A R T I C L E S

MATERNAL BODIES AS TABOO AT WORK: NEW PERSPECTIVES ON THE MARGINALIZING OF SENIOR-LEVEL WOMEN IN ORGANIZATIONS

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This paper contributes new perspectives to studies on women in management, proposing the concept of the "maternal" (or reproductive) female body as a different explanation for why women are underrepresented at high levels in organizations. It argues that assessments of capability among senior-level women may focus primarily on their potential (or actual) maternity rather than on performance. As a result, such women are often excluded from prestigious assignments. First, the paper observes hidden tendencies, within higher echelons at work, to classify maternal bodies as taboo. Drawing on the work of anthropologist Mary Douglas, the paper notes how maternal bodies among senior-women may be identified as "social pollutants" and a danger to productivity (Douglas, 1966). Second, the paper suggests how the marginalizing of senior-level women relates to medicalization of maternal bodies, which are described as governed by fluctuating hormones throughout and beyond the reproductive years. Such medical descriptions spill over into organizational contexts, and senior-women are treated as lacking competence to make rational judgments. The paper suggests that further research is required to explore deeply ingrained attitudes that associate maternal bodies with lowered cognition.

In 2016, four female pilots who had recently become mothers lodged a discrimination case against their employer, Frontier Airlines. The female pilots claimed, first, that the airline had refused to allow ground-based job reassignment beyond 32 weeks pregnancy (the safe flying limit), compelling them instead to take unpaid maternity leave (ABC News, 2016; Fox News, 2016). Second, the women alleged

that after they returned to work, while they were still nursing, Frontier banned them from pumping milk in flight. Reportedly, the airline justified the ban on procedural grounds, citing that breastfeeding could not be accommodated for reasons of safety (Hamasaki, 2016; Kiedrowski, 2016). Contesting the Frontier position, however, the pilots asserted that reasonable adjustments could have been made to facilitate nursing (for example, managed in-flight breaks, or short-term reassignment to a ground-based role) without compromising airline safety. They appeared to believe that their employer was motivated, primarily, by a desire to exclude the female reproductive body (or what we term here the "maternal body") from organizational space, especially

from the traditionally male setting of the cockpit (Hamasaki, 2016).

The rich literatures on women and inequalities in the workplace show that the marginalization of professionally and managerially employed women, especially those who are pregnant or breastfeeding, is not unusual (Ashcraft, 1999; Carter & Silva, 2010; Desmarais & Alksnis, 2005). At senior levels across many occupations, and despite four decades of anti-discrimination laws, women are outnumbered by men (Carter & Silva, 2010; Desmarais & Alksnis, 2005). Male managers continue to be paid more than—and are promoted ahead of—female managers despite evidence that gender does not influence performance (Butterfield & Powell, 2015; Joshi, Neely, Emrich, Griffiths, & George, 2015), and women with children pay a punishing wage penalty for motherhood (Blau, Ferber, & Winkler, 2014; Budig & England, 2001). Even when female professionals "lean in," as Sheryl Sandberg (2013) advised, they struggle to overcome gendered attitudes that limit their opportunities (Slaughter, 2015; see also Blau et al., 2014, and Joshi, Son, & Roh, 2015).

Compelling evidence about the commonplace experience of discrimination among female managers and professionals raises two important questions. Why, after decades of protective legislation, should professionally employed women (such as the aforementioned pilots) be marginalized at work, especially once they become mothers? And why might some employers appear to discount and undervalue women's capabilities, excluding mothers in particular from career-advancing positions and arenas of influence at work (Ashcraft, 1999; Fotaki, 2013)?

Extending the rich array of current theory on women in management and professional positions (Joshi, Neely, et al., 2015; Joshi, Son, et al., 2015), this paper introduces a different, previously hidden explanation for why senior-level women are marginalized at work. We bring to management studies an alternative anthropological perspective on female bodies and organizations (Douglas, 1966) and draw on feminist interpretations from the arenas of sociology, philosophy, and health to offer a new vision for why "women continue to receive significantly lower pay than men in comparable jobs and are underrepresented at the highest levels in organizations" (Joshi, Neely, et al., 2015, p. 1459). Specifically, we propose the maternal body as a different concept through which the marginalization of female managers and professionals and the persistence of "gender differences in labour market outcomes" (Blau et al., 2014, p. 135) at senior levels may be theorized
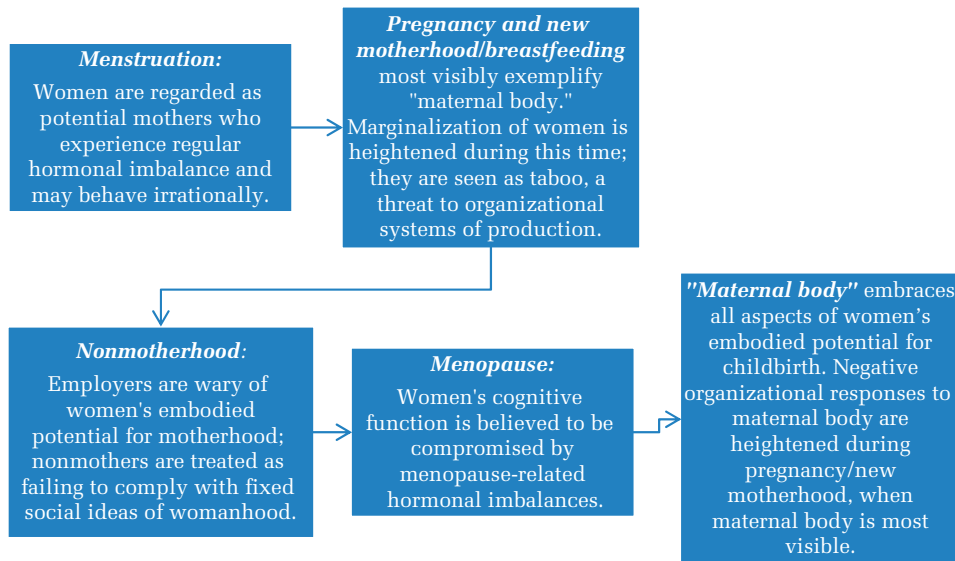
(Joshi, Neely, et al., 2015). In doing so, the paper heeds a call (by Joshi, Neely, et al., 2015, p. 1459) for new and creative theorizing to "expand and enrich" conversations on gender equality on the basis that—despite the wealth of research on women and careers—gender inequalities in organizations endure.

