**Purpose:** This paper explores the 'social organization of maternity' from the perspective of health and employment. It compares public health discourses on the importance of motherhood with organizational attitudes towards childbearing. It shows how pregnancy and the nurturing of infant children are valorized within public health discourses, which treat pregnancy and new maternity as a 'project' for which mothers are responsible. Such health advice encourages mothers to position the project of maternity as central to their lives. By contrast the paper shows how employers treat pregnancy and new motherhood as inconvenient and messy: as monstrous, at work.

**Design/Method/Approach:** The paper draws upon a database of qualitative netnographic (or internet-based) research. It analyses netnographic interactions between pregnant and newly maternal women. These virtual data are afforded the same validity as face-to-face research

**Findings:** The paper demonstrates how maternal responsibilities for nurturing pregnancy and infant children, and the bio-medical properties of the maternal body, are central to public health discourses. By contrast motherhood and especially the maternal body, is treated within organizations as monstrous, or alien.

**Originality:** The paper compares and contrasts public health valorizations of motherhood, with organizational tendencies to treat pregnancy/newly maternal bodies as monstrous. It highlights dichotomies faced by employed mothers. A continuing chasm between the social organization of maternity, and the attitudes of employers towards children and maternal bodies, is identified.

**Introduction**

The paper shows how, within Anglo-American cultures, the capacity of the maternal body to nourish a 'precious' developing baby or child during pregnancy and infancy is valorized within contemporary public health discourses (Brian 2011). (The term maternal body is used here in relation to pregnancy and the mothering of infant children).

By contrast, however, it is revealed that organizations may resist what is regarded as the messiness and inconvenience of maternity. Drawing upon qualitative, netnographic (or internet) research, I show how pregnant and newly maternal bodies are regarded as out of keeping with organizational norms regardless of how generously motherhood may appear to be embraced within policy. Conversely, the maternal body (with its capacity for pregnancy, breastfeeding and infant care) may be treated at work as abject: a source of disgust. Perhaps this is because (as Thanem 2011 observes), employed bodies which disturb the boundaries of what is considered 'normal' may consequently be treated as monstrous, or 'alien'.

While fictional accounts of pregnant and maternal bodies as monstrous have been analysed in relation to visual images by cultural sociologists such as Betterton (2006), accounts of organizational attitudes towards the physical manifestations of maternity are limited (see important exceptions by Tyler, 2000; Warren and Brewis 2004; Haynes 2008a). It has thus been observed that maternal experience of feeling alien, or monstrous, at work remains often hidden, unrecognized and under-researched (see Tyler 2000; Höpfl 2000).

Here, I seek to address this gap in the literature on motherhood and employment, specifically by drawing attention to the divergence between health and social valorization of motherhood,

and employers' treatment of mothers as abject subjects. In so doing, I seek to build upon a 'feminist politics of motherhood' (Hausman 2004) in which the relegation of maternity to private space is resisted and mothers are positioned as active subjects within public settings. I suggest that – especially if the social organization of mothers' lives is to be focused around maternal responsibility for pregnancy and childrearing – motherhood should be accommodated within all aspects of late modern social living, including employment.

Arguably, the accommodation of motherhood at work is particularly pertinent now (at least within U.K. and North American cultures) because 'parenting' has been identified as an increasing obsession within health and social contexts. Contemporary parenting is treated as increasingly socially significant (Lee *et al.,* forthcoming), with parental action constructed as directly influencing children's future health and socio-economic prospects. Mothers, in particular, are subject to a proliferation of 'expert' advice on the process of bearing, nourishing and rearing children and are under constant pressure to conform these guidelines (see Lee *et al.* forthcoming; Brewis and Warren 2001; Gatrell 2011b). As such, motherhood has been identified by Brewis and Warren (2001) as a form of social assignment; what they term the 'project' of maternity. Brewis and Warren observe how mothers are exhorted within health and social discourse to perform motherhood to a set of given standards, against which they will be measured under what Lee *et al.* (forthcoming) term the 'watchful gaze of experts' (Brewis and Warren, 2001; see also Miller, 2005).

