ABSTRACT

Title of dissertation:	PREGNANCY IN THE WORKPLACE: STIGMATIZATION AND WORK IDENTITY MANAGEMENT AMONG PREGNANT EMPLOYEES
	Virginia Smith Major, Doctor of Philosophy, 2004
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As increasing numbers of women enter the workplace, more and more women and their employers are confronted with the issue of combining work, pregnancy, and childbirth. Unfortunately, very little management or organizational psychology research has examined the experiences of pregnant employees in the workplace. In this paper, I describe a qualitative, grounded theory study of the phenomenon of pregnancy and work, presenting a model of stigmatization and identity management among pregnant workers. I identify several work environment and job characteristics that may influence the likelihood that pregnant women perceive a threat of stigmatization, and I specify the relationship between that perceived stigmatization and efforts women make to manage their work identities.

PREGNANCY IN THE WORKPLACE: STIGMATIZATION AND WORK IDENTITY
MANAGEMENT AMONG PREGNANT EMPLOYEES

by

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Introduction

In the last several decades, the number of women employed in the United States has increased dramatically. Between 1950 and 1998, the percentage of women who work rose from 34 to 60%, and today women comprise 47% of all workers (Kraut & Korman, 1999; Robinson & Godbey, 1997). Women now work in a wide range of occupations, including traditionally male professions such as law, medicine, and engineering, and they occupy 40% of the management positions in American companies (Miller, Jablin, Casey, Lamphear-Van Horn & Ethington, 1996). These trends are unlikely to change any time soon. At least half of all college and professional school graduates are now women, and businesses increasingly recruit and hire beyond the ranks of white males, as a declining birth rate and tight labor markets make it harder to find talented employees (Kraut & Korman, 1999; Schwartz, 1989). One important consequence of this increased female labor force participation is that substantial numbers of women—and their employers—are confronted with the issue of combining work, pregnancy, and childbirth. In fact, 80% to 90% of women who work will become pregnant at some point while they are employed (Fried, 2000), with the majority working late into their pregnancies (Miller et al., 1996).

Given the number of workers who become pregnant each year, it is surprising how little research has examined the phenomenon of pregnancy at work. Indeed, the pregnant employee has been called "a missing person in management research" (Caudill, 1994, cited in Lyness et al., 1999, p. 487). I was able to identify only about twenty empirical articles on pregnancy and work published in psychology or management journals between 1985 and today. Much of this research explored attitudes toward and evaluations of pregnant employees or job applicants (Bragger, Kutcher, Morgan, & Firth,

2002; Corse, 1990; Guetal, Luciano, & Michaels, 1995; Gueutal & Taylor, 1991; Halpert & Burg, 1997; Halpert, Wilson, & Hickman, 1993; Pattison, Gross, & Cast, 1997). Despite the growing prevalence of women and mothers in the labor force, this research found that many people, including supervisors, coworkers, and subordinates, continue to hold negative stereotypes of pregnant workers. For example, in a study of MBA students, Guetal and Taylor (1991) reported that a substantial number had negative views of pregnant employees, believing that they limit group productivity and that organizations make too many concessions for them. Of these students, 46% said they would not hire a pregnant woman and 62% said they would not promote one. Furthermore, in lab studies, Halpert et al. (1993) found that women were given lower ratings on assessment-center-type tasks when they wore pregnancy prostheses than when they did not (actual performance was held constant), while Bragger et al. (2002) found overall bias against pregnant job applicants. Similarly, in a field study, Hebl, Kazama, Singletary, and Glick (2004) found that women who appeared to be pregnant were subjected to hostile interpersonal discrimination when applying for jobs in retail stores. Other researchers examined factors affecting the use of parental or maternity leave (e.g., Fried, 2000; Lyness, Thompson, Francesco, & Judiesch, 1999). This research concluded that, for a variety of reasons, including unsupportive organizational cultures, women often have difficult arranging for leaves that are of adequate length, are paid, and allow them to return to their previous positions (Fried, 2000; Hyde, 1995; Hyde et al., 1996; Lyness et al., 1999). In addition, both Fried (2000) and Judiesch and Lyness (1999)found that some supervisors give lower performance evaluations to women who take leaves for childbirth.

Within sociology, research on pregnancy and work has focused almost exclusively on the effect of pregnancy on women's employment choices (e.g., Budig, 2003; Desai & Waite, 1991; Glass & Riley, 1998; Greenstein, 1986; Houston & Marks, 2003). These studies reported that certain aspects of women's work experiences, including longer, paid and job-guaranteed benefits (Glass & Riley, 1998; Waldfogel, 1998), schedule flexibility (Glass & Riley, 1998), and coworker/supervisorsupport (Glass & Riley, 1998; Houston & Marks, 2003) were associated with fewer job changes and/or labor force exits after childbirth. We still know little, however, abouthow work characteristics or experiences affect pregnant women's broader attitudes towards work and career. I was able to identify only three studies that examined this issue. Brown, Ferrara, and Schley (2002) found that pregnant employees' job satisfaction was positively related to satisfaction with their organizations' maternity leave policies. Lyness et al. (1999) reported that pregnant employees who perceived more supportive work-family cultures had greater organizational commitment than those who did not. And, in a small interview study of new British mothers and fathers, Borrill and Kidd (1994) found that unsupportive organizational climates negatively affected new mothers' attitudes toward their jobs and careers. Specifically, women

> . . . felt they had to reappraise their career expectations, not because of changes in their own priorities (although this was the case with some. . .) but as a consequence of their employers' policies, practices and attitudes. The message most received from their organizations was that their contribution was no longer valued and that their loyalty and commitment were in doubt. The consequences for the women were insecurity, anxiety, and mistrust for the organization (p. 230).

