buchanan, Eccles & Becker, 1992).

Arnett (1999) summed it up this way:

(E)vidence supports the existence of some degree of storm and stress—at least for adolescents in the middleclass American majority culture—with respect to conflict with parents, mood disruptions, and risk behavior. Not all adolescents experience storm and stress in these areas, but adolescence is the period when storm and stress is more likely to occur than at other ages (1999, p. 317).

Conflict with parents increases in early adolescence and decreases in late adolescence (Laursen, Coy, & Collins, 1998; Paikoff & Brooks-Gunn, 1991; Smetana, 1989). One study reported a rate of two conflicts every three days, or 20 per month between adolescents and their parents or siblings (Montemayor & Hanson, 1985). While daily conflict rose, the amount of emotional closeness and time spent together declined (Larson & Richards, 1994). Conflict is especially frequent and intense between mothers and early adolescent daughters (Collins, 1990).

Parents tend to perceive adolescence as the most difficult stage of their children's development (Buchanan et al., 1992). While parent-adolescent friction is by no means inevitable—indeed, many families navigate adolescence with little turmoil--conflict is more

likely when the adolescent is experiencing depressed mood (Cole & McPherson, 1993), substance abuse (Petersen, 1988), or in the case of an early-maturing girl (Buchanan et al., 1992).

Modern scholars agree almost without exception that ever higher rates of parent-adolescent conflict do not indicate a serious or lasting rupture in family relationships and that families tend to retain considerable amounts of affection and closeness (e.g., Hill & Holmbeck, 1987; Steinberg & Levine, 1997). Research shows conflicts in adolescence veer toward relatively minor issues such as personal appearance, dating and curfews, and that even if they disagree on those topics, parents and adolescents tend to agree on more serious matters such as the value of honesty and the importance of education (Smetana, 1988).

Arnett (1999) notes, however, that even minor conflicts, when frequent, can strain parent-adolescent relationships, much as the accumulation of minor daily aggravations can produce the same high stress level as a single cataclysmic event:

Thus, for parents and adolescents, it may be true that their frequent conflicts tend to concern relatively mundane day-to-day issues. However, it may be that the ‘hassle’ of these frequent conflicts is substantially responsible for perceptions that adolescence is a difficult time (p. 320).

In one particularly interesting study of adolescent moods, Larson et al. (1980) used a time sampling method in which adolescents were beeped at random points throughout the day and asked to record their thoughts, behavior, and emotions. More than 9,000 self-reports were collected from 182 participants, with younger children and adults acting as a control group. The findings confirmed that adolescents experience wider and quicker mood swings, but the mood variability was not related to stress, lack of personal control, psychological maladjustment, or

social maladjustment within individual teenagers. Rather, wide mood swings appeared to be a “natural part of an adolescent peer-oriented life style” (Larson et al., p. 469). The findings also indicated that mood variability interfered with the capacity for deep involvement, especially in school.

In a later study by Larson and Richards (1994), adolescents reported feeling "self-conscious" and "embarrassed" two to three times more often than their parents did and were also more likely to feel awkward, lonely, nervous, and ignored in what the authors described as an overall "deflation of childhood happiness" as childhood ends and adolescence begins (p. 85).

As with parental conflict, not all adolescents experience mood disruptions in the same way. External factors that can influence adolescent mood include low popularity with peers, poor school performance, and family problems such as marital discord and divorce (Petersen et al., 1993). Not surprisingly, mood disruption tends to increase with negative life experiences (Brooks-Gunn & Warren, 1989).

Although individual differences are important, they do not eclipse what overall research results suggest—that adolescence is more likely than other age periods to be a time of emotional difficulty (Arnett, 1999). In the United States and other Western countries, risk behavior—i.e. behavior that could cause harm to self or others—occurs most often in the teens and early 20s; this pattern exists for crime, substance use, risky automobile driving, and risky sexual behavior (Arnett, 1992; Moffitt, 1993).

Unlike conflict with parents or mood disruptions, which peak in early or middle adolescence, risk behavior peaks in late adolescence and emerging adulthood (Arnett, 1999). Recent findings from developmental neuroscience indicate that the adolescent brain is too immature to control the sensation-seeking impulses that increase during this time of life.

In a national sample of 900 young people aged 14 to 22, Romer (2010) assessed risk-taking through the use of three popular drugs—marijuana, tobacco and alcohol—and found, not surprisingly, that their use was inversely related to the ability to delay gratification. However, the ability to delay gratification increased dramatically among high sensation-seekers as they grew up, indicating that engaging in risky behavior provides experience that leads to greater patience.

Spear (2000) writes that increased risk-taking in adolescence is seen across a variety of species and may have evolved to help them gain the skills necessary for independence. Still, it is important to note that young people vary greatly when it comes to taking part in risky behavior. The differences may be forecast by behavior prior to adolescence—children with behavior problems in childhood are especially likely to engage in risk behavior as adolescents (Moffitt, 1993). While not all adolescents put themselves consistently at risk, the majority take part in occasional risk behavior of one kind or another (Arnett, 1992; Moffitt, 1993). It is understandable that parents may find it difficult to watch their children pass through the ages when such behavior is most likely to occur (Arnett, 1999).

Transition to menopause

For most women, menopause is largely a normal, uneventful part of life through which they pass without much difficulty (Clayton & Ninan, 2010). But for others the menopausal transition is a challenging experience of vulnerability, both psychologically and physically (Clayton & Ninan; Deeks, et al., 2011).

For decades studies have documented a link between menopausal transition and an increased risk of mood disorder. Ballinger interviewed 539 women in 1975 and found a high prevalence of minor psychiatric illness in those aged 40 to 55 years old, as well as evidence of an

increase in psychiatric problems before menopause that lasted approximately one year after the final menstrual period.

A 2007 analysis of data from the Study of Women's Health Across the Nation found a similar correlation between the menopausal transition and an increased risk of clinically relevant depressive symptoms. Bromberger and colleagues followed 3,302 women aged 42 to 52 for five years and found that the risk for depressive symptoms increased with the beginning of the menopausal transition and stayed elevated through early postmenopause. And a meta-analysis of nearly four decades of data on menopause and depression from 1970 to 2008 by Clayton and Ninan concluded that women with a history of depression are up to five times more likely to be diagnosed with major depressive disorder (MDD) during this life stage (2010).

The perimenopausal period is linked with an increased risk for depressive symptoms, even among women with no previous history of depression. Cohen et al. (2006) studied 460 women aged 36 to 45 years who were premenopausal at enrollment and had no history of MDD. Perimenopausal women were twice as likely to develop clear symptoms of depression compared to women who remained premenopausal, indicating a significant increase in risk.

Physical symptoms that often mark the transition to menopause--aches, muscle pain, fatigue, hot flashes, nighttime awakenings, irritability, anxiety and low libido--can also result in a higher susceptibility to psychiatric problems and a generally poorer quality of life (Utian, 2005).

Yet not all women experience the transition to menopause in the same way; one woman's empty nest can be another's road to freedom (Clayton & Ninan, 2010). Baruch and Brooks-Gunn (1984) challenged the negative, empty-nester image of middle-aged women prevalent in theory

and research, which they contend is based on a male model of aging and over-attention paid to a normal life cycle event:

...although midlife is not without its difficulties, it is, for many women, a time of unexpected pleasure, even power (p.1).

Research suggests that how a woman experiences her midlife years is not based solely on the biological factors of menopause itself, but is also colored by psycho-social factors such as life events, family relations and ethnicity (Clayton & Ninan, 2010).