MATERNAL BODIES

As a concept established within feminist philosophical scholarship (Walker, 2002), the "maternal body" embraces all aspects of women's embodied potential for reproduction. Here the concept is used to show how judgments regarding the capabilities of female managers may be based on their potential for maternity rather than on their competencies, forming a serious barrier to women's career advancement in a senior management or professional capacity. While pregnant women and new mothers most visibly exemplify the idea of the maternal body—and are particularly vulnerable to discriminatory practices (Ashcraft, 1999; Blau et al., 2014; Trethewey, 1999)—the concept incorporates all potentially fertile female bodies, from teenage to older adult. It includes menstruation, pregnancy, birth, and the nurturing (including breastfeeding) of infant children, as well as the post-fertility menopausal years (Gatrell & Cooper, 2008; see also Acker, 1990; Tyler, 2000; Walker, 2002). The term *maternal body* thus includes women who do not have children; their apparent capacity for reproduction (both present and past) may be sufficient to mark them out, within organizations, as potentially more concerned with motherhood than with the business of production (Martin, 1987). To assist in making these ideas useful to the reader, the concept of the maternal body is illustrated in Figure 1.

Drawing on the anthropological work of Mary Douglas (1966), we argue that senior-level women are marginalized (Ashcraft, 1999) not only because of overt employer and coworker fears about domestic care agendas and possible reductions in productivity. Rather, the paper posits that more subtle, visceral (and possibly unconscious) hostile reactions to maternal bodies (Joshi, Neely, et al., 2015, p. 1459; Reskin, 2000) may position senior-level women as incompetent and out of place, to the point of "deviancy" (Young, 2005, p. 10). It suggests that senior-level women are undervalued and excluded due to unarticulated anxieties among employers and coworkers regarding maternal (and especially pregnant or post-birth) bodies, which

FIGURE 1
The Concept of "Maternal Body"

Menstruation:
Women are regarded as potential mothers who experience regular hormonal imbalance and may behave irrationally.

Pregnancy and new motherhood/breastfeeding most visibly exemplify "maternal body." Marginalization of women is heightened during this time; they are seen as taboo, a threat to organizational systems of production.

Nonmotherhood:
Employers are wary of women's embodied potential for motherhood; nonmothers are treated as failing to comply with fixed social ideas of womanhood.

Menopause:
Women's cognitive function is believed to be compromised by menopause-related hormonal imbalances.

"Maternal body" embraces all aspects of women's embodied potential for childbirth. Negative organizational responses to maternal body are heightened during pregnancy/new motherhood, when maternal body is most visible.

may be treated as taboo within higher echelons at work (Douglas, 1966).

Background and Methodology

The idea for this paper originated when, as a cross-disciplinary and cross-national team with interests in the field of women and work, the authors decided to review the literature on women in management. The question we considered was why, "after a decade of aggressive efforts to create opportunities for women . . . inequity" between women and men, especially at a senior level, remained "entrenched" (Carter & Silva, 2010, p. 19). We asked colleagues in learned societies to recommend which influential literatures on women in management might shed light on this issue. Perhaps unsurprisingly, the recommended studies—123 in all—affirmed that unfair organizational behaviors led to discriminatory practices against female managers. Research on glass ceilings (Morrison & von Glinow, 1990; Powell & Butterfield, 1994), labyrinths (Eagly & Carli, 2007), old-boy networks (Betters-Reed & Moore, 1995; Reskin & McBrier, 2000), sexual harassment (McDonald, 2012), and gender stereotyping (Heilman & Eagly, 2008) offered important interpretations of women's constrained career advancement.

In addition to these well-known explanations, however, a new and unanticipated factor came to light. Of the papers we reviewed, five were concerned specifically with female bodies and the manner in which women's capacity for maternity might disadvantage senior-level female workers: Acker (1990), Gatrell (2007), Ashcraft (1999), Haynes (2008), and Warren and Brewis (2004). Intrigued by the originality of these ideas about the relationship between women's bodies and female lack of career advancement we agreed that additional, and more in-depth, reflection on this topic was needed. As a means of moving forward the research agenda regarding the marginalization of female managers and professionals, this paper explores how judgments about women's performance may be distorted by organizational focus on maternal bodies, which are perceived at work as fragile, uncontrolled, and taboo (Douglas, 1966, 2002; see also Acker, 1990; Höpfl & Hornby Atkinson, 2000).

The paper is organized as follows. First, drawing upon the work of Mary Douglas, we consider how pregnant and breastfeeding women may be unwelcome or taboo in business settings because their bodies blur the boundaries between home and work, disrupting the routines of production. We go on to suggest that organizational marginalization of maternal bodies may extend beyond pregnancy and childbirth to include menstruation and menopause, women's mere capacity for reproduction being sufficient to connect them with fertility and instability.

The principal site of discussion and analysis in the paper is thus the maternal body. However, given observations by Joshi, Neely, et al. (2015, p. 1470) that women's situations are brought into focus when

"scrutinised" in comparison with equivalent men, the second section reflects on organizational responses to male bodies. This allows us to highlight how women's capabilities are underestimated at work compared with males' (Annandale & Clark, 1996; Witz, 2000). We explain how, by contrast, men's bodies are regarded as contained and stable.

Having observed how men are associated with authority, self-control, and rational thought, in the third section of the paper we then consider how women's bodies are medicalized, with common medical assertions about women's fluctuating hormones invoking organizational tendencies to underestimate women's judgment.

PREGNANCY AND MOTHERHOOD: THE MATERNAL BODY AS TABOO

It is well known that workplace disadvantage among senior-level women is heightened during pregnancy and new maternity, when the maternal body is most visible (see observations by Acker, 1990; Gatrell, 2013; Ladge, Clair, & Greenberg, 2012; and Little, Major, Hinojosa, & Nelson, 2015). For this reason, we begin our considerations about the marginalization of senior-level female managers by reflecting on how pregnant and newly maternal bodies may be treated as taboo at work.

It is understood how pragmatic organizational fears about "issues of [child]care" (Bailyn, 2004, p. 1515) can lead to overt (if unevidenced) assumptions that mothers are less productive than either men or nonmothers (see also Blau et al., 2014; Hebl, King, Glick, Singletary, & Kazama, 2007; Roth, 2007). As observed by the late distinguished U.S. sociologist Joan Acker (1990, p. 152), women's bodies may be unwelcome at work due to employer fears that motherhood could potentially materially "intrude upon and disrupt the ideal functioning of the organization" (see also Little et al., 2015). Employers and coworkers are known to resent practical disturbances to everyday workplace routines—for example, if mothers seek to access flexible work schedules (Joshi, Neely, et al., 2015; Little et al., 2015). Less well documented, however, are the hidden, more visceral reasons for why senior-level women are excluded from sites of influence in organizations (such as, for example, the cockpit). Acker (1990, p. 152) asserted that it is "women's bodies—their ability to procreate and their pregnancy, breastfeeding and childcare"—that invoke organizational tendencies to "exclude" women (1990, p. 152).