Borrill and Kidd's (1994) study, although very small in scope, suggests that work experiences during pregnancy and after return to work had real consequences not just for employers, in terms of lost commitment or turnover, but for women themselves.

The literature reviewed above offers much needed insight into a poorly understood phenomenon. Unfortunately, given its rather limited scope, we still know little about pregnancy at work. Perhaps so few scholars have investigated the phenomenon because they simply assume that pregnancy is not important, that the key issues for organizations and workers arise after children are born. Yet collectively, the existing studies paint a rather grim portrait of the life of the pregnant worker: negative reactions from supervisors and others, the possibility of lower performance appraisals and lost promotions, and pressure (financial or otherwise) to take short leaves or penalties for taking leave. And in fact, the Equal Employment Opportunity Commission reported a 40% increase in claims of pregnancy discrimination since 1992 (Geller, Oct. 22, 2003). Clearly, it behooves organizational psychologists and management researchers to investigate more fully the phenomenon of pregnancy in the workplace, including the experiences of both pregnant workers and their employers.

The purpose of this dissertation was to conduct an exploratory, qualitative, theory-building study of pregnancy and work, raising questions that had not previously been asked in the management and organizational psychology literature. I sought to investigate the issue from the perspective of pregnant employees themselves, building on the earlier work by Borrill and Kidd (1994), which explored how new mothers (as well as fathers) interpreted and responded to various work experiences. In other words, I did not want merely to document women's experiences, positive or negative, but instead aimed

to understand both how women assigned meaning to their experiences and the consequences of their interpretations. In particular, I focused on the dynamics of women's *work identities*—that is, how the experience of being pregnant for the first time influenced their *views of themselves as workers.* Three initial research questions guided the research. 1) How do employed women's work identities change, if at all, as a result of being pregnant for the first time? 2) How do they negotiate their identities with colleagues at work? What strategies do they use to convey desired identities and negotiate unwanted ones with colleagues? And 3) how do different work experiences affect the identities women create as well as the strategies they use to convey those identities?

Although I did not enter the project with any apriori hypotheses, my familiarity with the literature on identity and motherhood led me to assume that the monumental change of becoming a mother would affect in some way women's views of themselves at work. I discovered instead that most women claimed that their *own* work identities did not change substantially—rather, how *others* viewed and reacted to them did. I found that as a result many women perceived their pregnancy as a *stigma* thathad the potential to threaten their desired work identities and at times even their very jobs. In this paper, I present a grounded theory of stigmatization and identity management among pregnant employees. I identify several job and work environment characteristics that influence the likelihood of perceived stigmatization, and identify the relationship between the perceived threat of stigmatization and efforts women make to manage their identities as pregnant workers—to maintain and convey desired identities. The hypothesized model is based on analysis of interviews with 35 working women, the majority of whom were

currently or recently pregnant with their first child, and anonymous postings on a "Work and Pregnancy" Internet bulletin board. The themes of stigmatization and identity management emerged entirely from analysis of this data. Only in the final stages of the project did I turn to existing literature on stigma or identity to refine and extend the emerging model.

Although I did not review or draw on this literature until late in the process of data analysis, in order to provide the reader with a foundation for the later discussion of the model, I begin below with a review of key concepts related to identity, self-verification and self-presentation, and stigmatization. Next, data collection and analysis methods are described in detail. I then present the findings, examining relationships between identity management, perceived threat of stigmatization, and various job and work environment characteristics. Finally, I discuss implications of this model, the study's limitations, and avenues for future research.

Identity, Self-Presentation, and Stigmatization

Creating and Maintaining Desired Identities

An identity reflects the "various meanings attached to a person by self and others" (Ibarra, 1999, p. 766) in regards to a specific role or group membership (Stets & Burke, 2003). We all possess multiple identities—for example, as father, engineer, African-American, Episcopalian. Some of these are more central and salient, others more peripheral and less frequently in use (Fiske & Taylor, 1991; Markus & Wurf, 1987). Individuals' identities may change and adapt over time as they adopt new roles or experience major life events that alter how they view themselves (Burke & Cast, 1997; Ibarra, 1999; Kiecolt, 1994). For example, research on the transition to motherhood has found that women's identities tend to evolve in complex ways with the birth of a child, as they seek to integrate the new role of mother within existing conceptions of the self (Bailey, 1999; McMahon, 1995; Smith, 1999). At the same time, there is also considerable evidence that people strive to maintain a degree of *stability* in their self-concepts (e.g., Swann, 1983; Swann, Stein-Seroussi, & Geisler, 1992). Swann's self-verification theory asserts that once a given self-concept has been well established, individuals, for a variety of reasons, will employ a range of cognitive and behavioral "self-verification" strategies in order to preserve it. These strategies include deliberately avoiding or rejecting information that is inconsistent with their views of themselves, displaying symbols designed to project the desired identity, and engaging in various behaviors meant to elicit confirmatory feedback from others (Kernis & Goldman, 2003; Swann, 1987).

Regardless of whether individuals are struggling to construct and claim new identities or maintain existing ones, research on impression management and self-presentation (see Leary & Kowalski, 1990; Schlenker, 2003, for reviews) suggests they will attempt to manage or control how others perceive them. Self-presentation "includes a range of behaviors that are united by the central idea that social behavior is a performance that symbolically communicates information about self to others" (Schlenker, 2003, p. 494). When we wear our best suit to a job interview, affix political bumper stickers to our cars, or smile and greet people warmly at a party, we are engaging, consciously or unconsciously, in self-presentation behaviors. The exact impression we seek to make depends not just on our particular self-concept, but also on the audience's own "identity expectations" and the situation itself (Leary & Kowalski, 1990; Schlenker, 2003). In this way, self-presentation reflects a complex transaction (Schlenker, 2003), consistent with the sociological view of identity as "a 'joint construction' of the person, the audience, and the situation (Schlenker, 1985) that functions for both the individual and the interaction. Identities are presented to an audience" (Markus & Wurf, 1987, p. 325).