Exploring the link between menopause and depression, Kaufert et al., (1992) examined data from a study of 477 women interviewed six times over a three-year period and found menopause to be one of a series of causal factors that included children leaving home, the death and illness of family members, the stresses of daily living, health, and the onset of chronic disease:

Rather than hormonal changes, it seems to be her health coupled with the shifts and stresses of family life in a woman's menopausal years which may trigger her depression (Kaufert, et al., 1992).

In a study involving 61 in-depth interviews with menopausal participants in a Midwest state in 2001, Dillaway (2008) determined that a woman's perception of the menopause experience was influenced by her family relationships. When the family perceived menopause as problematic and requiring medical attention, the woman tended to hold a negative view; alternatively, those whose partners helped them soothe symptoms and follow health regimens reported a more positive outlook.

Ethnicity also appears to be a factor in how women perceive this life stage. In a multiethnic study in the United States, Bromberger et al. (2001) found the odds of psychological

distress during the transition to menopause were greater among white women than among other ethnicities (African-American, Hispanic, Chinese, and Japanese). A follow-up report by the same team two years later investigated the relationship between persistent mood symptoms and menopause and found that middle-aged women of African-American and Asian descent had lower risks than white women for several of the individual mood symptoms examined.

Midlife also brings with it a higher risk of long-term health consequences such as osteoporosis, breast cancer, and heart disease (Deeks et al., 2011). But in a study of 710 randomly sampled women participating in an Australian Health Report series, Deeks and colleagues found evidence suggesting women are somewhat unaware of what menopause holds and may expect it to be worse than the reality. Women in transition or through it reported more fatigue, sleeplessness, fluid retention and bloating than pre-menopausal women expected to have--suggesting that women are not well-informed about what menopause can entail until they live it. Even so, women in menopause and past it rated the stage as “The first day of the rest of (my) life” significantly more than premenopausal women, suggesting the actual experience was more positive than the dread of anticipation.

Research Questions

The study will set out to answer the following research questions: How do mothers who had their first child at age 35 or later experience raising a teenager? How do they believe their age and stage of life impacts that parenting experience?

CHAPTER III: METHODS

Qualitative Study

In an attempt to answer these research questions, the study used a semi-structured qualitative interview. According to Creswell (2007), qualitative methods allow researchers to collect rich, textured data that take into account the participants' context and surroundings. Details and context enhance understanding of life on the ground for mothers who delayed parenthood.

Participants

The participants were 10 older mothers currently raising a child between 13 and 18 in middle school or high school; the child need not have been the first born. An older mother was defined for purposes of this study as having a first baby no earlier than age 35. All of the women were white, well-educated and residing in a Northern Virginia suburb of Washington DC. Two participants had two children who fit the criteria. All of the participants were white, high-earning, highly educated women residing in a suburb of Northern Virginia outside of Washington D.C (See Table 1).

Procedures

The study protocol was approved by the Institutional Review Board at Virginia Polytechnic Institute and State University prior to recruitment and data collection. Participants were recruited using purposive sampling techniques that included snowballing and word of mouth. A flier (see Appendix A) setting out the study's purpose, criteria, volunteer incentive and researcher contact information was posted on a local Starbucks community bulletin board. Other candidates were sought through outlets known by the researcher--the PTA president and football booster president from a local high school and the member of a local church. The flier, booster

president and church member each produced one eligible candidate who participated. The PTA president produced a list of 12 possible candidates; two were known personally by the researcher and were therefore excluded. The remaining 10 were contacted by email; two did not respond; seven were deemed age ineligible, informed of the reason for their exclusion and thanked for their interest. One eligible volunteer did participate. The remaining six volunteers were referred by the other candidates through snowballing.

Once the initial candidates were located, snowballing was used until 10 eligible volunteers were found. Volunteers were contacted by phone or email to schedule an interview. This initial phone conversation allowed the researcher to confirm eligibility and get verbal consent. A consent form outlining the study, its benefits and risks was promptly emailed to each participant to give ample time for review (See Appendix B). A face-to-face interview was scheduled; two women chose their homes while eight chose a local Starbucks. Before the interview began, the researcher again briefly explained the study's aim and intended use, secured a signed copy of the consent form and presented the \$20 Starbucks card as way of thanks. Confidentiality was assured, as well as the participants' rights to end the interview at any time. All identifying information was secured in a password-protected computer file in the researcher's home; the consent forms are in a locked file cabinet.

Instruments

A short questionnaire (See Appendix C) was used to collect basic demographic information. Next, a semi-structured interview was conducted using open-ended questions (See Appendix D) focusing on understanding the individual experience of each participant and the meaning she made of it. Active listening and probes were used to explore concepts and extract deeper meaning. The interviews, ranging from 40 to 120 minutes, were audio taped, transcribed

and coded for confidentiality by the researcher. Field notes, also coded for confidentiality, were recorded throughout the data collection process.

Design and Analysis

The interviews were audio recorded transcribed by the researcher. Before analysis begins, the transcripts were read three times for errors in transcription and to allow the researcher to become fully familiar with the material. A Thematic Analysis approach (Braun & Clarke, 2006) guided the researcher in identifying themes, patterns and clusters of meaning. As set out by Braun and Clarke, a theme “captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set (p. 82).

The data were first analyzed using open coding as described by Strauss and Corbin (1990) with each transcript broken down into overarching themes, phrases and categories. Indicators were marked and categorized until all relevant data found a home within a conceptual heading. The researcher recorded in a journal thoughts that arose during the analysis. Next the process of axial coding was used to put the fractured data back together in a search for new connections between categories and subcategories. The concepts and categories were compared and contrasted for a greater understanding of how the participants’ experiences were similar or different. Coding was supervised by Dr. Huebner for accuracy, as well as an added perspective in reorganizing codes or adding any the researcher might have missed.

Bracketing

The researcher resides in the town where the data were collected, had her first child at age of 35 and is raising an 18-year-old son who attends the high school from which some participants were recruited. While the researcher did not personally know the volunteers, she is

familiar with their community. As a result, great care was taken to set aside preconceived notions about the participants' experiences and the meaning they made of them. Reflective listening was used to fully explore the responses and give participants the opportunity to correct the researcher's understanding of their words, thus helping to preserve objectivity, credibility and the ring of truth.

Chapter IV: Manuscript

Wise, Well off and Tired--a Qualitative Study of Over-35 Mothers Raising Their Teens

Abstract

This qualitative study used a phenomenological approach to understand the experience of 10 later-life mothers who had a first child at age 35 or older and were in the process of raising a teenager. Data were collected with semi-structured interviews and analyzed using thematic coding. Initial findings suggest maternal age contributes to a positive parenting outcome due to life experience, emotional maturity and financial security. Drawbacks include fatigue and reduced fertility that limited family size, as well as competing life stages such as retirement and college. Older mothers felt in the mainstream. Clinical implications are discussed.