Building on Acker's observations, this paper argues that workplace reactions extend beyond material concerns that women might be distracted from work by taking maternity leaves or requiring breaks to accommodate nursing (Little et al., 2015). Rather, we assert that organizational hostility toward senior-level pregnant or breastfeeding women occurs because their bodies intersect the line between home and work, bringing into organizations the uninvited specter of the child—or, as Cockburn (2002, p. 187) noted, "an unwelcome domestic odour, a . . . whiff of the nursery." To interpret these subtle reasons for the exclusion of the maternal body from high-status interactions at work, in this paper we look beyond explanations posited within management research and, seeking different perspectives in accordance with recommendations by Joshi, Neely, et al. (2015), we turn to the field of anthropology.

Specifically, we draw on Mary Douglas's (1966, p. 122) notions of "social pollution" and "taboo" to identify hidden reasons why women's fertile bodies may be regarded as a threat to "social [or organizational] systems." Although Douglas's ideas originated in 1966 (and have since been cited more than 20,000 times), they are relevant here for two reasons. First, they show how taboos are an effective device for excluding certain groups from sites of influence or prestige (Douglas, 2002), thus offering a plausible interpretation for how senior-level women come to be marginalized at work. Second, Douglas's ideas serve as a reminder that, while scholarly analyses of bodies and work may be new to management studies (Fotaki, 2013), the practice of marginalizing maternal bodies from high-status roles has existed across different populations over many centuries.

Below, we outline Douglas's descriptions of how pregnant, newly maternal, and menstruating women were distanced from tribal business systems. We go on to make links between the treatment of tribal women and the experiences of contemporary female managers.

Equivocality and Contextuality

Among traditional tribal populations in Africa (Douglas, 1966) it was believed that pregnant or nursing bodies defiled the process of tribal production. Pregnant and nursing women were regarded as "social pollutants" within prestigious sites of tribal business, posing a danger to the quality and quantity of nutrients and other provisions sourced. As a consequence, expectant and newly maternal bodies were formally classified as taboo and officially excluded from the core business of food sourcing. As an explanation for the categorization of

pregnant and newly maternal bodies as taboo, Douglas (1966) offered two interrelated ideas: *equivocality* (the maternal body has the capacity to nurture a baby while also performing business-related tasks) and *contextuality* (the maternal body is taboo in the context of high-status tribal roles but is welcome in domestic settings).

Pregnant and newly maternal bodies were regarded among tribal communities as dangerously ambiguous due to fears that the nurturing of new life might prove distracting to the tribal business of production. Tribes perceived the equivocality of the pregnant or nursing body as problematic because they believed babies to be greedy, needy, and resource intensive—a threat to the prioritization of tribal economies and to the clarity and routine of tribal systems (Douglas 1966). In tribal settings, equivocal pregnant bodies and unborn children were thus treated as social pollutants, unwelcome within the patterning of tribal business due to their marginal state (although as we go to explain, they were seen to be appropriately placed within the home, Douglas, 1966). Pregnant women and nursing mothers were evaluated on their capacity for maternity, not on their performance as sourcers of food. Tribal discomfort with pregnant and nursing bodies was so great that expectant and newly maternal women were proscribed even from speaking with other community members regarding tribal business (Douglas, 1966).

Douglas's ideas are relevant within present-day organizations where—as in tribal settings—the maternal body may be feared as a threat to organizational systems that prioritize the routines and predictability of production, especially at senior levels (Ashcraft, 1999). During pregnancy and new maternity, colleagues are known to experience discomfiture as a woman's body shape changes; breast milk is produced, and women may experience a propensity toward nausea and heightened emotion, possibly resulting in tears (Warren & Brewis, 2004; see also Acker, 1990; Longhurst, 2001; Martin, 1987; Tyler, 2000). The equivocal maternal body, with its "troubling talent for making other bodies" (Haraway, 1991, p. 253; see Tyler, 2000), may be regarded by coworkers as symbolic of infant nurture spilling over into workplace systems: Pregnant and nursing bodies and the fluids they produce (e.g., breast milk) are uniquely symbolic of equivocality and infant need (Shildrick, 2015). The visibly pregnant body is treated as particularly taboo if women are operating at senior levels (Ashcraft, 1999; Longhurst, 2001).

Mirroring behaviors among tribal communities, organizational discomfiture with pregnancy invokes unwelcoming behaviors toward women in prestigious roles, who are seen by coworkers to visibly symbolize the competing devotions between business and home (Blair-Loy, 2003). Expectant and new mothers in professional roles may thus be excluded from sites of influence regardless of their competencies (Haynes, 2008). For this reason, senior-level women often conceal pregnancy and forgo maternity leaves for fear of being labeled taboo social pollutants and excluded from career-advancing assignments (Ashcraft, 1999; Fotaki, 2013; Little et al., 2015).

In contrast to tribal societies, reasons for shunning maternal bodies at work are unlikely to be formally expressed. But they may be hidden, deeply ingrained perhaps to the point of unconscious bias (Reskin, 2000). Where marginalization of maternal bodies is formalized, the classification of pregnant or newly maternal bodies as social pollutants is rarely articulated, and the sidelining of senior-level pregnant and newly maternal women is often veiled within procedural narratives (Tyler, 2000). Thus, the exclusion of nursing mothers from the U.K. House of Commons Chamber until 2016 (Bulman, 2016) was justified on the grounds that beverages were forbidden within the Chamber (Puwar, 2004)!

Closely interrelated with the idea of equivocality, Douglas's second idea about why pregnant and newly maternal bodies are excluded from sites of production is based on the perspective that social pollution is dependent on context. Across different societies female bodies with potential for pregnancy and breastfeeding have long been positioned as taboo within business contexts, yet they have been welcomed within domestic settings. Thus, while tribal concerns about the malign influence of maternal bodies invoked the exclusion of expectant and nursing women from hunting and harvesting regardless of women's performance or experience, such viewpoints did not apply within tribal households, and pregnant and newly maternal women were, effectively, confined to the home (Douglas, 1966).