Given the intensity of health and social expectations that mothers should prioritize motherhood as their 'mission in life' (Brewis and Warren, 2001: 384), and in view of increased maternal labour market participation (Höpfl and Hornby Atkinson, 2000), it is inevitable that the 'project' of maternity must impact on the relationship between employed mothers and their organizations. With important exceptions (for example, Haynes 2008; Martin, 1989; Gatrell 2013), social research on motherhood tends to focus mainly on either

maternal and infant health (Burns *et al.* 2012) or maternal employment (Ashcraft, 1999). This paper highlights the uncomfortable relationship between public health discourses which valorize the capacity of the maternal body to reproduce and nourish infants, and antipathetic organizational attitudes towards motherhood, which may construct the maternal body as monstrous: a source of abjection and disgust.

**The social organization of maternity as project**

The notion that motherhood may be held in contempt within organizational life is at odds with contemporary health and social discourses which invest the supposedly 'miraculous' bearing and nurturing of infants with increasing cultural significance (Burns *et al.* 2012:1737; see also Beck and Beck-Gernsheim 1995; Brewis and Warren 2001; Gatrell 2011b; Marshall 1991; Miller 2005). Possibly, as Brewis and Warren argue (2001), health and social obsessions with the 'project' of maternity reflect late modern cultural desires to extend life (and elude death) through procreation (see also Pollock 1999). Whether or not this is the case, Brewis and Warren (2001) observe how such concerns focus most intensively on the beginning of life. From a health perspective, the social organization of maternity involves prolific and detailed guidance on infant nutrition, sleep, and emotional and physical development which mothers are expected to follow during pregnancy and infancy, if their mothering is to be articulated as 'good' (Burns *et al.* 2012; Babycentre 2013; Brewis and Warren 2001; Miller 2005).

In considering the social organization of maternity, it is important to recognize that health and social approval in relation to becoming a mother is variable and may depend upon women's social circumstances. While middle class women who are aged between 25 and 35 and in heterosexual couples may be encouraged by families and health professionals to bear children, those who fall outside these categories might equally be discouraged. Thus, for

example, women who are teenagers, single, poor, lesbian and/or peri-menopausal have been shown often to experience the weight of social opprobrium should they become pregnant (see Gatrell 2008).

Nevertheless, once women are pregnant or become mothers, all may be subject to expectations that they should manage pregnancy and the 'miraculous' newly maternal body, with its capacity to produce breastmilk, in accordance with exacting and complex health standards (Burns *et al.* 2012; Lee *et al.* forthcoming). This framing of pregnancy and maternity as a series of 'planned activities to be completed over a period of time in order to achieve a specific aim (a happy and healthy infant and mother)', as identified by Brewis and Warren (2001: 385) is reflected within many medical and popular literatures (see for example What to Expect, 2012 a, b). The nourishing of pregnancy, new babies and infant children is presented to mothers as a form of compulsory 'project' which they must manage consistently and in keeping with 'expert' advice (Brewis and Warren 2001; see also Beck and Beck-Gernsheim 1995; Lee *et al.* (forthcoming).

Youth, inexperience and social class do not exclude mothers from social requirements to internalise and prioritise health advice in relation to the project of maternity as demonstrated, for example in Murphy's (2003) study of working class mothers and breastfeeding. (See also Burns *et al.,* 2012, Marshall *et al,* 2007). Mothers are beset from many directions with guidance on how to do 'as much right as possible for their precious newborn' (What to Expect 2012b).

In the U.K. and the U.S.A., in particular (and in accordance with observations by Brewis and Warren 2001), health services, the media, women's magazines and the internet burgeon with advice. Mothers are urged to approach maternity as a series of assignments, with the aim of gaining a professional level of competency in much the same way that undergraduates might

approach a first year degree programme (Lee *et al.* forthcoming), as implied by the title of advice provided by What to Expect (2012b) entitled 'Baby Care 101' (as if a course module). Baby Care 101 advocates a mixture of theory and practice for the achievement of motherhood to a professional standard:

> 'With a little practice (and you'll get plenty of that) and some extra guidance (just keep on reading), you'll be a pro in no time' (What to Expect 2012b).