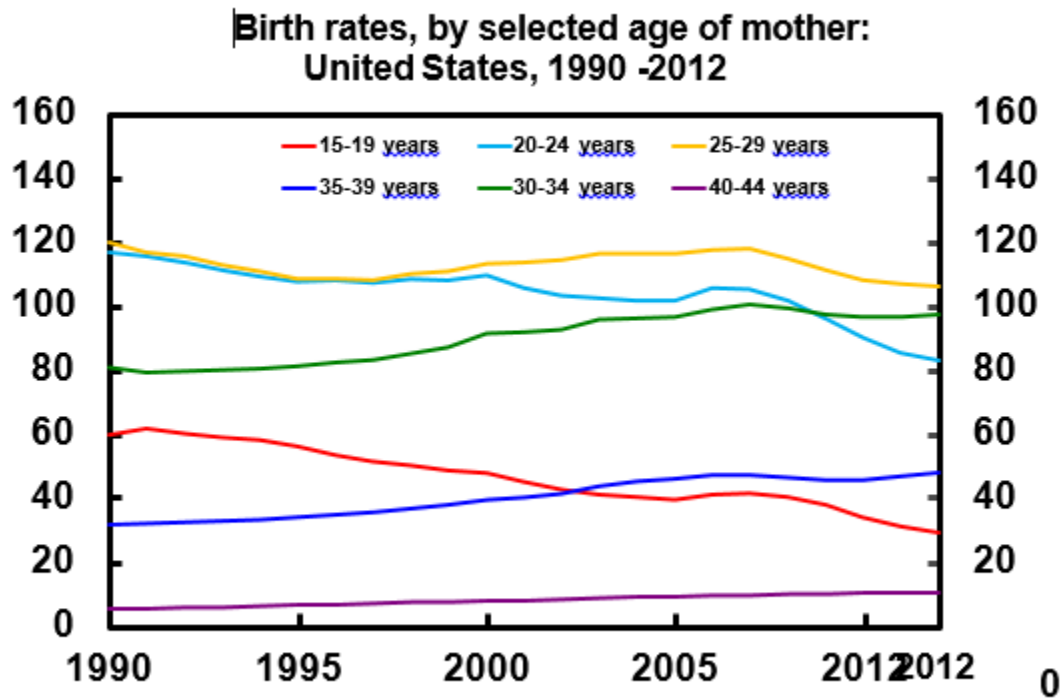
Introduction

The face of motherhood is older than it used to be. The trend toward delaying the birth of a first child has been on a steady rise for decades (See Figure 1); today's "older" first-time mother is no longer an aberration (Hamilton, 2013; U.S. Census Bureau, 2012; Wilkie, 1981). Indeed, women 35 to 44 were the only group to record an increase in the birth rate in 2012 (Hamilton).

The scholarly literature views later-life mothers as distinct from their younger counterparts (e.g. Carolan, 2005; Dobrzykowski & Stern, 2003; Frankel, 1982; Livingston & Cohn, 2011; Ragozin, 1982). Older mothers tend to be more highly educated career professionals who are also higher earners (Buckles, 2008; Livingston & Cohn, 2011; Powell, Steelman & Carini). Not surprisingly then, there are significant differences in average age of first births between states. In 2006, Massachusetts recorded the highest increase in average maternal age at 27.7 and Mississippi the lowest at 22.6 (Martin, 2009). Northern Virginia, where the study took place, is among the states to record the highest average age increase of first-time mothers (See Figure 2).

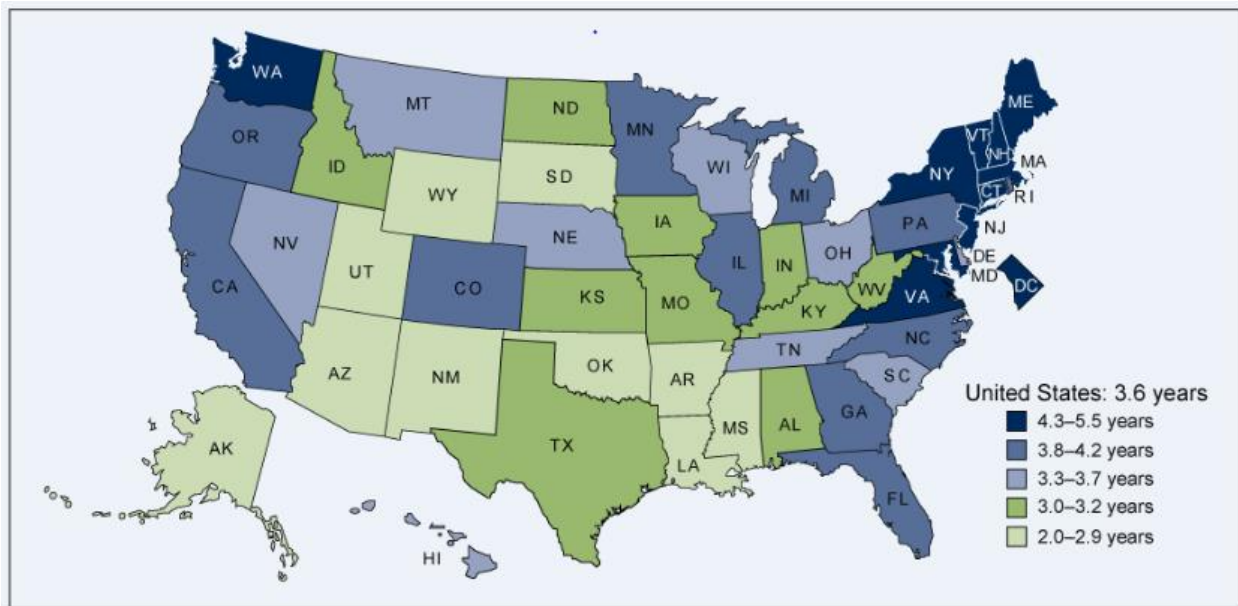
Existing research acknowledges that delaying motherhood holds implications for family life (Smith, 2009). Delaying one life stage—the birth of a child—does not prevent subsequent stages from happening on time, setting up an inevitable if unforeseen overlap. The older mother is more likely to be caring for her own aging parents while still raising a teenager (Carolan), juggling finances to save for both college and retirement (Clayton & Ninan, 2010; Erikson, 1963) and seeing a child through puberty while managing her own transition to menopause (Clayton & Ninan; Erikson).

Figure 1: Birth rates, by selected age of mother



SOURCE: CDC/NCHS, National Vital Statistics System.

Figure 2: Maternal age by state, 1970-2006



SOURCE: CDC/NCHS, National Vital Statistics System.

Yet even as more women delay motherhood, current research sheds limited light on the effects of maternal age on the parenting experience, and virtually all of it focuses on the infancy period (Powell, Steelman, & Carini, 2006.) Increased maternal age was significantly correlated to greater parenting satisfaction, greater time commitment and more optimal observed behavior with infants (Ragozin), as well as with an initial adjustment period of inadequacy, exhaustion and pressure to “do it properly” (Carolan). One of the few works to look at older mothers beyond the infancy stage (Dobrzykowski & Stern) found they felt “out of sync” with those around them and worried that age would deny them the energy to parent effectively or the lifespan to finish the job.

In summary, while some researchers have examined the experience of older mothers with infants, (e.g. Carolan,; Ragozin), few have continued this exploration into the adolescent years when storm and stress, though not inevitable, is more likely (Arnett, 1999, 2006; Powell, Steelman, & Carini). Moreover, no published literature has been identified to date that explores the intersection of raising a teenager in the pre-retirement years--in other words, when two life stages traditionally defined as separate and distinct occur simultaneously. This research aims to capture the experience of these mothers as they live it, in their own words.

Methods

Ten older mothers currently raising a teenager in Northern Virginia were recruited for this study using purposive sampling techniques that included snowballing and word of mouth. The criteria for participation were as follows: mothers who gave birth to a first child at age 35 or later and were currently raising a teenager between the ages of 13 and 18, in middle school or high school. The teenager need not have been the first born.

A flier (See Appendix A) setting out the study's purpose, criteria, incentive for participation and researcher contact information was posted on a local Starbucks community bulletin board. Other candidates were sought through outlets known by the researcher--the PTA president and football booster president from a local high school and the member of a local church.

The flier, booster president and church member each produced one eligible candidate who participated. The PTA president produced a list of 12 possible candidates; two were known personally by the researcher and were therefore excluded. The remaining 10 were contacted by email; two did not respond; seven were deemed age ineligible, informed of the reason for their exclusion and thanked for their interest. One eligible volunteer did participate. The remaining six volunteers were referred by the other candidates through snowballing. Signed consent was secured (See Appendix B). The study protocol was approved by the Institutional Review Board at Virginia Polytechnic Institute and State University prior to recruitment and data collection.