Douglas's ideas about contextuality within tribal populations resonate with management research on how pregnant women and new mothers are treated in organizations, especially in relation to hiring and promotion. Research by Haynes (2008) and Ashcraft (1999) indicated how coworker feelings of discomfiture around pregnant and newly maternal bodies are heightened when women occupy senior roles. Regardless of women's performance or work

orientation, they may be encouraged go home and knit baby clothes (see also Blair-Loy, 2003; Longhurst, 2001). Relatedly, a study by Hebl et al. (2007) found that pregnant job applicants may be discouraged from seeking employment of a masculine nature but treated sympathetically if undertaking activities relating to homemaking. Organizational responses toward the pregnant body thus appear to be contextual, prompting solicitousness when mothers prioritize domestic agendas but invoking opprobrium if women are "perceived as violating traditional gender roles" (Hebl et al., 2007, p. 1509; see also Fotaki, 2013; King & Botsford, 2009). Figure 2 illustrates how equivocality and contextuality are closely intertwined and contribute to the marginalization of maternal bodies at work.
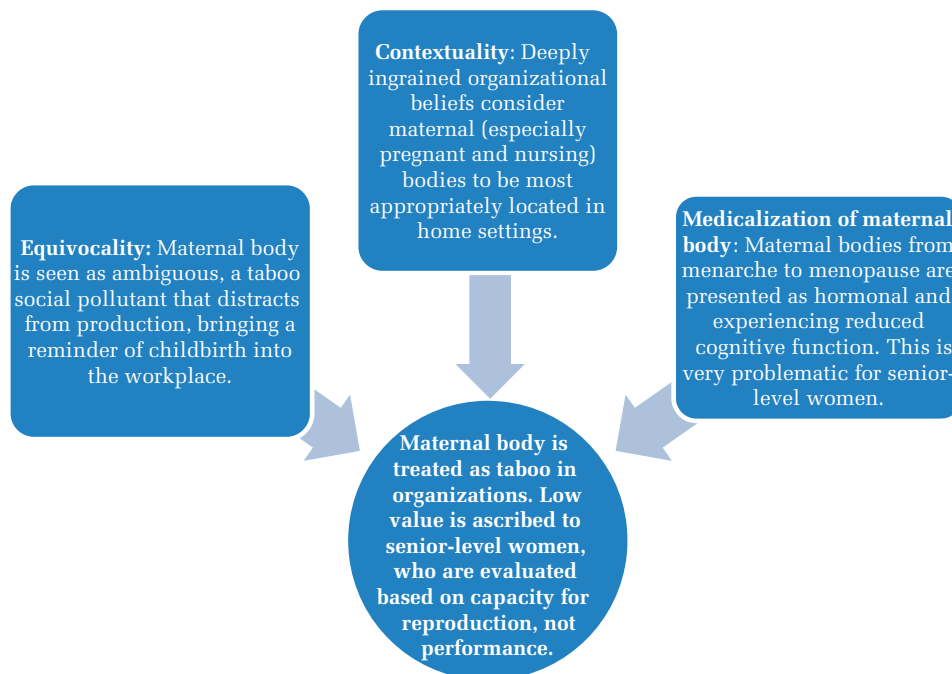
Menstruation

We have suggested that women's pregnant and newly maternal bodies are interpreted within prestigious settings as social pollutants, uniquely associated with reproduction and labeled taboo and a threat to organizational systems. We now suggest that organizational rejection of the maternal body extends beyond concerns with pregnancy and childbirth to embrace women's fertility more broadly (Acker, 1990; Douglas 1966). Arguably, the mere capacity for reproduction can invoke a situation where "regardless of any individual intention or ability to exercise that capacity" women are regarded as primarily "reproducers," their potential for pregnancy seen as symbolizing equivocality and instability (Acker, 1990, p. 152; see also Ashcraft, 1999; Walker, 2002; Young, 2005).

It has been asserted (by U.S. political scientist Iris Marion Young) that, within contemporary organizations, women who are assumed to be menstruating fall short of employer ideals regarding bodies, which are associated with workplace ideals of "stability, equilibrium, a steady state" (Young, 2005, p. 57). Young argues that evaluations of women's competencies, from youth to middle age, are influenced by underlying beliefs that female performance is compromised at certain points each month, a notion that poses problems for women in senior roles where performance and competency must be perceived as consistently high (see also Martin, 1987).

To understand from an anthropological perspective the origins of organizational discomfiture with menstruation, we return to Douglas's observations regarding maternal bodies, taboo, and ancient tribal customs, which exclude maternal bodies from the processes of everyday living and production. In

FIGURE 2
How Maternal Bodies Are Treated in Organizations

accordance with her explanations of equivocality and context, Douglas observes how tribal discomfiture around maternal bodies extends beyond pregnancy and new maternity to include menstruation.

Among tribal coworkers, women's menstruating bodies were regarded as endangering (or socially polluting) the tribal system of hunting and food gathering. Menstruation, like pregnancy, signified the equivocality of the maternal body and symbolized the intrusion, within prestigious working space, of a child who had not been (and would not be) born. The formal exclusion of menstruating bodies from tribal sites of production occurred because this form of female equivocality "traversed the boundary of the body" (Douglas, 1966, p. 121), the reproductive cycle highlighting future potential for bringing childbearing into the work environment. Thus, regardless of their competencies as sourcers of food, menstruating women were required to declare their monthly cycle and, during the relevant week, were proscribed from entering high-status forest areas where food was sourced, so as not to compromise the quality and quantity of nutrients obtained.

Contextually, however, although menstruating maternal bodies were treated as dangerous pollutants within sites of tribal production, they were regarded as appropriately accommodated within family environments. Menstruating women were thus effectively confined to their home settings, with neighbors expected to cover responsibilities relating to food sourcing and production during this time. Douglas noted how "women found these rules extremely irksome, especially as they were regularly short-handed" (1966, p. 152). Nevertheless, regulations about combining menstruation with tribal labor remained strictly enforced, and menstruating women remained barred from sites of production.

Compared with Douglas's tribal women, today's female workers are better placed—they are no longer expected to declare their fertile status by separating themselves, during menstruation, from the processes of production. Nevertheless, it has been argued that menstruation is still regarded within contemporary economies as taboo, and women are expected to observe a particular "etiquette . . . which governs comportment" in relation to their monthly cycle (Young, 2005, p. 111). As Young observed, "If a woman wishes to appear reliable at work, in order to lay claim to the rights and privileges of a solid self who . . . achieves [at work], then she had better keep [her menstrual status] secret" (Young, 2005, p. 111) or be stigmatized as deviant. According to Martin (1987), unsubstantiated and hidden organizational beliefs about the effects of menstrual cycles on women's emotional state negatively affect colleagues' evaluations of women's judgment and performance, a serious barrier for women in senior and professional positions. Resultantly, female managers who are justifiably angry may be labeled as menstrual (regardless of whether this is the case), meaning that legitimate concerns may be summarily dismissed (Young, 2005).

According to Acker (1990), women's potential for fertility is a continual source of suspicion at work, where the dominant norms require bodies to appear unequivocal and stable and demonstrate limited involvement in the practicalities of procreation (see also Höpfl & Hornby Atkinson, 2000). At senior levels, Acker suggested, only male bodies are seen as stable and unequivocal, symbolizing idealized images of senior leaders in a manner that does not apply to women's bodies (Acker, 1990; Pullen & Rhodes, 2014; Schein, 2001).

Male Bodies and the Image of the Ideal Worker

For the purpose of highlighting how female managers are evaluated on the basis of their maternal bodies (rather than on performance and capability), we pause here to examine the manner in which male bodies are treated at work (Joshi, Neely, et al., 2015). It is not our intention, as part of a narrative that centers on female managers and professionals, to overemphasize the situation of men. However, the following short consideration of how men's bodies are positioned at work assists in highlighting differences between organizational attitudes toward male and female bodies.