**The project of maternity: valorizing the pregnant and breastfeeding body**

In order to help illuminate the contradictions between health discourses about miraculous maternal bodies, and antipathetic workplace attitudes towards maternity, it is important to understand the extent to which the maternal body is valorized, within powerful health and social discourses, for its embodied capacity for pregnancy and breastfeeding. From the moment of conception women are urged, as part of the social organization of maternity, to cherish and nurture their pregnant bodies for the benefit of the developing fetus (Longhurst 2001; Miles 1992). Maternal management of the 'project' of pregnancy (Brewis and Warren, 2001) involves women in carefully following set advice and procedures in relation to diet, rest, exercise and ante-natal screening. Mothers are advised to internalise and follow health advice 'as closely as you can, as often as you can, to have the healthiest, most nutritious pregnancy possible'. (What to Expect 2012 b).

*Breastfeeding*

Once babies are born, the social organization of maternity focuses on maternal capacity to breastfeed. Breastfeeding is prioritised and celebrated by Health Agencies as a precious resource for the improvement of the public health especially within Anglo-American contexts. Breastmilk is defined both within popular and 'official' health advice as providing

the optimum source of infant nutrition (American Academy of Pediatrics 2012). Health advice within the UK and USA prioritises the importance of breastfeeding for up to two years (Faircloth 2011) and claims that breastfeeding builds immunities not only in infancy but through adulthood. Within medical research, breastmilk is described as if it comprises magical properties which differentiate it from formula milk (Burns 2012; Faircloth, 2011). Health guidance commonly defines breastmilk as a form of 'liquid gold' (Women's health.gov:1), a unique maternal 'gift' which lactating mothers may bestow on 'growing' babies (Burns et al 2012: 1737). Breastfeeding is said to protect wider populations not only from infectious diseases but also from chronic health problems such as diabetes, asthma and even some psychological syndromes (Jackson 2004; Raymond 2005; Berger *et al*. 2005).

Breastfeeding is experienced as challenging by many women. While some mothers do find breastfeeding uniquely satisfying (La Leche League 2005), others find it painful and draining, both emotionally and physically, especially if they are employed and/or caring for more than one child (Bailey and Pain 2001; Gatrell 2007). Nevertheless, health and social discourses are consistent in valorizing the nurturing qualities of the maternal body, celebrating its ability to protect the developing fetus in pregnancy and subsequently to nourish babies via breastfeeding (Gatrell 2011b).

**Maternity and organizations**

While mothers may carry social responsibility for nurturing their pregnant bodies and their infant children, the role played by organizations in supporting these maternal obligations is unclear. It has been argued that employed women face conflicting demands if they attempt to follow health advice when they are 'at work' (Longhurst 2001, 2008; Mullin 2005). Despite the increasing number of women in the labour force, as Longhurst (2001, 2008) observes, the pregnant and newly maternal body may be unwelcome within public, workplace settings due

to employers' and colleagues' assumptions that pregnancy and new maternity threaten to disrupt the 'rational public world' and might be better confined to the 'private realm' (Longurst 2001: 41, see also Haynes 2008 a, b; Höpfl and Hornby Atkinson, 2000; Martin 1989; Wolkowitz 2006). Furthermore, as Kitzinger (2005) points out, responsibility for breastfeeding is emphasised within health advice as a key maternal activity – but is often, by implication, an activity which women are expected to conduct at home (see also Gatrell 2011a). As a consequence, women who breastfeed their infants in public settings, and especially at work, may find themselves the subject of social antipathy and disgust (Gatrell 2010). Thus, while the nurturing of pregnancy and infancy may be prioritised within the health and social organization of maternity, the notion of maternity is regarded at work as inconvenient and unwelcome.

It has been shown, within socio-cultural feminist research, how the maternal body and the maternal responsibilities which it represents (such as breastfeeding) may cause feelings of anxiety among employers, colleagues and women themselves (Kitzinger 2005; Haynes 2008 a, b; Longhurst 2001; Martin 1989; Tyler 2000; Warren and Brewis 2004). In particular, socio-cultural feminist research exposes employers' fears in relation to the propensity for maternal bodies to seep, and to 'leak'. Metaphorically, maternal bodies may be regarded as potentially 'leaky' due to hormonal changes which co-workers associate with unpredictable and emotional behaviours (Höpfl and Hornby Atkinson 2000).  Literally, the maternal body might be seen as leaky because of its tendency to increase in size and to produce materially 'liquid' symptoms such as breast milk amniotic fluid. While such fluids might be regarded as 'liquid gold' from a health perspective, they may in contrast be seen as hazardous and disruptive at work. As Jamieson *et al.* (2006) point out (in relation to family practices more broadly), public discourses about what is ideal may be difficult to implement in everyday lives. Thus, as Höpfl (2000:101) observes, mothers' post-childbirth bodies may be

unwelcome within organizations where breastfeeding may be treated as an undesirable symbol of motherhood: 'the organization [is] not a place for women with physical bodies which produce... breast milk and maternal smells'. Similarly, Cockburn (2002:185) observes, maternity brings into the workplace a vision of the fragile and dependent bodies of infant children: 'an unwelcome domestic odour, a whiff of the kitchen and nursery into the workplace'.