Ten women participated in semi-structured interviews lasting 40 to 120 minutes; two chose to meet in their homes and the other eight at a local Starbucks. Before each interview began, a hard copy of the consent form was signed and a \$20 Starbucks card presented as way of thanks. Two of the women had two children at home who met the criteria. A short questionnaire (See Appendix C) was used to collect basic demographic information, followed by a set of open-ended questions (See Appendix D) asking each to describe how age and stage of life influenced their experience of raising a teen(s). Active listening and probing questions were used throughout to gain a richer, deeper understanding of the women's experiences.

The audio recorded interviews were transcribed by the researcher and read three times for full immersion in the data. Thematic analysis as outlined by Braun and Clarke (2006) guided the

researcher in identifying themes, patterns and clusters of meaning in the motherhood experience. Open coding as described by Strauss and Corbin (1990) was used to identify overarching themes, phrases and categories until all relevant data found a home within a conceptual heading. The researcher kept a journal of thoughts that arose during analysis. Next, axial coding was used to put the fractured data back together and find new connections between categories and subcategories, which were compared and contrasted for a greater understanding of how the participants' experiences were different or similar. To ensure trustworthiness and credibility, the researcher discussed with the second author final themes and sub-themes, which informed the results of the study.

Bracketing

The researcher resides in the town where the data were collected, had her first child at age of 35 and is raising an 18-year-old son who attends the high school from which some participants were recruited. While the researcher did not personally know the volunteers, she is familiar with their community. As a result, great care was taken to set aside preconceived notions about the participants' experiences and the meaning they made of them. Reflective listening was used to fully explore the responses and give participants the opportunity to correct the researcher's understanding of their words, thus helping to preserve objectivity and the ring of truth.

Results

The sample consisted of 10 Caucasian women who live in the Northern Virginia suburbs of Washington, DC. Eight of the women had one teenaged child at home between the ages of 13 and 18; two of the women had two children who met the criteria. The average child age was 14.9. Four were the mothers of boys; 4 were the mothers of girls; 2 had a boy and a girl. The participants ranged in age from 50 to 58, with an average age of 52.6. All had given birth to a first child between the ages of 35 and 39; the mean age at first birth was 36.6. Nine were married and one was divorced. Years married ranged from 15 to 24 years; 19.5 was the mean. All of the women had advanced educations: three BA's, four MA's, one Ph.D. and two law degrees. All had established successful careers, which each adjusted to raise children—reducing hours or quitting entirely. Three were stay-at-home moms, one was retired, two worked full time and four worked part time. Household incomes all exceeded \$100,000; six had individually earned \$100,000 or more at their career peaks (See Table 1).

Table 1: Participant demographics

<i>Participant</i>	<i>Age</i>	<i>Child</i>	<i>Age-at-Birth</i>	<i>Relationship</i>	<i>Top-individual-income</i>	<i>Education</i>	<i>Work-status</i>
1	51	Boy-13	37	Married	>\$100,000	Masters	Full-time
2	50	Girl-14	36	Divorced	>\$100,000	Masters	Full-time
3	51	Girl-15	36	Married	>\$100,000	Masters	Retired
4	52	Boy-17	35	Married	\$50-75,000	Bachelors	Stay-at-home
5	58	Boy-13	43	Married	>\$100,000	Law-Degree	Part-time
6	50	Boy-14	36	Married	\$25-50,000	PhD	Part-time
7	50	Boy-14	36	Married	>\$100,000	Bachelors	Stay-at-home
8	56	Boy-15	36	Married	>\$100,000	Law-Degree	Stay-at-home

Reasons for delaying motherhood

For all 10 mothers, the delay in childbearing began with a delay in marriage. Several said they were busy getting an education and launching a career while others waited to meet the right partner. As one put it: “There was just no rush.” Once married, many said they wanted to experience that stage of life before moving on to the next. A common theme was expressed by Participant 10, who had her baby at 38; she was exploring the world and the call to motherhood was a distant bell:

I never had a real burning desire to get married, actually ...I was really pursuing finding myself and learning more about me. I grew up in [the Midwest]...I moved out here and it was like this whole new world opened up to me and I was very excited to explore it. I used to always tell my friends through my 20s and into my early 30s that if I died young I

wanted my tombstone to say “She had a great time”... I went to Australia several times, England 12 times, Africa, Belgium. If I could have had a crystal ball and the crystal ball would have said I would have a healthy wonderful baby at 40 or 42, I probably would have waited.

When it came to having a first child in her 30s, none of the women in this study gave much thought to risk initially; the proverbial “ticking clock” did not seem to trouble them—even though some experienced age-related fertility issues later on. Technology had advanced and their peers were doing the same. Later- life motherhood was, for them, the norm. Said Participant 9, an Ivy League grad who had her daughter at 36:

I guess I felt a biological clock ticking, but also knowing about the technology, it wasn’t as urgent as maybe it might have been a generation before...Relatively few of my friends of longstanding had children in their 20s.

Mother’s experience of child’s adolescence

The way each mother experienced her child’s adolescence varied widely, from “I have an amazing daughter” to “I think it would just be best if we sent him away.” All 10 noticed normative changes in their children as they hit puberty, including increased moodiness and argumentativeness, as well as greater independence. None had encountered increased risk behaviors such as substance or cigarette abuse.

Some mothers reported a positive experience overall as their children matured.

Participant 6 described her 14-year-old son’s irritability as a welcomed move toward autonomy:

He’s a good student. And he plays sports and so he’s got his own busy life...So I feel like he’s really taking over and it’s nice. I can see how he starts to take on more

responsibility. And he gets irritated when people try to help him. As a baby, he was, “Oh Mom, I can’t do this...help me with that.”

Maternal age appeared to shape the experience in different ways for these women.

Participant 3, who took an early retirement to spend more time with her daughter, now 15, said being over 50 helped her focus on the positive:

She is just a joy to watch--as they become more well-rounded people and what their interests are...And I guess sometimes they’re moody, but I think being older probably has helped put things into perspective better for us.

By contrast, age seemed to leave Participant 2 feeling more removed from what she described as her 15-year-old daughter’s moments of high drama.

I have a really hard time relating to the moodiness and I keep trying to remember back how I was at her age and I just can’t remember. I guess it was so long ago and so much has happened between then and now, sometimes I just can’t relate. Like I just want her to get control. And I get frustrated that she can’t get control...So sometimes I have an issue relating when she gets super emotional...it like flips a switch in me and the next thing you know I’m right in there with her.

Despite the ups and downs of adolescence, familial closeness appeared to remain intact.

One participant described her relationship with her teen as “strained,” though not with other family members. The other nine used the terms “close” or “very close.” Closeness in the presence of adversity is illustrated by Participant 2, who described above her struggle to relate to her daughter’s high emotion, but speaks here of their bond:

We're very close. So I know every little detail of her life, and we have very open conversations. We've talked openly about sex and drugs and boys and alcohol and all that stuff, which I think is part of that whole--I'm more relaxed, more open.

Only Participant 8 experienced her son's adolescence as a significant problem in which he "changed overnight," causing her to seek therapy. She reports that the adolescence of two older siblings had been a breeze, which caught her off-guard. She spoke emotionally of the resulting pain in their once-close relationship:

I do not like that boy. And there have been times when I said to my husband I think it would just be best if we sent him away to boarding school and let him be somebody else's issue. ...And I try really hard....He and I are a lot alike. And I think he also reminds me a lot of my mother, who was very, very domineering and controlling. So all of my disciplining of him has centered around my fears that he's going to grow up to be a complete asshole and have no friends. Sometimes I say to him, you know [son], when you treat people like that they don't really understand where you're coming from and if you don't learn to modulate your voice—his voice is changing it's very deep—and to not be assertive all the time and not tell people they're wrong, you're not going to have any co-workers, your bosses will fire you...You're going to isolate yourself. And it's wrong that I say that to him and I have. We're in a very bad place.