Stigmatization: When an Identity Becomes Devalued

Importantly, a given identity may not always be desired or desirable. Research and theory on stigmatization has examined the process through which a social identity becomes "*devalued* in a particular social context" (Crocker, Major, & Steele, 1998, p. 505, emphasis added), the consequences of having a devalued identity, and how stigmatized persons respond to that predicament. Stigmas are socially constructed and situation-specific (Crocker et al., 1998; Dovidio, Major, & Crocker, 2000; Goffman,

1963)—existing whenever "elements of labeling, [negative] stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them" (Link & Phelan, 2001, p. 377). Therefore, the number of characteristics that could potentially be stigmatizing is limitless, and indeed researchers have studied a vast array of stigmas, including abortion, mental illness, poverty, eating disorders, homosexuality, race/ethnicity, obesity, physical disabilities, and cancer (Link & Phelan, 2001). The responses of non-stigmatized, "normal" individuals to the stigmatized can range from casual dismissal to ambivalence to murder (Crocker et al., 1998; Neuberg, Smith, & Asher, 2000), depending on the particular features of the stigma. In general, however, stigmatized individuals are always subject to some degree of prejudice and discrimination that leads to negative economic and interpersonal outcomes (Link & Phelan, 2001; Schneider, Major, Luhtanen, & Crocker, 1996).

Multiple studies have found that stigmatization can, under certain conditions, lead to lower self-esteem or sense of competence (e.g., Crocker & Major, 1989; Crocker, Voelkl, Testa, & Major, 1991, Frable, Platt, & Hoey, 1998, Schneider et al., 1996), as well as greater psychological distress and negative affect (e.g., Blaine, Crocker, & Major, 1995; Major & Gramzow, 1999). In addition, stigmatized individuals experience *stereotype threat* if they believe they are likely to be judged according to negative stereotypes about their group and/or risk confirming those stereotypes through their own behavior (Steele & Aronson, 1995). Stereotype threat has been found to lead to considerable anxiety, self-doubts about ability, and even impaired performance (Steele & Aronson, 1995). Despite these findings, contemporary researchers do not assert that stigmatization *always* has negative consequences for individuals' self-esteem or

personalities (Crocker & Quinn, 1998; Dovidio et al., 2000). Instead, they assume that people cope—often effectively—with the experience of being devalued using many of the same "strategies as those used by nonstigmatized people when they are confronted with psychological challenges such as threats to self-esteem" (Dovidio et al., 2000, p. 2).

Surprisingly, relatively little research has actually examined how stigmatized persons cope with their predicament, as most scholars have focused their attention instead on the role of stigmatizers (Crocker & Quinn, 2000; Miller, Rothblum, Felicio, & Brand, 1995). However, a small body of research has documented a variety of creative strategies used to defend against the self-threat ofstigmatization , many of which appear to be variants of the self-verification and self-presentation techniques described above. One of the most common strategies is to conceal the stigma altogether, if possible—in other words, passing as "normal" (Chrobot-Mason, Button, & DiClementi, 2002; Goffman, 1963; Siegel, Lune, & Meyer, 1998). Oncea stigma is visible or has been disclosed, however, individuals are faced with the challenge of managing their stigmatized identities in interactions with others. From the perspective of stigmatized persons, these interactions are typically tainted both by a general awareness thattheir identity is devalued by others, but also by an "aware[ness] of the specific stereotypes that others hold of their social groups" (Crocker et al., 1998, p. 518). Through various socialization experiences, people learn about what behaviors are expected or "normal" in a given setting, as well as who does or does not belong there (Goffman, 1963). In other words, stigmatized persons are just as knowledgeable of the stereotypes pertaining to their groups as nonstigmatized persons are (Cioffi, 2000; Devine, 1989)—and they are "intimately alive to what others see as [their] failing" (Goffman, 1963, p. 7).

Consequently, whenever they are in situations in which those stereotypes could be used to judge them, and when they could risk confirming the content of those stereotypes through their own behavior, they experience stereotype threat (Steele & Aronson, 1995). They are likely to feel anxious about how others perceive them and to be hyper-vigilant for any signs of bias or negative evaluations (Cioffi, 2000; Goffman, 1963; Schneider et al., 1996). They are also likely to use their knowledge of the stereotypesto guide how they present themselves to others.

Specifically, the stigmatized may try to disassociate themselves from stereotypes by engaging in a variety of tactics designed to reduce the obtrusiveness of their stigma— what Goffman (1963) termed "covering". Such tactics include trying to avoid acting in ways expected of their group (e.g., the blind being clumsy), as well as doing things that would *not* be expected of them (e.g., a blind person navigating a city street alone, or a pregnant woman working past her due date) (Crocker et al., 1998). They may overcompensate for their stigma by behaving in quite extraordinary ways (e.g., a paraplegic person completing a marathon in a wheelchair) or trying to inflate other positive aspects of the self (Miller et al., 1995). They may also strategically display certain symbols, "disidentifiers", designed to counter negative impressions made by their "stigma symbols" (e.g., a pregnant woman carrying a briefcase and wearing a professional suit to counter the visibility of her belly) (Goffman, 1963).