While coworkers may perceive maternal bodies as "suspect," equivocal, and unstable (Acker, 1990, p. 152; see also Ladge et al., 2012; Little et al., 2015; Shildrick, 2015), the bodies of male workers may be envisioned quite differently: as normally reliable and contained (Acker, 1990; Höpfl & Hornby Atkinson, 2000; Pullen & Rhodes, 2014; Witz, 2000). In keeping with Douglas's observations on the privileged position of men as hunters in tribal populations, male managers and professionals in today's workplaces have been valorized for what Acker (1990, p. 152) described as men's "minimal responsibility in procreation." Images of contained masculine bodies are central to the concept of hegemonic masculinities, in which men are characterized as dominant at work (Collinson & Hearn, 1994). Male bodies are associated with authority and

unequivocal self-control—a natural fit for supervisory positions (Pullen & Rhodes, 2014).

Turning once again to anthropological interpretations to enhance understanding of male hegemony (Treherne, 1995), we note how men have habitually emphasized embodied characteristics of strength and stability to self-identify as authoritative and contained. Over time, men have developed strategies for appearing self-disciplined and invincible through bodily demeanor, historically through self-grooming and armoring as warriors (Treherne, 1995). The presentation of male bodies as invulnerable has served to sustain an image of men as consistently unequivocal (Douglas, 1966; Treherne, 1995).

Contemporary men in senior roles are likely to maintain their masculine image by wearing suits and ties rather than military dress (Pullen & Rhodes, 2014). Nevertheless, mythical images of men as groomed and armored (in accordance with Douglas's observations about tribal populations) continue to influence organizational perceptions of men, and of male bodies as inviolable and unchanging (Young, 2005) and consequently as eminently suitable for seniority at work (Collinson & Hearn, 1994). As Schein has observed, it has become customary for employers and coworkers to "think manager, think male" (Schein, 2001, p. 683; see also Schein & Davidson, 1993).

At the heart of notions of male bodies as unequivocal and strong lie assumptions that male workers are likely to display consistently good health and strength during adult working years (Connell, 2005; Pullen & Rhodes, 2014). Of course, many men do not in practice inhabit bodies that exemplify physical fitness, which is recognized as problematic for men who are unwell or disabled (Connell, 2005). Yet although men's experience may in practice contradict images of men as always healthy, the *idea* that male bodies are physically robust confers advantages for men in organizations (Höpfl, 2000). Even more pertinently, it is often perceived within organizations that men's supposedly normally invulnerable bodies symbolize enhanced male cognitive capacities (Annandale & Clark, 1996; Witz, 2000). Pullen and Rhodes (2014) suggested that employer beliefs regarding supposedly strong and healthy male bodies correlate with assumptions about men as rational thinkers—romanticized visions of the "man of reason" preserve men's privileged place within organizational structures (Pullen & Rhodes, 2015, p. 161; see also Collinson & Hearn, 1994).

MEDICALIZED MATERNAL BODIES

While men may be thought of as rational thinkers, inhabiting bodies that are imagined to be robust and unequivocal, the reverse is true for women. At work, rather than invoking visions of physical strength and sharp cognition (a warrior profile), female bodies are defined through their reproductive properties and women are treated as fragile and unstable—a problem for women seeking career advancement (Pullen & Rhodes, 2014).

It has been argued that organizational assumptions about women's health as compromised by female capacity for reproduction originate from biomedicine (Annandale & Clark, 1996). A case has been made that medicine has evolved based on the principle that women's bodies are normally unwell, impaired continuously by reproductive functions during menstruation, pregnancy, and menopause. Men, by contrast, are represented in medical discourse as normally healthy, with episodes of illness as the exception (Annandale & Clark, 1996).

Medical discourses that frame women as frail have been criticized by feminist sociologists (Nettleton, 2013) for positioning women as not only physically but also emotionally fragile: Women's reproductive biology is framed in terms of hormonal fluctuations that are presumed to impair their capacity for rationally processing information. Although such medical views were developed centuries ago (Nettleton, 2013), some researchers have asserted that such perspectives are still pertinent today (Annandale & Clark, 1996; Witz, 2000). This is because biomedical assumptions about women's supposedly poor health spill over into organizational beliefs that female intellect is lacking and compromised by illness. Annandale and Clark (1996) observed how organizational interpretations of female health status as precarious negatively influence evaluations of women's performance, cognitive capabilities, and capacity for rational judgment. Such views affect workplace evaluations of senior-level women (Witz, 2000).

Hormones and Havoc

Building on Annandale and Clark's (1996) views, we now consider how common medical assertions about female reproductive and intellectual frailty are closely intertwined. A glance at the popular medical advice site Web MD reveals how what is termed women's "chamber of hormone horrors" is identified as a consistent and typical female medical problem

that impairs cognitive skills among women; adult women are presented as "greatly affected by hormone fluctuations," and female behavior is characterized as unpredictable and irrational: "Sometimes it gets to the point of feeling totally overwhelmed—as if for a time [women] have lost control of their life" (Northrup, quoted in Bouchez, 2008, p. 1). The article goes on to observe how "the hallmark of the reproductive years" is premenstrual symptoms and the "mood-related issues" these cause, and to imply that hormonal variations associated with maternal bodies impair women's abilities to evaluate social situations and that judgments by adult fertile women are irrational and flawed: "Women who are premenstrual are apt to perceive comments made about them as negative, even when they are not" (Bouchez, 2008, p. 1).

Ironically, having made these observations, the website indicates that clinical evidence to demonstrate the relationship between hormones and emotional instability is limited: "Experts say that mood swings and other symptoms do not necessarily indicate abnormal hormone levels. 'Every study done on women with PMS shows their circulating levels of hormones are normal'" (Santoro, quoted in Bouchez, 2008, p. 1). Nevertheless, the article goes on to describe how hormones may continue to wreak havoc throughout women's working lives, during the years when women are fertile and subsequently during perimenopause and menopause—in other words, from menarche until death (Bouchez, 2008, p. 4). Figure 2 (above) illustrates how medicalized views of maternal bodies as hormonal imply that women experience reduced cognitive function.

It should be noted that, in critiquing the Web MD narratives, we are *not* seeking to minimize episodes of ill health suffered by women who experience hormone-related symptoms. Quite the reverse: The purpose of our discussion is to question deterministic medical narratives that imply that *all* women, throughout their reproductive years and beyond, are normally sick—and, further, to contest narratives that such ill health necessarily implies reduced cognitive function.