Overall parenting experience

Several themes emerged as the participants discussed their general experience parenting a teen in their 50s: enjoy the moment, choosing battles and marital satisfaction.

Enjoy the moment. Several mothers reported that having a child later in life led them to more fully embrace the experience. "That's something I have done from the day she was born is

savor every moment because I know how quickly time goes,” said Participant 10, who had her child at 39. The feeling that time is precious became the impetus to scale back or quit work, several reported. Said Participant 3, who retired from a high-powered executive career when her daughter was 12:

You have more life experiences in general, both professionally and personally. And you’ve already dealt with a lot of different things that have come your way and so it’s been a way I think to enjoy the moment more. And not rush to get to the next stage of whatever that may be--you can’t wait until the kid’s out of diapers, or you can’t wait until they get into school. You know, it was none of that. It was enjoy the moment.

Choosing battles. Most if not all mothers described having a perspective on which battles to fight with their children and which to let go. The one battle all said they were unwilling to concede was working to full potential, whether at grades, homework or extracurricular activities. Participant 5 made it a rule that if her son chose a sport he must stay with it for one year. Resistance to hard work and commitment emerged as one of adolescence’s most troubling traits for these women. Participant 9, the mother of girls 15 and 13, described watching her youngest slide academically:

She says she doesn’t know or care about doing her homework. So we argue about that because she says, “Oh I don’t need to go on line to check my homework.” And then come to find out there was an assignment missing. And she needs to be keeping track of all of that stuff. And she doesn’t want me to help her but she’s unable to do it herself. “I’ve got everything under control, get off my back.” And now with the online grades, you can see pretty much instantaneously what the grades were and what’s missing, so that’s a constant struggle with her.

Several mothers focused on whether their children were working to full potential.

Participant 1 worried that her 13-year-old son was falling short in sports and school and argued with her husband over how hard to push:

He has the potential to be a really good football player. He has the potential to be a really good student. And he tried to start this community service project and he just couldn't quite push it through. And so in each one of those areas of his life, he's always about 88 percent...I have no patience for it. Now there has been a discussion in the house that he's stressed out, he doesn't even want to come home and tell me what he's doing anymore. Now I'm worried that ... the negative reinforcement--because I'm tired and I'm impatient--outweighs the positive reinforcement. And probably my age doesn't allow me to let it go. I can't let it go.

Virtually all the women identified smaller battles they did let go, however, including a messy room, unfinished chores or fashion choices. Participant 10 said of her 18-year-old daughter:

As a 57-year-old woman I have a lot more patience and for the most part I've learned not to sweat the small stuff. She has so many wonderful, wonderful qualities...The fact that she's a bit of a slob would have been something that, if I'd been younger, I probably would have been on her more.

Marital Satisfaction. The experience of raising a teenager affected marital satisfaction, for better or worse, according to these women. Whether the marriage was strengthened or strained seemed to coincide with how partners agreed on parenting styles. Participant 3 described the effect of parenting their 15-year-old daughter as "very positive, because we are both

watching her grow and develop and see what kind of person she is. She never ceases to amaze us. It's a joy."

By contrast, Participant 1, who disagrees with her partner about how to deal with their 14-year-old son's ambivalence toward football, described her marriage as "a hot mess":

We fight all the time about this whole football thing...I think that the stress of having children later in life for both parents is way harder. I think you are set in your ways. I think you think you know it all. I think that experience bites you in the ass if you're not on the same path.

The complexity of parenting problems related to marital satisfaction for many.

Participant 9 described parenting daughters 13 and 15 as "a real challenge" to her marriage:

When the kids were tiny and you were exhausted and doing kid things all the time, you weren't focusing on your marriage, either. But those problems were easily solved—little kid problems. They throw up and you clean it up. I think the stakes are higher (with teens), the problems are more complex and you have to talk about how you are handling problems more. With little kids their ether poop in their diaper or not.

Interestingly, Participant 4 had the opposite experience with her now 17-year-old son, a difficult infant/toddler and a relatively easy teen. She said his adolescence improved her marriage.

Advantages and disadvantages of maternal age

The pros and cons of being an older mom with a teen fell into three categories—emotional maturity, physical health and financial security. Overall, the women agreed life experience and education were benefits. Several felt fatigue and fertility issues were disadvantages; some worried about longevity—would they live to launch their children or know

their grandchildren. And all said financial security was a significant benefit in raising their children, something most believed they would not have attained had they started a family earlier.

Some participants made a point of saying they were sometimes uncertain whether age or personality influenced them most. Were they tired because of age or had they always gone to bed at 10, even when younger? Had they always been impatient, or was that menopausal irritability? Several concluded both factors were at work: lifelong personality traits such as anxiety or impatience influenced their parenting style, but were tempered by age and life experience.

Emotional maturity: The term “comfortable in my skin” emerged as a theme. The majority of mothers felt life experience contributed to a better parenting outcome by enabling them to put their child’s changing self into a larger perspective—i.e., “don’t sweat the small stuff.” Eight out of 10 felt age helped make them less anxious parents; the other two said age had no effect. Participant 6, the mother of a 14-year-old boy, captured the majority sentiment:

I think I’m much calmer than I would have been when I was younger. Problems don’t bother me nearly so much. I’m able to step back. I don’t get angry with him for the most part. So I figure at 25 I would have been yelling right back at him, but I can just say, “Go away...” I think it’s maturity. More life experience. You realize every little battle doesn’t matter.

It is important to note that reduced anxiety was not the same as anxiety-free. Grades, teen suicide, substance abuse and the need to succeed as parents--just as they had in so much else--weighed on these women. Participant 9, with daughters 13 and 15, believed her age cut both ways:

It tends to make me more anxious and I fight against that. I try not to be...And there are so many parenting books out there and so many sources of advice. And we spent so much

time trying to make everything perfect, that we want to do our parenting just as well as we did the career and the academics and everything else...And there must be a right (way) and I need to find it. But I think age also...helps me realize that I need to chill-ax a little bit.

Financial security: All of the mothers and their partners had well-established careers they said facilitated the adjustment to motherhood, both financially and emotionally. Four were financially able to quit working and rely on their partner's income. Because they had built a reputation in their fields, the rest turned to self-employment or turned down onerous assignments and hours without fear of penalty. The resulting freedom and flexibility allowed greater involvement in their children's lives.

Notably, virtually all agreed their professional success also gave them a sense of personal fulfilment so that they could step into motherhood without feeling diminished. As one put it: "You don't always have a sense of the grass is greener on the other side, because you've been on the other side."

Participant 4 said the success of her career and her husband's allowed her the financial and personal confidence to quit her job when her son was 3 and be the sort of mother she wanted to be:

You know go watch construction, or go to the zoo or just, you had some spontaneity....I think some women feel if they aren't working they aren't defined. I didn't feel that way...I'm pretty comfortable in my own skin...I worked, I reached a certain level of my profession and so I did not feel unfulfilled or that I had missed out...I did fascinating things at work and it was great. But I had no problem shifting and being a mom.

Physical Factors. Low energy and fatigue were for several women a downside of being an older parent; others had no complaint, or related it less to age than to personality—they had always been such. Those who worked 30-plus hours a week were more likely to complain of fatigue. Participant 1, the mother of a 13-year-old boy and 10-year-old twins who works full-time, put it this way:

I'm so tired. But I think that's age-related. I think I'm tired all the time. I think we're all tired all the time and we get tired of saying how tired we are.