In sum, the literature on identity, self-verification, and more generally, self-presentation, suggests that people actively construct and preserve desired identities through a variety of self-verification and impression management tactics designed to control how others perceive them. Research and theory on stigma, in contrast, have

focused exclusively on the particular predicament of having a *devalued* identity. These two bodies of research have existed in almost total isolation from each other, with very little cross-fertilization (see Miller et al., 1995 for an exception), yet it is clear that stigma management strategies are merely a sub-type of the more general self-verification and self-presentation tactics individuals use to manage their identities.

At least three studies have actually applied stigma theory to pregnancy (Langer, Fiske, Taylor, & Chanowitz, 1976; Taylor and Langer, 1977; Walton, Sachs, Ellingon, & Hazlewood, 1988). Both Taylor and Langer (1977) and Langer et al., (1976) found that pregnancy was a "novel-stimulus" that, like other physical differences (e.g., being crippled), elicited staring and avoidant responses. These studies were conducted many years ago, however, when attitudes toward pregnancy and women in general were presumably quite different than today. But as explained above, more recent research has also documented bias against pregnant workers (e.g., Baker & Copp, 1997; Bragger et al., 2002; Corse, 1990; Guetal et al., 1995; Halpert, et al., 1993), and illegal discrimination against pregnant employees actually appears to be on the rise (Geller, Oct. 22, 2003). Despite this evidence of continued prejudice, virtually no researchers have examined the consequences of this treatment for women's feelings of self-worth or their identities as workers or new mothers (see Borrill and Kidd, 1994 for an exception), and none have examined the question of how women cope with such situations. The present study begins to fill this gap by presenting a grounded theory of stigmatization and identity management among pregnant employees. Below I describe the data collection and analysis methods on which the model was based before turning to a more detailed review of the findings.

Methods

<u>Overview</u>

The model presented in this paper is based on a study of employed women who were pregnant for the first time or who had recently become mothers. My general interest was in questions of identity: how pregnancy affects women's work-related identities, how they negotiate desired identities with others, and how particular work experiences might affect these processes. However, because we know little about pregnant workers in general and virtually nothing about how pregnancy affects women's work identities, the purpose of this study was to *develop* rather than verify or test theory. I therefore adopted a qualitative, grounded theory methodology, in which I conducted two rounds of in-depth, open-ended interviews and supplemented this data with content analysis of comments and queries posted on an Internet bulletin board devoted to work and pregnancy issues.

This topic was especially well suited to qualitative methods in general, and a grounded theory strategy in particular. Qualitative research, in its many variations, typically involves studying phenomena through extended time in the field or in a situation in order to discover the meaning people attach to those phenomena, as well as to gain a "holistic" understanding of the context in which phenomena occur (Denzin & Lincoln, 1998; Miles & Huberman, 1994). Because of these characteristics, Maxwell (1998) argues that qualitative methods lend themselves especially well to certain research purposes, including a focus on the meaning of events to actors, the influence of context on actors and events, how processes unfold over time, and theory development. The latter was the principal purpose of the present study, but in order to develop the theory, I also

sought to understand meaning, process, and context. Grounded theory methods aim to *generate* (not verify) theoretical explanations for phenomena, and are often used when researchers assume, as I did here, that the key concepts and relationships pertaining to a certain phenomenon have not yet been discovered (Strauss & Corbin, 1998). Grounded theory often relies on qualitative methods because they offer a more contextually rich perspective on a subject and because of the traditionally strong emphasis on deduction and hypothesis testing in quantitative studies (Glaser & Strauss, 1967).

In the sections that follow, I provide a detailed description of the data sources used in this study, the sampling procedures I followed, and my data collection methods. I then offer a lengthy explanation of how I analyzed the data in order to arrive at the model presented later. Throughout, I also offer brief reviews of common guidelines and standards for conducting theory-building, qualitative research, beginning with an introduction to theoretical sampling.

Data Sources, Sampling, and Data Collection

Introduction to theoretical sampling. Grounded theory studies employ *theoretical sampling*, defined by Glaser and Strauss (1967) as:

The process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. This process of data collection is *controlled* by the emerging theory. . ." (p. 45).

This model of sampling differs considerably from that used in traditional quantitative research. In quantitative studies (especially survey research), the goal generally is to select a random sample that is representative of a given population and large enough to

allow for statistical generalization (i.e., to make inferences about the population on the

basis of the sample's data) (Yin, 1994). In grounded theory research, however, "the aim

is not to generalize findings to a broader population" (Corbin & Strauss, 1990, p. 9).

Instead, the fundamental goal is "to build a theoretical explanation by specifying

phenomena in terms of conditions that give rise to them, how they are expressed through

action/interaction, the consequences that result from them, and variations of these

qualifiers" (Corbin & Strauss, 1990, p. 9). To accomplish this goal, one selects

participants for their relevance to a given conceptual category—for the information they

can provide about a particular issue—not for how representative they are of a larger

population.[1]

Theoretical sampling is *iterative* and *evolving* in nature (Charmaz, 2000; Miles &

Huberman, 1994). Researchers move from their data collection to analysis and back

again, seeking to find whatever data will help them expand and develop the key concepts

in their studies (Charmaz, 2000; Glaser & Strauss, 1967; Miles & Huberman, 1994). In

the beginning, because the important concepts related to a phenomenon have not yet been

identified, researchers typically sample broadly, collecting data from a wide range of

people or other sources (Strauss & Corbin, 1998). Once conceptual categories begin to

emerge, sampling becomes progressively more selective as one seeks to locate sources

that can provide information on particular concepts (Glaser & Strauss, 1967). At this

stage, one also deliberately looks for as much variation in the sample as possible in order

to discover the conditions under which conceptual categories might vary (Glaser &

Strauss, 1967; Strauss & Corbin, 1998). Ideally, sampling and data collection for a given

category cease when that category is "theoretically saturated"—that is, when one no

longer finds any new data regarding a category, and the category's properties, dimensions, and relationships are all well developed (Glaser & Strauss, 1967; Strauss & Corbin, 1998).