**Maternal bodies and disgust**

Exploring the hypothesis that the 'leaky' maternal body may be unwelcome within workplace settings, some cultural feminists extend this argument further, to contend that maternal (and especially pregnant) bodies become sources of organizational disgust, as their bodies labour to nurture another body while concurrently performing organizational tasks. In this view, it is argued that maternal bodies may be treated within organizations as a site of abjection to the point where women are made to feel that they have violated a moral boundary (Longhurst 2008). Pregnancy, birth and new motherhood – while these are prioritized within a health context – may within organizations be treated with aversion, because there is no place for the maternal body at work (Gatrell 2011a,b; Longhurst 2001, 2008; Tyler 2000). The maternal body becomes a site of abjection in the sense described by Kristeva (1982) and analysed by Höpfl (2000) if the nurturing of the pregnant body, or of infant children, threatens to disturb the predictability of workplace routines.

It appears then, that organizational views of the maternal body as potentially abject are at odds with the articulation of maternity as precious and special within health and expert parenting web-sites. Pregnant women and new mothers are thus faced with a contradiction in terms. On the one hand, maternal bodies are valorized as central to the optimization of maternal and infant health - not only for individuals but among the wider population (Brewis

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and Warrren 2001; Warren and Brewis 2004). On the other hand the pregnant body, and the potentially lactating bodies of new mothers, may be a source of social abjection and disgust within public settings, and especially at work (Grosz 1994; Kitzinger 2005; Gatrell 2007).

In what follows, this paper illustrates how some mothers experience as irreconcilable this contradiction in terms between health discourses about the miracle of maternity and organizational attitudes towards childbearing. While health narratives describe functions of the maternal body in tones of reverence, ascribing metaphorically miraculous properties to the pregnant and breastfeeding body, organizational attitudes may construct the maternal body as not miraculous, but monstrous.

**Methods**

Over the past six years I have been exploring women's experiences of maternity and work through netnographic (or internet) research. I chose the internet as a source of data because, according to Lagan *et al.* 2006), a growing number of women from a range of social backgrounds are increasingly likely to regard health and parenting web-sites as a source of collective support and information. This observation concurs with claims made by the popular advice site BabyCentre, which describes itself as a thriving social arena where mums meet for advice, in-depth discussions and friendly support. In 2011, BabyCentre UK reported hosting 715,000 discussions, 4.3 million comments and 123,000 photo uploads (BabyCentre 2012b).

The netnographic data considered here explore the social organization of maternity through health advice and debate, via netnographic interactions between employed mothers on parenting and health web-sites. In collecting this data I have focused mainly on commercial sites such as Babyworld, verybestbaby and whattoexpect, all of which offer community facilities. The data is all drawn from 'open access' sites which are visible to any user and do

not require on-line membership.  As a researcher I have not participated in any of these discussions.

Although conversations and advice given in cyberspace are available to all with internet access, there are ethical considerations with regard to this research. I have no individual contact with the researched and thus no way of knowing how individuals feel about being a subject in my study. In order to address this problem (even though internet users usually choose pseudonyms to protect their identities, Lagan *et al.* 2006), I have anonymised all respondents quoted below, replacing existing internet identifiers with pseudonyms (as advised by Eriksson and Kovalainen 2008:106).  I have omitted any personal information about respondents and have avoided reference to their specific jobs or locations in case such details might compromise anonymity.