Perceptions of Female Cognition as Unstable: A Problem for Senior-Level Women

Highlighting such medical narratives is important in relation to senior-level women. This is because (as argued by Annandale & Clark, 1996, and Witz, 2000) long-standing and negative biomedical perspectives on female health status and intellect spill over into organizational attitudes, influencing employer and coworker perceptions of female cognition as irrational and unstable. From such a perspective, beyond an interpretation of maternal bodies as physically equivocal and unstable, coworkers and employers are shown as perceiving maternal bodies as symbolic of female irrationality: Maternal bodies are correlated with unevidenced notions of fragile minds, which is highly problematic for senior-level women seeking career advancement in positions where rational thinking is paramount (Stroh, Brett, & Reilly, 1992).

Perhaps unsurprisingly, assumptions by employers and coworkers that senior-level women might approach workplace problems with emotional (as opposed to balanced) responses are heightened during pregnancy and new maternity (Acker, 1990). Indeed, "discounting of women's ability" is shown to be "exaggerated when women are pregnant" (Halpert, Wilson, & Hickman, 1993, p. 65; see also Ladge et al., 2012). It is at the point of pregnancy and new maternity when women are most likely to be undervalued by coworkers and line managers, who may regard pregnant and nursing bodies as visibly symbolizing a woman's compromised intellect and supposed "inherent lack of control of . . . [her] self" (Shildrick, 2015, p. 34; see also Acker, 1990; Longhurst, 2001).

Colleagues' assessments of women's abilities have been shown to "plummet" if they became pregnant (Halpert et al., 1993, p. 650), and pregnant managers and professionals may be marginalized from sites of organizational influence (as, for example, in the case of the Frontier pilots) due to fears that expectant and new mothers might downgrade overall group performance (Gueutal & Taylor, 1991). Such perspectives on the pregnant body might explain why, in controlled recruitment and appraisal scenarios, assessors consistently rank the capabilities of apparently pregnant candidates lower compared to nonpregnant women or men. Thus, for example, with regard to hiring, Cunningham and Macan (2007) demonstrated how pregnant applicants, in spite of being apparently well qualified, receive significantly lower hiring recommendations. It thus appears that pregnant women and new mothers may be demarcated at work as inhabiting bodies that are potentially unstable and prone to debility and impaired judgment.

Nonmothers

We have suggested that women's potential for menstruation and hormonal change invokes hostility

and low assessments of female cognitive function (Acker, 1990). We have further reflected on how the actuality of motherhood—the visibility of the pregnant and newly maternal body—can invoke hostile reactions at work. Arguably, the presence of discernibly maternal bodies prompts employers and coworkers to marginalize female managers and professionals from sites of influence in organizations, even if the reasons given for such exclusions are framed in discourses of procedure (Puwar, 2004).

Even for women who do not have children, the mere potential of the maternal body for reproduction is sufficient to stall career advancement. Surveys demonstrate a tendency among employers not only to avoid hiring mothers, but also to be wary of hiring women of childbearing age (Blau et al., 2014; The Guardian, 2014) regardless of their levels of performance or work orientation. Ironically, while employers may be reluctant to employ women of childbearing age, women's declarations regarding a lack of intent to bear children are unlikely to enhance their acceptability as senior managers. This is because social expectations of women as natural caregivers are framed around cultural beliefs that "womanhood and motherhood [should be] . . . synonymous" (Donath, 2015, p. 343). Female ambivalence regarding a desire to bear and nurture children is regarded as "opposing the very essentialist notion of a fixed female identity" (Donath, 2015, p. 343). Maternal feelings are assumed to come naturally to women (Miller, 2005), and, as Davidson and Cooper (1992) observed, childless senior-level women may be treated unfairly as deviant or odd, especially if they are perceived to have chosen career over motherhood.

Menopause

Even for senior-level women who have raised their families and/or reached an age when fertility is assumed to have declined beyond the point where conception is likely, the maternal body may still be unwelcome at work. This is partly because, as observed earlier, medical guidance advises that women's cognitive capacity may be compromised by menopause-related hormonal imbalances (Bouchez, 2008; Fausto-Sterling, 1999). For example, in the United Kingdom in 2015, Chief Medical Officer (CMO) Dame Sally Davies highlighted menopause as an occupational health issue, indicating that (like the pregnant body) menopausal bodies are treated as taboo (Sawer, 2015). The CMO suggested that women experiencing menopause should be supported so as to

reduce incidences of sick leave—this comment in itself reproducing the notion that menopause is synonymous with ill health. In response to the CMO's observation, menopause has been widely discussed in the U.K. press and media, where it is pathologized and characterized as causing sleep disorders and problems with memory and concentration.[1] As with maternity, biomedical and cultural correlations between menopause and reduced cognitive function are unlikely to enhance women's prospects for career advancement. Yet should professionally employed women seek employment at executive or partnership level, this is likely to occur in late middle age. So just at the point when older female managers and professionals may be reaching executive level, their capabilities may be negatively evaluated based on unfair discourses based on ideas about menopausal symptoms, rather than on performance and experience (Martin, 1987).

CONCLUSION

The goal of this paper has been to contribute new perspectives to research on women in management, exploring why, despite 40 years of legislation, there remains a "lack of women in positions of power and authority" (Eagly & Carli, 2007, p. ix; Powell, 2011). Many researchers have asked why employers undervalue women's capabilities, and why women are marginalized from career-advancing positions in organizations. In response to these enigmas we have proposed the concept of the "maternal body," observing how female managers may be judged primarily on the basis of hidden, negative responses to female capacity for reproduction rather than on their individual competence and experience (see Figure 2). Drawing on the anthropological observations of Mary Douglas, we have argued that maternal bodies may be regarded as taboo: a social pollutant that threatens the business of production. We have drawn parallels between the ostracizing behaviors of tribal populations and the manner in which senior-level women are marginalized in today's economies. We further suggested that women are excluded from career-advancing opportunities because medical discourse about unstable maternal bodies spills over into organizational contexts (Annandale & Clark, 1996), invoking unarticulated assumptions that women's

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[1] During the 2016 U.S. presidential election cycle, fears were expressed that Hillary Clinton's menopausal status might induce her to make irrational decisions leading to war (Robbins, 2015).

predisposition for hormonal change reduces their intellectual competence.

Where organizational behaviors and tribal customs differ is in the likelihood that bias against the maternal body will be voiced (or even recognized) as such. Tribal communities are explicit in their exclusion of maternal bodies from the business of food sourcing. Organizations, by contrast, are less clear about when and why senior-level women may be marginalized from career-advancing assignments, such exclusionary practices often being subtle and unacknowledged—a form of unconscious bias (Reskin, 2000).