These guidelines represent the ideal for sampling in grounded theory studies. For practical reasons, few researchers are able to follow them exactly, but they serve as important standards that should inform decisions about sampling. Below I describe the particular sampling procedures used in this study, as well as the data collection methods, for two data sources: interviews and Internet bulletin board postings.

Interviews: Sampling procedures and sample characteristics. In-depth interviews were the primary data source. I conducted two-rounds of interviews with a total of 35 participants. In Phase One, I interviewed eighteen women in the Hartford, CT area, including two unstructured pilot interviews that served to develop the initial interview guide. In this first phase of research, I sampled broadly, locating participants through a combination of "snowball" and "convenience" techniques (Miles & Huberman, 1994): by disseminating fliers in Ob-Gyn offices, by staffing an information booth at a new parents' fair sponsored by a local baby apparel and furniture store, and by asking members of a large Mom's Club to find friends and family members who would meet the sample criteria and be interested in participating. In Phase Two, I interviewed an additional seventeen participants. In this phase, I began by casting a broad net for participants and then became progressively more selective as I sought individuals who could provide information on key theoretical issues of interest. I located participants by emailing an extensive network of Industrial-Organizational Psychology students and faculty affiliated with a mid-Atlantic university, asking them to refer interesting and qualified individuals

to the study. In some cases, participants themselves also referred me to other colleagues or friends who met the study's criteria.

Unfortunately, as is often the case in research, I was not able to control who responded to my ads or requests, but I nonetheless strived to adhere to the basic tenets of theoretical sampling. I analyzed the content of the interviews on an ongoing basis, and in doing so, searched for as much natural variation in events, incidents and resulting themes as possible (Strauss & Corbin, 1998). As the study progressed, when additional information was needed on certain themes or issues, I screened potential participants in an attempt to locate those who offered the necessary perspective. When I was unable to collect certain data through interviews, I examined Internet bulletin board postings, which as explained below, offered insight into some issues and concerns not represented in the interview sample, thus expanding the complexity and diversity of the data.

With a few exceptions, I restricted the sample of interview participants to women who either had had their first child within the last year or were in the second or third trimester of pregnancy with their first child, worked full-time during the pregnancy, and were in a long-term relationship with the baby's father[2]. In addition, I interviewed women who worked in a wide range of jobs, including professional or managerial and lower status positions in both female- and male-dominated organizations. I chose to focus on women who met these various characteristics for several reasons. First, by selecting women who were or had recently been pregnant for the first time—when their role as a mother was new both to them and colleagues at work—I believed I would be better able to examine how pregnancy and impending motherhood affect women's work experiences. By focusing on new mothers, I would be able to capture the experiences of

women as they confront and work through the issues of pregnancy, work, and motherhood for the first time. They will not yet have had to cope with the challenges of actually raising children while working—challenges that ultimately may supercede the experience of being pregnant for many women. In addition, their supervisors, coworkers, and subordinates would also be dealing with new changes in the woman's work and family roles. For all these reasons, I believed I would be better able to understand the dynamics of pregnancy and work by studying women pregnant with their first child. Second, by waiting to interview women until they were at least into their second trimesters, I could be sure that they had notified their coworkers and supervisors of the pregnancy and that people had had a chance to react to it. Third, by sampling women in professional/managerial jobs as well as lower status jobs, I would be able to learn about experiences in a wide range of settings. Although these women may share many things in common, the differences in status, power, and proportion of women within their jobs or departments could contribute to significant variations in their work-related experiences (Kanter, 1977; Martin & Meyerson, 1998; Ely, 1994). One needs to account for such variation in order to extend and delimit the boundaries of an emerging theory. Finally, although accounting for variation is critical to building a theory, I also wanted to ensure that I do not have to contend with an overwhelming number of differences. Hence, to maintain a degree of commonality in my participants, I chose not to study women who were single mothers or in same-sex relationships.

Of the final 35 interviewees, 15 (43%) were currently pregnant, six in the second trimester and nine in the third. Of the remaining 20 participants, all but the two preliminary interviewees had babies less than one year old. On the whole, the sample was

very well-educated: four women (11%) had attended some college, 17 (49%) had a bachelor's degree, and 14 (40%) had a graduate degree. However, they held a wide range of jobs reflecting varying levels of status and power. Nine participants (26%) held relatively lower status jobs. Most of these positions, such as administrative assistant and licensed practical nurse (LPN), required little education and offered low pay. I also include in this category, however, a research associate in a university and a psychology fellow in a hospital because although they had advanced degrees their positions were temporary and near the bottom of the hierarchy within their organizations. In contrast, eighteen participants (51%) held permanent professional or managerial jobs, such as a lawyer, engineer, and CPA. The remaining eight participants (23%) held positions of mid-level status (e.g., business analyst, graphic designer, purchaser). Participants were evenly divided in the gender composition of their workplaces: 12 women (34%) worked in female-dominated organizations, 12 (34%) worked in male-dominated organizations, and eleven (31%) in mixed organizations. The vast majority of participants were Caucasian (32, or 91%); one woman was African-American, one Puerto Rican, and one Indian (9%). In sum, although the sample contained a disproportionate number of white, highly educated women in professional or managerial occupations, the overall sample nonetheless represented diverse types of work, job status, and gender composition of organization. I regret that the sample did not include more women of color. As noted below, additional diversity, especially in low status work, was offered by the Babycenter.com bulletin board postings.