All of the women said they were aware of the process of menopause though some felt less informed than others. Most described varying degrees of symptoms, such as sleep interruption, irritability, weight gain, night sweats and feeling teary, which they seemed to accept and move on. The hormonal collision of puberty and menopause was not cited by most, and was not perceived as a problem when it did. Said Participant 10, who went through menopause as her daughter reached puberty:

It was weird. But you know it wasn't bad. It was just more sad for me because here I am buying products for her and not for me...I had some hot flashes and I did have a little difficulty sleeping. But the things that were hard for me I didn't share with anybody. My skin became so dry. I've had some bouts with basal cell carcinoma. And some hair loss...I tried to accept (it) for the most part. You know, it is what it is. But the thing that's hard is inside I truly don't feel that much older. And then I look in the mirror.

One disadvantage of the menopause transition was loss of fertility that none of the women anticipated. Indeed for at least one, the biological clock was ticking after all. Participant 4 had one miscarriage before her son was born and three after. She finally stopped trying:

I only have one child because I waited. I think I would have had more, definitely two, so that would have been an important disadvantage....What I realized is that fertility, it becomes almost impossible like 10 years prior to menopause...I think I went through menopause at 46, 47, which meant that my fertility was at an all-time low when I was trying to get pregnant again, at 36, 37, 38. When women talk about waiting I think, you have no idea when you're going to hit menopause.

Longevity was viewed by some as another disadvantage of later-life parenting. They wondered if they would live to see grandchildren, particularly if their children delayed starting their own families. Participant 7, age 50, whose own mother died early of breast cancer, had this to say:

My mom died when she was 51 and I think about that a lot. I always try to exercise, all that sort of stuff. But it's always this nagging feeling in the back of my head. You know I hope I make it to see my kids jump out of the nest.

Participant 2 said she figures she'll be 70 by the time she has grandchildren:

I'd like to live to be a grandmother. And so I do think about that. Like oh my gosh, if I can't get on the floor now, what am I going to do if she has a baby at 30? Will I be able to get on the floor and play with a little kid?

Concurrent life events

For several mothers, having a child later in life resulted in a concurrence of multiple life events that might have been more comfortably spaced had they started their families earlier. Retirement planning, college, their own aging parents were coming all at once. A few who planned well ahead for retirement and college expressed little worry. Others said they felt

pressure to continue working, though none expressed fear of hardship, confident they had the skills to make it work.

Participant 8, the mother of three, has a 15-year-old son at home while supporting aging parents and planning for her husband's retirement and three college educations:

That's one disadvantage of being an old parent. If I'm taking care of other people who are dying and taking care of my end of life--making plans for it--I'm like, God, then I should be enjoying life right now and I shouldn't be at home raising a teenager. I should have grandkids I'm visiting... We're going to have all these kids in college, possible graduate school, and supporting our parents and trying to take care of our own retirement.

Retirement plans notwithstanding, these women were considering a next chapter after their children launch—not a resumption of old careers, but a new interest based more on self-fulfillment than income. Participant 8 gave up a high-powered job as a corporate lawyer 20 years ago to raise three children and will be 60 when her youngest starts college:

I could have been a really fantastic corporate lawyer and I chose not to do it. I'm definitely not going back to that now. So I'm at a point in my life where I'm trying to figure out what brings me joy. And what I want to do. Not like what I have to do because of society and you're held up to this... I'm just going to figure out what I want to do and pursue it.

Sources of support

Peer support was primary for all 10 women—other mothers their age who could normalize their concerns and swap advice. Spousal support, faith and therapy were also mentioned, but were clearly secondary. All of the participants said they felt in the mainstream as later-life mothers. In the words of one: “We don't stand out.” Feeling in sync with the larger

community of mothers was both comforting and validating, and likely a function of the demographics of Northern Virginia. (See Table 2). “Travelling through [the Midwest], people asked me if I was a grandmother,” one noted.

Participant 4, the stay-at-home mom of a 17-year-old son, said this about the importance of feeling in the mainstream:

I think it would affect you if you were the odd man out. I felt very comfortable. But if I was much older than every parent I would feel a little odd, wouldn't I? And I might not fit into their conversations, their discussions, their activities. I never thought that way.

Overall impressions

Asked what their parenting experience might be like if they were 10 years younger, most participants reported they would be less wise, less financially secure and less willing to scale back professionally. The following are some overall impressions, in their own words:

Asked what their parenting experience might be like if they were 10 years younger, most participants reported they would be less wise, less financially secure and less willing to scale back professionally. The following are some overall impressions, in their own words:

Participant 10: I would have continued to work full time. I would not have had the experience professionally to go out on my own. I would not have had the contacts. So I probably would not have worked from home...Honestly, I don't think that I would have been the kind of mom I was able to be... room mom, bring the cupcakes, do the puppet shows. And I think that was important for me and I think it had a good effect on [daughter].

Participant 4: I just think I'm a little wiser, a little more laid back, a little bit more relaxed about certain things. And probably less narcissistic. There is less involvement with myself or what I'm doing.

Participant 6: I don't think in my 20s I was ready yet. There were so many things I was really enjoying doing. Travelling and getting a PhD. I think I would have missed out on things that you enjoy when you are that age that are not so fun when you're 50. Travelling to Europe with your friends when you are 20 is really exciting... You can't do that with kids....The amount I learned from doing that was enormous...I would recommend giving birth at 16 and then raising them after you're 30.

Participant 8: I think it would have been a lot harder financially, which would have made everything else a lot harder. We wouldn't have had enough money, which means we'd be on top of each other in a little tiny house rather than the three-bedroom bungalow we were able to purchase. ..I would not have felt so much peace and confidence with myself because I never would have started my career, and so I think I'd have a lot more resentment. I just think it would have been a lot messier and uglier.

Participant 9: I would probably have more energy if I were younger. I might be more stylish...it might be easier for them to lead me around by the nose; they try to now and they don't get very far. And I might not have been willing to stay home because I would not have felt that I had done everything I could have done. I would not have felt that I used that degree that I had. If I had kids a few years after getting my MBA I think I would have felt I needed to stay in the work place to show what I could do.

Chapter V: Discussion

Raising a teenager can be a stressful time of life, but the older mothers in this study reported their life experience, maturity and financial security helped make them better parents. In keeping with existing literature on over-30 mothers and their infants, (Carolan, 2005; Ragozin, 1982), nine of 10 participants described parenting their teens to be a positive experience overall; and all but one said maternal age helped more than hindered that journey.

The results of this research suggest the breadth of the older mother's life accomplishments—education, career, travel—extend past the stage of infancy and into adolescence, giving them the resources to handle problems that come their way. This is also consistent with Dobrzykowski and Stern's (2003) unique work focusing on the over-35 mother's long-term parenting experience—i.e. beyond infancy—indicating mothers who get a later start bring to their parental performance what life has taught them. For the majority of these participants that translated to increased patience, wisdom and emotional maturity that helped them step back, choose their battles and “don't sweat the small stuff.”

All 10 women in the current study placed a high premium on their children's grades and ability to work to full performance. Sloppy schoolwork habits low motivation emerged as two of the greatest frustrations in how they experienced their child's adolescence, perhaps a function of their own prior success. Each of the women fit the profile of the older first-time mom-- professional, well-educated, higher earners (Buckles, 2008; Livingston & Cohn, 2011; Powell, Steelman & Carini).

One resounding common theme: raising a teenager at age 50-plus was not out of the norm. In their experience, these women were living in the mainstream. Each participant spoke of a sizable peer population that normalized her experience as an older mom. As one put it: “We

don't stand out." That contrasts with past research (Dobrzykowski & Stern) in which older mothers described craving support but feeling "out of sync" with mainstream American views of when a woman should become a mother. This could be an indicator of the fast-growing population of women who delay childbirth (Hamilton, 2013) as well as a function of where this study's participants reside--in an upscale suburb of Washington DC where highly educated professional women tend to settle. Indeed, one mother who felt mainstream at home was asked while travelling through the Midwest if she was her son's grandmother, suggesting that sense of in sync is not universal.