Such lack of recognition raises new questions for research and policy agendas. Does the marginalization of women indicate a purposeful and overt desire to exclude maternal bodies from high-status roles due to a sense that the equivocal maternal body is taboo, a social pollutant (as the Frontier pilots quoted at the start of the paper reportedly claim)? Are such beliefs contextual (based on a perception that maternal bodies should be confined to the home)? And, finally, how far might discrimination against senior female managers and professionals lie within (possibly unconscious) assumptions that women—(both mothers and nonmothers)—are cognitively compromised through hormonal changes? Inevitably, if senior-level women are first labeled "taboo" and evaluated on the basis of unsubstantiated perceptions about maternal bodies as social pollutants (rather than performance) and second assumed to be intellectually compromised, women will continue to remain underrepresented in prestigious business arenas.

Taking into account subtle, visceral, and hidden reactions toward the maternal body, it appears that future scholarship with regard to the underrepresentation of senior-level women needs to move beyond acknowledging overt mechanisms that are already known to disadvantage female managers and professionals (Heilman & Eagly, 2008). A more nuanced focus on the maternal body is required to "expand and enrich the conversation on gender equality" (Joshi, Neely, et al., 2015, p. 1459) and to delve below the surface and understand how far deeply ingrained and discriminatory practices might relate to hidden and perhaps unconscious cognitive processes among employers and coworkers, distorting evaluations of women's workplace competencies through unsubstantiated assumptions about women's health and fertility (Reskin, 2000). Organizational and policy research on performance evaluation must be foregrounded, with the aim of better understanding what unconscious processes influence employer and coworker evaluation of women's abilities and experience, to "limit the influence of decision makers' . . . unconscious biases" (Eagly & Carli 2007, p. 6; see also Easterly & Ricard, 2011).

It is time for contemporary organizations to move away from tribal behaviors and for research to challenge the situation where competent and experienced female managers are classified primarily as taboo maternal bodies. If gendered labor market inequalities are to be addressed, we must reach a point where women are judged on capability and performance rather than on their capacity for reproduction—and this must happen soon.

REFERENCES

ABC News. (2016). Frontier Airlines female pilots describe challenges as breastfeeding moms in discrimination complaints. Retrieved from http://abcnews.go.com/Business/frontier-airlines-female-pilots-describe-challenges-breastfeeding-moms/story?id=39064035

Acker, J. (1990). Hierarchies, jobs and bodies: A theory of gendered organizations. *Gender & Society, 4,* 139–148.

Annandale, E., & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health & Illness, 18,* 17–44.

Ashcraft, K. L. (1999). Managing maternity leave: A qualitative analysis of temporary executive succession. *Administrative Science Quarterly*, *44*, 240–280.

Bailyn, L. (2004). Time in careers—careers in time. *Human Relations*, *57*, 1507–1520.

Betters-Reed, B. L., & Moore, L. L. (1995). Shifting the management development paradigm for women. *Journal of Management Development*, *14*, 24–38.

Blair-Loy, M. (2003). *Competing devotions: Career and family among women executives*. Cambridge, MA: Harvard University Press.

Blau, F. D., Ferber, M. A., & Winkler, A. E. (2014). *The economics of women, men, and work*. London: Pearson Education.

Bouchez, C. (2008). Escape from hormone horrors—what you can do. *WebMD.* Retrieved from http://www.webmd.com/women/features/escape-hormone-horrors-what-you-can-do

Budig, M. J., & England, P. (2001). The wage penalty for motherhood. *American Sociological Review*, *66*, 204–225.

Bulman, M. (2016, July 21). Breastfeeding could be allowed in Commons chamber after independent review. Retrieved from http://www.independent.co.uk/news/uk/politics/breastfeeding-could-be-allowed-in-commons-chamber-after-independent-review-a7147676.html

Butterfield, D. A., & Powell, G. N. (2015). The glass ceiling: What have we learned 20 years on? *Journal of Organizational Effectiveness: People and Performance*, *2*, 306–326.

Carter, N., & Silva, C. (2010). Women in management: Delusions of progress. *Harvard Business Review*, *88*, 19–21.

Cockburn, C. (2002). Resisting equal opportunities: The issue of maternity. In S. Jackson & S. Scott (Eds.), *Gender: A sociological reader* (pp. 180–191). New York: Routledge.

Collinson, D. L., & Hearn, J. (1994). Naming men as men: Implications for work, organization and management. *Gender, Work and Organization*, *1*, 2–22.

Connell, R. W. (2005). *Masculinities*. London: John Wiley.

Cunningham, J., & Macan, T. (2007). Effects of applicant pregnancy on hiring decisions and interview ratings. *Sex Roles*, *57*, 497–508.

Davidson, M. J., & Cooper, C. L. (1992). *Shattering the glass ceiling: The woman manager*. London: Paul Chapman Publishing.

Desmarais, S., & Alksnis, C. (2005). Gender issues. In J. Barling, K. Kelloway, & M. Frone (Eds.), *Handbook of work stress* (pp. 445–487). Thousand Oaks, CA: Sage.

Donath, O. (2015). Regretting motherhood: A sociopolitical analysis. *Signs*, *4*, 343–367.

Douglas, M. (1966). *Purity and danger: An analysis of the concepts of pollution and taboo*. London: Routledge.

Douglas, M. (2002). *Purity and danger: An analysis of the concepts of pollution and taboo*. London: Routledge Classics.

Eagly, A. H., & Carli, L. L. (2007). Women and the labyrinth of leadership. *Harvard Business Review*, *85*, 62–71.

Easterly, D. M., & Ricard, C. S. (2011). Conscious efforts to end unconscious bias: Why women leave academic research. *Journal of Research Administration*, *42*, 61–67.

Fausto-Sterling, A. (1999). Menopause: The storm before the calm. In J. Price & M. Shildrick (Eds.), *Feminist theory and the body: A reader* (pp. 169–178). Abingdon, UK: Taylor & Francis.

Fotaki, M. (2013). No woman is like a man (in academia): The masculine symbolic order and the unwanted female body. *Organization Studies*, *34*, 1251–1275.

Fox News. (2016). Frontier pilots make discrimination claim over breastfeeding policies. Retrieved from http://kdvr.com/2016/05/10/frontier-pilots-make-discrimination-claim-over-breastfeeding-policies/

Gatrell, C. (2007). A fractional commitment? Part-time employment and the maternal body. *International Journal of Human Resource Management*, *18*(3), 462–474.

Gatrell, C. (2013). Maternal body work: How women managers and professionals negotiate pregnancy and new motherhood at work. *Human Relations*, *66*(5), 621–644.

The Guardian. (2014, August 11). 40% of managers avoid hiring younger women to get around maternity leave. Retrieved from http://www.theguardian.com/money/2014/aug/12/managers-avoid-hiring-younger-women-maternity-leave

Gueutal, H. G., & Taylor, E. M. (1991). Employee pregnancy: The impact on organizations, pregnant employees and co-workers. *Journal of Business and Psychology*, *5*(4), 459–476.

Halpert, J. A., Wilson, M. L., & Hickman, J. L. (1993). Pregnancy as a source of bias in performance appraisals. *Journal of Organizational Behavior*, *14*(7), 649–663.