Interview protocol. I conducted all but one of the Phase One interviews in person, typically at a café or coffee shop. (I interviewed the other individual by phone.) The

typical interview lasted approximately an hour and a half and with the participant's permission was tape-recorded and later transcribed verbatim. Phase Two interviewees lived in various places throughout the United States, and so I conducted these interviews by phone. With participants' permission, I used a speaker-phone and thus was able to tape and later transcribe these interviews as well. To protect the confidentiality of my interviewees, I coded all tapes and transcripts using an anonymous identification number. I began the interviews by asking general questions about the pregnancy and about the participant's job. I then said I would ask them to "tell me a story" about their experience of being pregnant at work, beginning with the early months and continuing through the later trimesters. I guided the telling of this story by asking specific questions, such as how the pregnancy affected day-to-day life at work, when and how they revealed it, how others reacted to the news, how they felt about work at different times during the pregnancy, whether and how they believed pregnancy affected supervisors' or coworkers' perceptions of them, how they arranged for maternity leave, and whether or how pregnancy had affected their own view of themselves as employees. In the Phase Two interviews, I asked many of the original questions, but also asked additional questions about how participants felt about others' interest in and responses to the pregnancy, how they wanted others to view them at work, and what, if anything, they did to ensure that others viewed them in the way they would like. In general, Phase Two interviews were shorter and more focused on questions related to identity management. (See Appendix A for a copy of the final interview guide.)

    Internet bulletin board postings: Sampling procedure and characteristics of data source. The interviews were supplemented by content analysis of postings on a "Pregnant

at Work" Internet bulletin board sponsored by Babycenter.com. Babycenter.com is a large web site offering a variety of resources for new and expectant parents, including information about almost every aspect of pregnancy and infancy, an on-line community with bulletin boards and chat sessions devoted to hundreds of different topics (e.g., breastfeeding, ultrasounds, sex during pregnancy, morning sickness), on-line shopping, and e-mail newsletters. The "Pregnant at Work" bulletin board offers a forum for women to post comments and questions about any aspect of pregnancy and work or career. Almost all posts are anonymous, identified only by a user name.

During the winter of 2004, I copied all posts that were currently on the board, extending over approximately a three month period, and pasted them into a word processing program. In all, 170 individuals made a total of 286 posts. The majority of women made only one or two posts during the time period sampled. Only a few individuals made more than four posts (the most frequent poster made 22 separate posts, most in response to others' comments and questions, and the second most frequent made 11 posts.) The posts were on a variety of topics, not all of which were relevant to the current project. For instance, many posts concerned how to cope at work with the symptoms of pregnancy such as morning sickness and fatigue; many others inquired about federal or state family leave laws, how to take short-term disability, and so on. I read all posts, but as I was primarily interested in expanding the theory that had begun to emerge from the interview data analysis, I ultimately sampled a subset that pertained to issues of some theoretical interest, including complaints of discrimination, descriptions of coping with physically difficult working conditions, discussions of supervisor support (or lack thereof), and questions about applying for or starting new jobs while pregnant. These

postings were particularly useful in providing data from women in diverse jobs and work situations that were not well represented in the interview sample.

The bulletin board posters were clearly a self-selected sample. In addition, the sample may have included a disproportionate number of women who had experienced serious work-related problems, as such women may have been more motivated than the average person to seek advice from an on-line community. In addition, the short posts offered very little in-depth information about the women and their situations. Consequently, I relied on the postings only as a secondary, supplemental data source that suggested additional theoretical issues to consider and/or offered a slightly expanded and more diverse view on the major theoretical concepts emerging from the interviews.

Data Analysis

Analysis in grounded theory research is typified by *simultaneous* data collection and analysis (Glaser & Strauss, 1967; Miles & Huberman, 1994), coupled with the basic analytic process of *making comparisons* (Strauss & Corbin, 1998). The constant comparative method is the "heart" of grounded theory (Fielding & Lee, 1998). According to the original formulation by Glaser and Strauss (1967), it begins by comparing "incidents" in the data (defined as a complete expression of an attitude or an act by a person or group (Fielding & Lee, 1998)), developing labels for them, and then grouping them into higher-order categories. Then one continues making comparisons (of respondents, of new incidents to categories, of categories to each other) in order to fully develop theoretical categories in terms of their properties and dimensions. Finally, one begins to reduce the number of categories, express them at a higher level of abstraction, and build the theory. Throughout the process of data analysis, hunches are checked and

the emerging theory expanded by seeking additional variation in themes, properties, and so on through ongoing data collection. Always the focus is on the *development* of a theory*,* however, not its testing or verification. This method represents a general way of approaching the data. In an effort to make the methods of analysis clearer, Strauss and Corbin (1998) articulated some more detailed procedures (e.g., "open", "axial", and "selective" coding), all of which are based on the general comparative method. I relied principally on their procedures, in conjunction with other techniques offered by Miles and Huberman (1994).

Data analysis proceeded in five stages. I began the first stage with *open coding* of the two preliminary and first five Phase One interviews. Open coding is the process of identifying initial concepts and their basic properties early in research (Strauss & Corbin, 1998). With these first interviews, I relied on *microanalysis*, or detailed line-by line coding, to identify key concepts (Strauss & Corbin, 1998). I then grouped these concepts into more abstract codes. Several interesting themes began to emerge in this early phase of research, including women's concerns with the increased attention colleagues gave to the pregnancy and to their private lives in general, beliefs that their work identities remained unchanged, and concerns with how others viewed them at work. I used the codes that emerged in these interviews to analyze the remaining Phase One interviews (not line-by-line, but by meaningful unit—typically a paragraph or several sentences), adding to and revising the coding scheme as necessary.