It is acknowledged, here, that using netnography as a research method could be seen as unconventional. A comparatively new technique, netnography has been subject to discussion regarding its comparability with more traditional qualitative methods (e.g. interviews). Gustavsson (2005, p. 404) observes how netnographic research has been described as less reliable than face-to-face methods, due to assumptions that researcher distance from research subjects renders respondents' opinions less convincing than those obtained face-to-face. In this context, Gatrell and Elliott (2008), Parr (2002) and Gustavsson (2005) all debate how far this sense of separation between virtual and face-to-face interaction could be seen as methodologically problematic.

Yet as Whitty and Carr (2003) observe, social practice must change to embrace the increasing part played by virtual environments in the day-to-day lives of literate adults within developed settings. Internet spaces are associated with opportunities to make social contacts while preserving anonymity, and users may communicate with others in the knowledge that

identification is not required, and disconnection is always an option (Whitty and Carr 2003). In relation to maternity and this paper, netnograhic research seemed appropriate because, as Lagan *et al.* (2006) show, maternal internet users feel 'safe' seeking advice from other women who may be geographically and/or culturally distant, but who share concerns about maternity and may feel able to be more open about personal disclosures than settings where their identity is known.

For these reasons (and given that, like Longhurst 2008 and Warren and Brewis 2004, I was not seeking a representative sample, but to explore a range of maternal experiences), I followed Gustavsson's (2005) lead. I thus treated this virtual research as possibly different from, but equal in validity to, research conducted face-to-face.

The internet sites analysed in this study originate in either the UK or the USA, thus (although we cannot be sure of the geographical locations of chat-room users) these two countries provide the focus of the study. It is acknowledged that had the research been carried out elsewhere (for example in Nordic countries, where cultural attitudes towards maternity might look quite different), the contradiction in terms between health and employment discourses around maternity might be less marked than they are here. The sample considered here includes women employed at apparently varying levels in organizations from professional to manual workers as this reflects the nature of chat room discussions.

*Analysis*

Data has been interpreted thematically over time. This process originally involved the printing off and bookmarking of vast quantities of material, which over the years has overwhelmed my home working area. Data has been classified into three themes using highlighters; differently coloured stick-on page markers, and by cutting and pasting

(from hard copies, using scissors). This exercise facilitated literal closeness to the data as I drew out 'connections, patterns and explanations' (Crang, 1997, p. 187). More recently, due to the volume of paper involved, such classification has been undertaken electronically.

Data was classified into three main themes including secrecy and silence (hiding the maternal body from workplace colleagues), supra-performance (feeling obliged to demonstrate high work-orientation and robust physical health at work), and the maternal body as 'taboo'. It is this third category, 'taboo' which provides the focus for this paper. The 'taboo' section was further classified into sub-themes including maternal health and leakage. These notions of maternal health and leakage proved to be closely intertwined with ideas about abjection and disgust, especially when pregnancy and new maternity were discussed in relation to women's public workplace settings. The category 'abject' led to the discovery of a new sub-theme within the analysis – that of the maternal body as alien, or 'monstrous'.

The quotes drawn upon below to illustrate discussion are selected from a wide range of available material. They are not intended to be representative, but they could be considered typical of the kinds of conversation observed among mothers commenting upon the relationship between their maternal bodies and their workplaces.

**Monsters at work**

Research (both my own and others') has already established that the maternal body may be treated as unwelcome within organizational space (see for example, Höpfl, 2000). Pregnancy and new motherhood is associated by employers with ill-health, unreliability and the potential to disrupt workplace routines (Gatrell 2011b). While maternal rights and responsibilities may

be recognized within some organizational policies, workplace practices do not appear to respond to health and social imperatives about the importance of maternity as 'project', and organizations may resist medical valorizations of the maternal body. Rather, maternity is treated as unusual, other, as matter out of place within organizational settings. Thus, Longhurst (2001) has observed how pregnant women may feel alienated from colleagues at work. Imogen Tyler (2000) describes her sense that her own heavily pregnant body felt 'alien', or monstrous, within scholarly space. Iris Marion Young (2005) and Jane Ussher (2006) both articulate how the maternal body may be regarded as 'alien' in a medical sense, since it is women's capacity for reproduction which renders them different from the norms of the male body which have pervaded medical science for centuries (see also Gatrell 2008; Nettleton 2006).