Hamasaki, S. (2016). Frontier Airlines pilots challenge breastfeeding policies. *CNN.com*. Retrieved from http://edition.cnn.com/2016/05/10/travel/frontier-airlines-breastfeeding-policy/

Haraway, D. (1991). *Simians, cyborgs, and women: The reinvention of nature*. London: Free Association Books.

Haynes, K. (2008). (Re)figuring accounting and maternal bodies: The gendered embodiment of accounting professionals. *Accounting, Organizations and Society*, *33*, 328–348.

Hebl, M. R., King, E. B., Glick, P., Singletary, S. L., & Kazama, S. (2007). Hostile and benevolent reactions toward pregnant women: Complementary interpersonal punishments and rewards that maintain traditional roles. *Journal of Applied Psychology*, *92*(6), 1499–1511.

Heilman, M. E., & Eagly, A. H. (2008). Gender stereotypes are alive, well, and busy producing workplace discrimination. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, *1*, 393–398.

Höpfl, H. (2000). The suffering mother and the miserable son: Organizing women and organizing women's writing. *Gender, Work and Organization*, *7*, 98–105.

Höpfl, H., & Hornby Atkinson, P. (2000). The future of women's careers. In A. Collin & R. Young (Eds.), *The future of career* (pp. 130–143). Cambridge, UK: Cambridge University Press.

Joshi, A., Neely, B., Emrich, C., Griffiths, D., & George, G. (2015). Gender research in AMJ: An overview of five decades of empirical research and calls to action. *Academy of Management Journal*, *58*, 1459–1475.

Joshi, A., Son, J., & Roh, H. (2015). When can women close the gap? A meta-analytic test of sex differences in performance and rewards. *Academy of Management Journal*, *58*(5), 1516–1545.

Kiedrowski, S. (2016). *Airline pilots should not have to choose between their jobs and breastfeeding their babies.* New York: American Civil Liberties Union, Retrieved from https://www.aclu.org/blog/speak-freely/airline-pilots-should-not-have-choose-between-their-jobs-and-breastfeeding-their

King, E. B., & Botsford, W. E. (2009). Managing pregnancy disclosures: Understanding and overcoming the challenges of expectant motherhood at work. *Human Resource Management Review*, *19*(4), 314–323.

Ladge, J., Clair, J., & Greenberg, D. (2012). Cross-domain identity transition during liminal periods: Constructing multiple selves as "professional and mother" during pregnancy. *Academy of Management Journal*, *55*, 1449–1471.

Little, L. M., Major, V. S., Hinojosa, A. S., & Nelson, D. L. (2015). Professional image maintenance: How women navigate pregnancy in the workplace. *Academy of Management Journal*, *58*, 8–37.

Longhurst, R. (2001). *Bodies: Exploring fluid boundaries.* New York: Routledge.

Martin, E. (1987). *The woman in the body: A cultural analysis of reproduction.* Boston: Beacon Press.

McDonald, P. (2012). Workplace sexual harassment 30 years on: A review of the literature. *International Journal of Management Reviews*, *14*(1), 1–17.

Miller, T. (2005). *Making sense of motherhood: A narrative approach.* Cambridge, UK: Cambridge University Press.

Morrison, A. M., & von Glinow, M. A. (1990). Women and minorities in management. *Psychologist*, *45*, 200–208.

Nettleton, S. (2013). *The sociology of health and illness.* Cambridge, UK: Polity Press.

Powell, G. N. (2011). *Women and men in management.* Thousand Oaks, CA: Sage.

Powell, G. N., & Butterfield, D. A. (1994). Investigating the "glass ceiling" phenomenon: An empirical study of actual promotions to top management. *Academy of Management Journal*, *37*, 68–87.

Pullen, A., & Rhodes, C. (2014). Corporeal ethics and the politics of resistance in organizations. *Organization*, *21*, 782–796.

Pullen, A., & Rhodes, C. (2015). Ethics, embodiment and organizations. *Organization*, *22*, 159–165.

Puwar, N. (2004). *Space invaders: Race, gender and bodies out of place.* Oxford, UK: Berg.

Reskin, B. F. (2000). The proximate causes of employment discrimination. *Contemporary Sociology*, *29*(2), 319–328.

Reskin, B. F., & McBrier, D. B. (2000). Why not ascription? Organizations' employment of male and female managers. *American Sociological Review*, *65*, 210–233.

Robbins, M. (2015). Hillary Clinton and the clueless hormone argument. Retrieved from http://edition.cnn.com/2015/04/20/opinions/robbins-hillary-clinton/

Roth, L. M. (2007). Women on Wall Street: Despite diversity measures, Wall Street remains vulnerable to sex discrimination charges. *Academy of Management Perspectives*, *21*, 24–35.

Sandberg, S. (2013). *Lean in: Women, work and the will to lead.* New York: Knopf.

Sawer, P. (2015, December 6). Women need to talk about the menopause. *The Telegraph.* Retrieved from http://www.telegraph.co.uk/news/health/news/12034941/Women-need-to-talk-about-the-menopause-chief-medical-officer-tells-bosses.html

Schein, V. E. (2001). A global look at psychological barriers to women's progress in management. *Journal of Social Issues*, *57*, 675–688.

Schein, V. E., & Davidson, M. J. (1993). Think manager, think male. *Management Development Review*, *6*(3), 24–28.

Shildrick, M. (2015). *Leaky bodies and boundaries: Feminism, postmodernism and (bio)ethics.* London: Routledge.

Slaughter, A. (2015). *Unfinished business: Women, men, work, family.* New York: Oneworld Publications.

Stroh, L. K., Brett, J., & Reilly, A. (1992). All the right stuff: A comparison of female and male career patterns. *Journal of Applied Psychology*, *77*, 251–260.

Treherne, P. (1995). The warrior's beauty: The masculine body and self-identity in Bronze-Age Europe. *Journal of European Archaeology*, *3*(1), 105–144.

Trethewey, A. (1999). Disciplined bodies: Women's embodied identities at work. *Organization Studies*, *20*(3), 423–450.

Tyler, I. (2000). Reframing pregnant embodiment. In S. Ahmed, J. Kilby, S. Lury, M. McNeil, & B. Skeggs (Eds.), *Transformations: Thinking through feminism* (pp. 288–301). London: Routledge.

Walker, M. B. (2002). *Philosophy and the maternal body: Reading silence.* London: Routledge.

Warren, S., & Brewis, J. (2004). Matter over mind? Examining the experience of pregnancy. *Sociology*, *38*, 219–236.

Witz, A. (2000). Whose body matters? Feminist sociology and the corporeal turn in sociology and feminism. *Body & Society, 6,* 1–24.

Young, I. M. (2005). *On female body experience: "Throwing like a girl" and other essays.* Oxford, UK: Oxford University Press.

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