In Stage Two of the analysis, to ensure that the coding process was conducted in a systematic and reliable manner, a trained research assistant used the final coding scheme to code for a second time the full set of eighteen interviews, divided into meaningful units

(again, typically a paragraph or several sentences). (See Appendix B for the coding instructions and Appendix C for a list of the codes used in this stage and their definitions.) Each unit or passage could be assigned up to three codes, and almost all units were assigned multiple codes. Agreement between the assistant's and my coding was then assessed by 1) determining the maximum number of codes assigned to each unit (e.g., if the research assistant assigned three codes to a passage but I gave only two, the maximum number was considered three), 2) adding the maximum numbers for all units to determine the total number of codes, and 3) counting the number of codes on which the research assistant and I agreed. This was a fairly stringent test—for instance, if for one passage the assistant and I assigned two out of three codes in common, interrater agreement for that passage was 66%. Total interrater agreement was 70%. Discrepancies were resolved through discussion between the raters, and in most cases, resulted in additional codes being assigned to passages. The final step involved my sorting and printing units by major code categories in order to begin more detailed analyses to identify properties and dimensions of key categories, including identity management, public nature of pregnancy, supervisor reactions to pregnancy, and others. Importantly, this step indicated additional issues to explore in the Phase Two interviews.

In Stage Three, I divided all Phase Two interviews into meaningful units (again, typically a paragraph long) and coded them using the Phase One coding scheme, making only minor revisions as needed. I continued to hear from these participants many of the same common themes identified in the earlier round of interviews. Next, I sorted and printed coded passages from all 35 interviews for those coding categories that were emerging as the most central and interesting, including identity management, fears and

anxieties, public nature of pregnancy, passing, interpreting maternity policies, supervisor reactions to pregnancy, and supervisor perceptions. In this stage, the main objective was to further elaborate properties and dimensions of these key categories, and identify relationships between categories. I began to focus increasingly on one major theme, identity management, and searched specifically for *conditions* (including individual motivations and contextual influences)*, actions* (strategies or tactics)*,* and *consequences* of that category (Miles & Huberman, 1994; Strauss & Corbin, 1998). This process is akin to developing provisional hypotheses that eventually form the foundation of the theory.

Next, I turned to the Internet bulletin board postings in Stage Four. I coded each post using the existing coding scheme, adding new codes when necessary. I maintained a focus on the central theme of identity management with its conditions, strategies/tactics, and consequences. However, I looked primarily for key issues that may have been absent from the interviews and that could extend the theory emerging from the interviews. I found that few posters wrote explicitly about identity management *tactics*, but many wrote about what in the final model became the primary motivations for and contextual conditions influencing identity management.

Finally, in Stage Five, I delved more deeply into the data, as well as relevant literature, in a continuing effort to expand the developing model. A review of literature on identity management, especially Goffman's (1963) seminal work on stigma, yielded significant new insights into themes identified earlier in the data. In addition, in this stage I adopted many of Miles and Huberman's (1994) recommendations for ordering and explaining cross-case data and (to an extent) for confirming findings—in other words, their advice about how to develop a valid or credible theory that fits the data well. My

first step was to examine contrasting cases or "negative evidence"—in particular, interviewees who did not report engaging in any identity management effort, as well as bulletin board posters who represented unique situations or events—seeking to understand how they were both different and similar to the other cases. This technique guards against settling on premature explanations and adds complexity to an emerging theory (Glaser & Strauss, 1967). As Miles and Huberman explain, "When a preliminary conclusion is in hand, the tactic is to say 'Do any data oppose this conclusion, or are any inconsistent with this conclusion?' . . . [Y]ou are actively seeking *dis*confirmation of what you think is true" (1994, p. 271). This analysis resulted in the identification of several contextual factors as possible predictors of whether or not an individual would perceive stigmatization or engage in identity management.

My second step was to construct "predictor-outcome matrices" in order to ground my interpretations more explicitly in the details of the interview data. These matrices provide a visual array of outcome and antecedent/predictor data for all cases. In this way, patterns that one assumed existed in the data can be fully grounded against the visual display of evidence. In order to construct the matrices, I devised decision rules for scaling the outcome and multiple predictors (see the Findings section for more detailed explanation) and then rated each individual case for its respective levels of outcome and predictors. For the two most central categories or variables (i.e., identity management and perceived threat of stigmatization), I also had a trained research assistant conduct independent ratings for 17 of the 35 interview cases (see Appendix D for the rating instructions). In order to ensure that the assistant's ratings of perceived threat were not influenced by her ratings of identity management (or vice versa), she rated one half of the

total 35 cases for identity management and the other half for perceived threat, with two cases rated for both variables. Interrater agreement for degree of identity management effort was 88% (15 out of 17); agreement for degree of perceived threat was 76% (13 out of 17). Our few differences were resolved by discussing the individual cases with full transcripts in hand; we ultimately decided roughly two thirds in favor of my original ratings and a third in favor of the assistant's. By examining the predictor-outcome matrices, I discarded or revised earlier assumptions about two contextual and one individual difference variable influencing perceived threat of stigmatization. In the section that follows, I describe the final model that emerged from these data analyses.

Findings

To say that pregnancy is a life-altering event is cliché, but true. When a woman becomes pregnant, especially for the first time, not only is she bringing a new life into the world, but her own life is transformed dramatically and forever. The transition to motherhood is the subject of countless books and articles (e.g., Bolton, 2000; Michaels & Goldberg, 1988; Wolf, 2001; Zappert, 2002), involving as it does innumerable changes in a woman's personal, social, and work life—her marriage, her friendships, her feelings about work, her feelings about herself. But pregnancy itself is also a transformative event, and in her interactions with others, a pregnant woman is often treated as a minor spectacle. While some people (particularly women) respond to her with unbridled curiosity and enthusiasm, others may feel somewhat anxious or uncomfortable around her (Taylor & Langer, 1977). Complete strangers stare, ask her remarkably personal questions, and offer unsolicited advice or details of their own pregnancies and labors. People hold doors for her, offer her a seat on the bus, or otherwise regard her as something of an invalid. For months on end, the pregnancy may be the main focus of conversation between her and her friends.