While the social organization of maternity prioritizes motherhood from both health and cultural perspectives, my web searches suggest that instances of organizations proactively adapting working practices to benefit the health and social needs of pregnant and newly maternal women are limited.  In keeping with Makela's (2009) findings, where mothers' needs are accommodated (for example in relation to rest-breaks during pregnancy or private space for breastfeeding), such courtesies are usually extended by individual and empathetic line managers rather than as part of general organizational desire to prioritise parenting. Texas Star (who does not state her occupation) points out:

> I feel very blessed that my boss is really supportive of my pregnancy even though she's been through two miscarriages and failed in-vitro. I was worried she would be kind of rough on me …[but] every time I have an appointment she never asks question, she just wishes me luck and lets me take as much time off as I want.

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Frequently, however, employed women are required to manage their pregnant bodies so that they appear to be as operating 'as normal' (see Gatrell 2011b). This may be problematic in situations where health advice directly counsels expectant and new mothers to pursue activities disrupt workplace routines. In pursuing the health requirements of prioritizing pregnancy, many women are classified immediately as 'other', sometimes to the point where they are excluded from organizations altogether. As Bonnie explained, even the smallest change to her working routine during pregnancy was enough to jeopardize her job:

A small part of my work involves lifting heavy boxes, so I told my boss after my 1st Dr appt so I could avoid that. I was still able to do 90% of my work and still rocked at it. I didn't get morning sickness and only missed one day a month for my appts. My boss … became very abrupt and rude toward only me, and doubled my workload (which I completed just the same). At 14 weeks I took my annual trip back home and came back the next week to no job. No explanation other than "its not working out." This was after 2 years working there, never calling in sick.

Women's sense of being excluded and 'other' at work appears heightened in circumstances where the maternal body 'leaks' – though vomiting, expanding waistlines or, post - pregnancy, through breastfeeding. Employers, colleagues and pregnant women themselves have been shown to experience fear and antipathy towards the uncontrolled and unpredictable nature of maternal bodies, especially when maternal leakage disrupts workplace routines. For example, morning sickness poses problems for many pregnant women. As Warren and Brewis (2004) and Longhurst (2001) observe, the notion of vomiting does not accord with socially acceptable behaviour within adult communities because it signifies 'a body which is 'out of control', 'needs confinement' and might cause colleagues to behave with 'abject

horror', should it occur within organizational space (Longhurst 2001:45). In keeping with Longhurst's observations, Karen, who was struggling to manage her job while coping with morning sickness reported:

> Feel like bursting into tears here. I was off sick yesterday and Wednesday as felt absolutely awful and couldn't stop vomiting after breakfast. Anyway I felt slightly better this morning so have come into work. My finish time is 2pm today. But I keep hearing snide comments from one of my colleagues saying I should be staying till 5pm as it's busy etc. It's upsetting me and I'm sat here feeling dreadful and can't eat as feel that sick. Just feel totally unsupported.

Similarly, Natasha relates how her pregnancy sickness was frowned upon by colleagues who accused her of 'taking the p***' on occasions when sickness, or the requirement to eat outside of set break times, caused her to disrupt workplace routines. On one occasion, Natasha's line manager 'reprimanded' her for eating a sandwich at her desk following an ante-natal appointment and on 'various' occasions, comments were made to her about 'p***-taking', the implication being that she was using her pregnancy as an excuse to disrupt workplace routines. Natasha explains how, on one occasion:

> I arrived in work slightly late due to headache and morning sickness & had not managed any breakfast so at 11am felt my blood sugar levels had dropped and felt slightly dizzy so a female colleague offered me half a sandwich which took me less than a minute to eat. I was then asked by a colleague not even responsible for managing me if I was intending to take an early lunch. i tried to explain why I had eaten something, the person in question said this was a prime example of p*** taking which was then backed up by another male colleague.

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*Monstrous modes of seepage*

During pregnancy, the 'modes of seepage' of the maternal body (Longhurst 2001:42) extend beyond morning sickness to include increased urination, the possibility of breaking waters and the leakage of breastmilk, a problem which may continue long after the birth, even after babies have been weaned. As noted above, in the context of the social organizing of maternity, especially within health advice, maternal capacity to breastfeed is celebrated and valorized. For example, Smith (2012), offering guidance on how to manage breastfeeding outside the home enthuses:

> Most expectant mothers are aware of the wonderful opportunity they have to enhance the physical and emotional bond with their babies by breastfeeding as soon as possible after childbirth.