The feeling of mainstream normalcy influenced the experience of these women significantly. It contributed to their decision to put off marriage and children; they said they felt no urgency to have children and heard no ticking biological clock: "Relatively few of my friends of longstanding had children in their 20s," one said. Those findings appear unique in that most existing research about why women delay childbirth is deduced from demographic information (Browning, 2007) as opposed to directly asking the women themselves. Virtually all of the women in this study said delaying childbirth was a less conscious decision than was delaying marriage, as they advanced their educations, furthered their careers, waited for the right partner and then enjoyed the fruits of those achievements. Said one mom: "There was just no rush."

Feeling in the mainstream also contributed to their wellbeing; all the participants named the community of moms like them as a primary and valuable source of support, from carpooling to emotional comfort.

In the eyes of these women, the drawbacks of age tended to be physical: fatigue, longevity and reduced fertility resulting from the transition to menopause. Other symptoms of menopause and perimenopause—hot flashes, night sweats, interrupted sleep--were experienced

but not to a degree that these participants considered problematic. That agrees with research reporting that while some women suffer adverse effects during the menopause transition, for most it is largely a normal, uneventful part of life through which they pass without much difficulty (Clayton & Ninan, 2010). However, the research questions led some of the women to wonder whether their feelings of increased irritability, increased emotionality and mild depressed mood—all known symptoms of menopause (Carey & Franklin, 2004)--were indeed linked to their life stage in a way they had not previously considered. In keeping with existing work (Deeks, 2011; Mansfield, 1997), many participants in this study reported they did not have a depth of understanding about menopause symptoms or fertility and so may not have associated the transition to menopause with their experience. It may be that menopause played a bigger role in the lives of these women than they realized because the subject is not openly discussed. Similarly, while some participants reported a coincidence of menopause and the child's puberty, none considered menopause to be a factor that influenced the mother-child relationship overall. Further research is warranted.

Dobrzykowski and Stern's (2003) research found older mothers held long-range concerns about energy level and longevity, whether they would have the stamina to parent effectively or the lifespan to finish the job. Similar concerns were expressed in this study; some women reported no age-related energy loss, others were "tired all the time." Those who worked 30 or more hours a week were more likely to complain of fatigue, though that was not always the case.

The same mixed result was true regarding longevity; many gave it no thought, a few worried whether they would live to see their children fly the nest or enjoy their grandchildren.

Reduced fertility was a disadvantage at least one participant did not anticipate. After several miscarriages, she gave birth to one son. Only in retrospect did she realize her fertility

window was closing while she tried desperately to have a second child. The biological clock had been ticking after all. “I only have one child because I waited,” she said with regret. Given the growing number of women who delay childbirth, further study may be warranted examining women’s awareness of fertility loss in later life.

Eight of the 10 women in this study felt age helped make them less anxious parents; the other two said age had no effect. This is consistent with Garrison et al (1997) which suggests parents who delay childbearing may be better prepared and adapt more easily to parenthood. Notably, virtually all the participants said their professional success gave them a sense of personal fulfillment that enabled them to adapt to motherhood without a feeling of missing out. As one put it: “You don’t always have a sense of the grass is greener on the other side, because you’ve been on the other side.”

As previously reported by Small and Eastman (1991), adolescence brings major developmental changes in a child that can leave parents feeling less adequate and more anxious and stressed than when their children were younger. It is important to make clear that although the women in the current study felt age reduced their anxiety, they were hardly anxiety-free. Some felt the problems of adolescence were harder solved than ‘little kid problems.’ But nine out of 10 also believed maturity, life experience and financial security that comes with age gave them the tools to figure it out.

All the mothers interviewed noticed some characteristic changes of adolescence—moodiness, withdrawal, increased arguing, as well as increased independence as they come into their own. Serious risk-taking such as substance abuse, drunken driving or unprotected sex was not part of their experience, which agrees with the more modern scholarly view that adolescent “storm and stress” is less an inevitability than a likelihood (Arnett, 1999, 2006). It also comports

with knowledge that more severe risk taking is more common in late adolescence and early adulthood (Arnett, 1992); the median age of the teens in this study was 14.9 years.

Negative adolescent traits, while reported, did not affect familial closeness overall; nine of 10 mothers described their relationships with their teens as “close” or “very close,” with one using the term “strained.” The findings agree with past work concluding that higher rates of parent-adolescent conflict do not predict a serious or lasting rupture in family relationships, and families tend to retain considerable amounts of affection and closeness, almost without exception (e.g., Hill & Holmbeck, 1987; Steinberg & Levine, 1997).

As parenting became more challenging, marital satisfaction suffered for half the participants. Consistent with past work (Cui & Donnellan, 2009), marital conflict over raising adolescents was inversely linked to marital satisfaction. Interestingly, one participant in the current study reported greater marital satisfaction during her son’s fairly easy adolescence, compared to decreased satisfaction during his challenging infancy, suggesting a difficult personality—not adolescence per se—strains a marriage.

Starting a family later led to a co-occurrence of other life demands that was experienced by virtually all of the participants. Raising a teen in their 50s coincided for all the women with one or more other later-life events--saving for college, planning for retirement and caring for their own aging parents. One participant was confronting all three. Here, too, the advantages of financial security seemed in evidence: some families had planned for both college and retirement well in advance and had no financial worries. Those who worried expressed confidence that they had the skills and resources to deal with an overlap of needs that, while unwelcomed, was not unmanageable. While earlier research (Cattanach & Tebes, 1991) warned that delayed families

facing competing demands are at risk for a range of mental health problems such as depression and anxiety, these women did not appear at risk.

While retirement was on the horizon, virtually all of the participants spoke of plans to do something more with their lives once their children launched. Few wanted to resume old careers or continue existing ones; the majority expressed a desire to do something fulfilling, regardless of what it paid. Further research is needed to explore life after launch for the older, empty nest mom.

Limitations

The study sample of 10 women is of modest size and lacks diversity. All participants are high-earning Caucasian women who reside in a Northern Virginia suburb of Washington DC which has recorded high increases in average maternal age (e.g. Figure 2). Their experience of feeling in the mainstream should not be assumed to be true for older mothers in other parts of the country. Neither is this population ethnically diverse, so cultural factors are not considered. Further study is needed.

Clinical Implications

The themes identified in this study offer useful implications for family therapists. The clinician can normalize and validate the challenges of raising a teenager for the later-life mom: the financial strain of dealing with retirement and college simultaneously, the physical challenges of infertility and fatigue, the pressure to succeed in parenting at the same high bar as she did all else. The advantages of maternal age can be highlighted: wisdom, certitude and perspective, as well as the confidence that comes from prior career accomplishments. Psychoeducation on several issues is also in order: the possible effects of the menopause

transition, the importance of social support from peers and the desire to pursue yet another chapter as age 60 approaches and children leave the nest.

Conclusion

Nine out of 10 participants in this study said age helped more than hindered them in parenting their teens. The tenth attributed her experience to personality and saw age as having no effect, positive or negative.

Not so many years ago, older mothers were a rarity; social norms assumed a poor parenting outcome for women who had their children later in life. Existing research suggests such an assumption is without foundation during the infancy stage, and the current study suggests neither is it true in adolescence. The women interviewed here described in their own words, mother-teen relationships that were sometimes frustrating and sometimes funny, sometimes rewarding and sometimes exhausting, sometimes scary and sometimes delightful.

One mom, 50 with a 14-year-old son, summed up the rewards and challenges of maternal age with this imaginative prescription for the perfect mother-teen experience: “I would recommend giving birth at 16 and then raising them after you’re 30.”