Smith acknowledges, however, that many mothers experience leakage when they return to work and recognises that:

> Soaking through your shirt may be inconvenient at home....but when you are making an important presentation in front of your boss and a roomful of clients it can be a huge embarrassment.

It has already been observed how the American Association of Pediatricians recommends breastfeeding for up to two years and beyond. Yet women who breastfeed beyond the first three months of babies' lives find may themselves the subject of vilification (Kitzinger 2005) as in the (2012) outcry following the publication of Time magazine, featuring a women breastfeeding a three year old on the cover. Women attempting to continue breastfeeding while working may be subject to anger and criticism, treated as both abject and unreliable by those who resent the breaks taken to express milk. While some organizations do offer

appropriate facilities for breastfeeding mothers to express milk, many women are obliged to express in lavatory cubicles or their cars.  Mothers who find themselves obliged to breastfeed in a public or work-related setting may find themselves reviled, as in the case of Paula, who:

'was asked to stop breastfeeding on the bus because someone said it was disgusting'.

Similarly Joanne, who stored her expressed breastmilk in the office refrigerator, found herself the subject of colleagues' abjection when a co-worker made public his antipathy to the materiality of her maternal leakage within his workplace space. Over e-mail he indicated his view that Joanne had (as described by Longhurst 2001) disrupted what he considered to be acceptable moral organizational boundaries and:

'sent an email to the entire 40-person office complaining about the "bodily fluids" in the refrigerator.

**Monstrous maternity**

At work, then, it appears that the social valorization of maternity, and the prioritization of infant health, is at odds with organizational treatment of mothers. The maternal body, far from being a site of  importance, may be viewed, at work as monstrous, in keeping with Thanem's (2006:187) definition of any human body which 'invades, disrupts and exceeds the organization of life, creating more bodily difference than organizational processes and entities would like to contain'. The idea of the maternal body as monstrous or freakish is not in itself new and has been considered by a range of feminist authors following the links that Kristeva (1982) made between the maternal body and abjection (see also Tyler 2000). As cultural sociologist Rosemary Betterton (2006) has pointed out, with science-fiction films, pregnancy continues to be 'haunted by monsters in the Western visual imagination' and the image of the monstrous maternal body has been explored in depth as a spectacle of horror

within cinema, for example in the movie 'Alien' where the lead actress gives birth to a

fictional monster (Betterton 2006:82)

Yet while allusions to the monstrous feminine are made within cinematic, medical and

literary paradigms, explicit contrasts between the representation of maternity as 'wonderful'

within health discourses, yet abject within workplace settings, require further exploration. As

Thamen has observed (2011: 3), organization theory and organizations in practice have

tended to deal with difference either by ignoring, suppressing or excluding those individuals

who represent this. Pregnant and newly maternal bodies which embody such differences may

be treated as alien or monstrous because, in keeping with Thamen's definition, they 'disrupt

the boundaries of the normal, whether a matter of size, shape or morality' (Thanem 2011:2).

Data from this study suggests that organizational treatments of the maternal body as

monstrous, or alien, go beyond subtle attempts to exclude or ignore pregnant women and new

mothers but may be overt and explicit. It is acknowledged, here, that pregnant women and

new mothers who share experiences on the web may be those most need or reassurance

(Lagan *et al.* 2006) and the paper does not claim that the experiences of those quoted here

would reflect those of all mothers.  At the same time, however, women from a range of social

backgrounds may be inhibited from sharing the discomforts and anxieties of maternity within

more public contexts due to fears that such disclosures may be 'taboo' and could impact

negatively on how women are perceived as mothers and as workers (see Martin 1989; Mullin

2005).

Thus, while the internet posts discussed here are not presented as necessarily representative,

they could be argued to substantiate the view that pregnancy and new motherhood may be

abjured, at work, in a material sense. Employers and co-workers' fear of maternal leakage

(such as vomiting, breastmilk and the leaking of amniotic fluid through breaking waters)

mingles with concerns that workplace routines may be disrupted. At work, the maternal body is no longer valorized as a 'magical' site, capable of producing 'liquid gold' but may by contrast be treated as monstrous.

Among the maternal disclosures within this study, the notion of the maternal body as monstrous within workplace settings was a shared theme. In relation to the pregnant body, especially as it grew in size, co-workers' comments were shown to be accompanied by a sense of anxiety bordering on horror, even if these fears are expressed in a supposedly humorous manner.  Maternity appeared to be positioned as monstrous in the terms described by Thanem (2002; 2011), as employers and colleagues alluded to the maternal body in non-human terms.  In relation to pregnancy, references to the maternal body 'popping'. Literal references to the idea that women may be giving birth to a 'monster' were not uncommon and internet correspondence was peppered with allusions to the monster in the pregnant body, and the pregnant woman as herself monstrous:

'You look like you're about to pop'

'Whoa! You got a monster in there, then?'

'Goodness, is that just a baby in there? Its sooo big!'

'You look just like a teletubby'

'If you get any bigger love you'll be a turning into a monster'

'How many are there in there, then?'

 Post-birth, it appeared that the nurturing of infant bodies continued to render abject, and monstrous, those women who had recently become mothers.  As McMurray and Pullen

(2008) observe in their study of midwives and school-nurses, the rendering of maternity as abject can extend beyond the maternal body to include caring for the bodies of infant children both during the birth process and beyond due to the association of women carers (either maternal or professional) with dirt, matter out of place, and maternal fluids. Thus, for example, Beth, who had nowhere private at work to express milk or feed her infant, was instructed by her line manager that she may not breastfeed in view of colleagues as this would literally:

'freak them out'.

**Reconciling the social organizing of maternity?**

Beth's experience of breastfeeding at work provides a poignant example of how public health discourses about what may be ideal do not necessarily accord with the type of embodied comportment expected of mothers at work[i]. The narratives of Beth and other mothers in this study illustrate the gap between the social organization of maternity within the different contexts of health advice, and these women's workplaces. Beth's example highlights the dichotomy of being a lived body that is both valorized for its production of 'liquid gold' breastmilk, yet at the same time reviled and labelled as metaphorically monstrous and likely to 'freak out' her colleagues. This dichotomy faced Beth with pressures which she presented as impossible to reconcile.

Most notably the data show how, within organizational settings, some mothers may experience being positioned by their colleagues as abject beings. While the presence of an empathetic line manager might alleviate such irreconcilabilities (as in Texas Star's case above), some women in this study appeared burdened by colleagues' views that maternal responsibilities for pregnancy and infant bodies (and most particularly the prospect of

maternal leakage) are disruptive to workplace routines, with their maternal bodies treated as monstrous or freakish.

Yet at the same time as being censured for 'monstrousness' within organizational settings, the maternal body is treated differently in the context of health and medical advice. While contemporary society might actively discourage childbearing among some groups of women (for example teenagers and 'older women', Gatrell 2008), becoming a mother nevertheless renders most women subject to discourses of 'good' mothering (Miller 2005). In keeping with predictions by Brewis and Warren (2001) and Beck and Beck-Gernsheim (1995), the 'project' of giving birth and nurturing infant children appears to become increasingly central to the social organization of maternity. From the moment they become pregnant, women are expected to give precedence to what is described (by babycenter 2011) as a supposedly 'inborn tendency to want to protect and nurture one's offspring' [which is said to be] common to almost all mothers' (see also Miles 1992, Nettleton 2006). In so doing, women are urged to prioritize the project of motherhood in order to produce 'healthy' children (Brewis and Warren 2001).

Given this dichotomy between the social organization of maternity within the differing contexts of public health discourses and the everyday embodied experience of being at work, there is an argument that organizations (and those who work within them) should become more accommodating of maternal needs. The social emphasis on maternity as project, and the increased likelihood that women will maintain continuous employment following childbirth, suggests that the chasm between the social expectations of mothers, and the attitudes of employers towards children and maternal bodies, requires to be bridged. Building on extant cultural analyses of women's positioning in social and organizational contexts (Brewis and Warren 2001; Haynes 2008a,b; Höpfl 2000), more theoretical attention could be paid to the divergence between the public health valorization of maternity and organizational antipathy

towards maternal bodies. In practice, perhaps both organizational and health policies could be more cognisant of the gaps between the ideals expressed within health advice and the everyday experiences of women such as those in this study, who struggle with the irreconcilable positioning as being a lived body which is at the same time treated as both magical and monstrous.

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[i] Jamieson *et al.* 2006 observe a variation within public discourse and everyday experience in the context of family practices