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APPENDICES

Appendix A: Recruitment flier

Calling all Moms...
Did you have your first baby at age 35 or older? Are you now 50-ish and raising a teenager?



I am a graduate student at Virginia Tech recruiting participants for a confidential research study about what life is like for moms who delayed childbirth (Maybe for a college degree? A job? To meet the right partner?) and are now parenting a teenager

Am I eligible?
if you:


- Gave birth to or adopted your first child at age 35 or older; and
- Are currently parenting a teen who is in middle school or high school, between the ages of 13 and 17

You're eligible!

How do I participate?
You will be asked in a one-hour interview to share how your age influences your experience as the mother of a teen

Where?
The interview will be conducted at your home or a convenient place of your choosing

As a thank you...
A \$20 Starbucks gift card!



Who to Contact?
if you would like to participate - or just want more information - please contact:

Faye Fiore
faye@vt.edu
703-887-1595

Appendix B: Consent form

Delaying motherhood and raising teens—a qualitative study of older mothers once children reach adolescence

Primary Investigator: Angela J. Huebner, Ph.D.

Co-Investigator: Faye Fiore, B.A.

I. Purpose of this Research Project

The purpose of this study is to explore the parenting experience of mothers who had a first child at age 35 or older—once the child reaches adolescence. We are interested in learning about the influence of your age and stage of life when raising a child who is in middle school or high school. The results will be used for the co-investigator’s master’s thesis and potentially for publication.

II. Procedures

You will be asked to participate in a face-to-face interview with the co-investigator, who will ask you a few demographic questions followed by a series of questions about your parenting experience. The interview will last approximately 60-90 minutes and will be audio recorded. The research questions will explore your view of the rewards and challenges of raising an adolescent, as well as factors that contributed to the timing of starting your family. The interviews will take place in your home or at a location of your convenience.

III. Risks

There are minimal risks associated with participating in this study. During the interview, you may experience emotional distress or discomfort when asked to discuss your parenting experience.

IV. Benefits

By participating in this study, you may feel empowered by sharing your story and offering advice to others going through a similar experience. You may feel unburdened and relieved due to processing your experience. You may also feel a sense of pride and gratification knowing you are contributing to research that will heighten social awareness and expand the professional literature about parenting. No promise or guarantee of benefits has been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

Your confidentiality will be preserved throughout this study. This means that we will not tell anyone what you say during your interview. No individuals outside of the research team will

have access to your interview. The interviews will be transcribed and at that time, all identifiable information will be omitted and replaced with an identification number assigned to you by the co-investigator. The key code with your name and this informed consent form will be kept separate from your transcribed interview; both will be held in separate locked files accessible only to the research team. Once all interviews have been transcribed and checked for accuracy, the audio recording will be destroyed. Names will not be used on any results developed by the research team. At no time will the researchers release identifiable results of the study to anyone other than individuals working on the project without your written consent. The only exception to breaking confidentiality is if you report the threat of harm to yourself or others, or if there is reason to suspect child or elder abuse. It is possible that the Virginia Tech (VT) Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

Upon completion of the study you will receive a \$20 Starbucks card as our way of thanking you for your time and effort.

VII. Freedom to Withdraw

Your involvement in this study is completely voluntary. You have the right to withdraw at any time.

VIII. Subject's Consent

I have read the Consent Form and the conditions of this project. I have had all my questions answered and hereby acknowledge the above and give my voluntary consent:

Participant's Name (please print): _____
Participant's Signature: _____ Date _____

IX. Questions or Concerns

If you have any questions about this research study, please feel free to contact:

Angela J. Huebner, Ph.D. 703-538-8491/ahuebner@vt.edu
Primary Investigator Telephone/E-mail

Faye Fiore, B.A. 703-887-1595/fayefiore@gmail.com
Co-Investigator Telephone/E-mail

David M. Moore 540-231-4991/moored@vt.edu
Chair, Virginia Tech Telephone/E-mail
Institutional Review Board for the Protection of Human Subjects

APPENDIX C: Demographic questions

- 1. What is your marital status?**
- 2. What is your age?**
- 3. What are the ages of your children in order of birth?**
- 4. What was your age at the birth of each of your children?**
- 5. What is your occupation?**
- 6. What is your highest level of education? (High school, some college, college degree, some graduate school, graduate degree.)**
- 7. What is your income? (former income if left a career)**
- 8. What is your ethnicity?**
- 9. What is the ethnicity of your children?**
- 10. Did parenting cause you to leave or alter your job/career?**

APPENDIX D: Semi-structured interview questions

1. Please tell me about how you came to have your first child in your late 30s?
 - a. Probes: Career? Finances? Education? Finding the right partner?
2. Most research has focused on older moms having babies but there isn't much about how it is for those moms as their kids become teenagers. So, generally speaking, please describe how has raising a teenager at this stage of life been for you?
3. Research shows a mother's age has advantages and disadvantages when it comes to parenting. What do you think are the advantages and disadvantages of your age as you raise your teen?
 - a. Probes: More life experience? Wisdom? Patience? Job flexibility? More secure financially? Health? Energy level. Longevity?
4. In a nutshell, how would you describe your relationship with your child?
 - a. Probes: Close, distant, smooth rocky?
 - 4a. How do you think your age affects the relationship you've described?
 - 4b. Looking back, did you consider how old you would be when your child became a teen? How do you think your age influenced you as a parent when your child was younger--say a baby, toddler or in grade school?
5. Adolescence brings changes in a child. Some parents see more moodiness, risk-taking, arguing, as well as greater independence, more fun to talk to. How do you think your age affects the way you experience your child's adolescence?
6. How does your age as a parent fit into your social community in your view?

Probe: Are you in the minority or mainstream? What's that like for you?
7. What sorts of things do you and your teen tend to agree on? Disagree on?
 - 8a: Probes: Curfew, Risky behavior, Style of dress
 - 8b: Do you think your age plays a role in this?
8. What if any other responsibilities and concerns do you feel you must attend to at this time of life?
 - a. Probes: Retirement planning? Care of your own parents? Health issues? Saving for college? Career? Partner's career?
9. The transition to menopause is a natural stage of midlife. Where do you see yourself, if at all, in that transition?

Probes: Awareness of menopausal stage? Symptoms?
10. How do you think the menopause transition has affected your experience as a parent of a teen, if at all?

Probes: Energy, irritability, depression, feeling older than other moms, feeling more liberated?
11. What do you consider to be your sources of support as the mother of a teen?
 - a. Probes: Partner, extended family, friends, school community, faith, neighbors, social organizations, job.
12. Do you think your age makes you a more anxious parent? Less anxious? No effect?

13. Do you think your age helps or hinders you as a parent, or has no effect at all?
14. How do you think raising a teen affects satisfaction in your marriage, if at all?
 - a. Is age a factor?
15. How do you think your experience of parenting your teen might have been different if you were 10 years younger?

Appendix E: IRB approval letter

VirginiaTech

Office of Research Compliance
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia
24061 540/231-4606
Fax 540/231-0959
email irb@vt.edu

website <http://www.irb.vt.edu>

MEMORANDUM

DATE: January 15, 2014

TO: Angela J Huebner, Faye Fiore

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires April 25, 2018)

PROTOCOL TITLE: Delaying motherhood and raising teens--a qualitative study of older mothers once children reach adolescence.

IRB NUMBER: 14-013

Effective January 14, 2014, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to

eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at: <http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As:	Expedited, under 45 CFR 46.110 category(ies) 6,7
Protocol Approval Date:	January 14, 2014
Protocol Expiration Date:	January 13, 2015
Continuing Review Due Date*:	December 30, 2014

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.