It was this extraordinary change in women's status that I had in mind as I framed the research questions for this study: How do employed women's work-related identities change, if at all, as a result of being pregnant for the first time? How do they negotiate their identities with colleagues at work? What strategies do they use to convey desired identities and negotiate unwanted ones with colleagues? And how do different work experiences affect the identities women create as well as the strategies they use to convey those identities? Research on the self has indicated that while individuals' central

identities or self-conceptions tend to be fairly stable (although not static) over time (Baumeister, 1998; Fiske & Taylor, 1991; Swann, 1987), identities can and usually do change when people adopt new roles, experience a significant shift in status, or undertake some other major life change (Ibarra, 1999; Swann, 1987). And so, while remaining open to discovering other themes, I did expect to hear some discussion of women's efforts to adjust their work identities to accommodate the transformations brought about by pregnancy.

Instead I found that while impending motherhood may have entailed considerable changes in their personal lives, the majority of women I interviewed stated that their work identities, their basic views of themselves as workers, remained largely unchanged. One could debate whether participants were being honest about this lack of change—perhaps, for whatever reason, they were not willing to admit (to me or to themselves) that pregnancy was affecting their work identities—but I ultimately chose not to continue to pursue the issue. What I found more interesting and salient was that so many women expressed a determination *not* to let pregnancy affect their work lives. They tended to paint a portrait of themselves as the eye in the center of a storm—an island of relative "normality" in the midst of their bosses', coworkers', and clients' changing perceptions and expectations. As one participant said, "I think it's more people change how they view you than [changes in] how you view yourself. That's the big thing I've noticed. Often I was different to them, but I'm the same. You know?"

These women were not passive. Instead, they actively attempted to *manage* others' perceptions of and reactions to their pregnancy to ensure that they could preserve the identities they desired. In most cases, their goal was to be viewed as "the same"—that

is, as committed, competent, professional, or reliable as they ever were. Consistent with

Swann's (1983; 1987) self-verification theory, the majority of women I spoke with—

whether managers or administrative assistants—described engaging in efforts to ensure

that they maintained an existing work identity. They not only wanted others to view them

in the "right" way, but they also wanted to view *themselves* in a certain way, to meet their

own identity standards and expectations. I have termed the actions women took to ensure

that pregnancy did not affect valued work identities *identitymanagement* . It emerged

fairly early in the data collection as one of the most central and interesting themes, with

80% of participants (28 out of 35) reporting it. As indicated in Table 1, those 28 women

described using seven specific tactics to manage their work identities. Below I briefly

describe each of these tactics. In the next section, I will turn to an examination of

women's stated motives for managing their identities in this way.

Table 1
Identity Management: Tactics

Identity Management Tactics	Illustrative Quotes from Interviews
Maintaining Her Pace	I've tried consciously to keep up with my work. . . And I show them that just because I'm pregnant doesn't mean that the quality of my output changes.

I've tried really hard to maintain my work load and not end up having to dump things on other people or burden people with responsibilities I couldn't handle. I've been really luck because I've felt great so it hasn't really been an issue. But I think I was pretty sensitive to that. I just wanted to plow through and not relinquish any responsibilities.

I put a lot of pressure on myself and I still worked just as hard as I did before I got pregnant.

I guess I felt pretty good about myself with the fact that I could still work and I was pregnant. . . . I could work until the week before she was born. I guess I felt pretty good |

	about myself that I was strong enough to do both, be very pregnant and get up and work an 8-hour day, or maybe even a 9- or 10-hour day or go in on a Saturday. I had a lot of short days towards the end, but I was there every day. I worked past my due date. I was there every day. . . And I was almost apologetic. I'm sorry, I'm trying to keep up with everything. I'm sorry, I'm trying to take care of these last minute issues.
Not Requesting Accommodations	I definitely made sure that—it was so tempting to call in sick so many times, but I always made sure that I was actually at work, and not using pregnancy as an excuse, I guess. I probably could have taken a few more sick days than I did, but I didn't want them to start thinking, "Oh, see—she can't handle it. " So there were definitely some days where I dragged myself into the office when I would have been much happier staying in bed all day long. Well, like we'd have a closing every month, and I'd offer to go in on a Saturday to help them out with putting the closing package together. One of the guys would say, "You don't have to if you don't want to. I'm not trying to push you." Normally, if I wasn't pregnant, they would never have said that, but I would go ahead and say, "I don't mind. I'll come in. It's no big deal." Going downstairs, if one of the supervisors worked downstairs and needed something brought over to this desk or something: "Oh, you don't have to do it. I know the stairs are real difficult to climb and go up and down", but I'd say, "No, no, no. I'll do it." I didn't want them to think I couldn't do it. I didn't want them to think poorly of me. I guess that's pretty bad. I've worked with women before who kind of milked the whole pregnancy thing. I don't do that. Like I haven't called in sick or I haven't gone home because I'm not feeling good. I try to get all my prenatal appointments as late in the day so I can take off the least amount of time possible. There was a change where you couldn't use the overheads anymore. . . you had to use the LCD projector, and I simply couldn't carry it. I wasn't allowed to carry anything that heavy. So I almost made a big stink about it, like "If that's going to be the rule, then somebody carry it for me!" But then I thought, people might treat me differently then because I'd basically be saying because I'm pregnant I can't

	do this. So I did just go and buy my own overheads. . . rather than make a big stink, and maybe some people will then treat you differently because "Oh, you do need accommodations."
Passing	I didn't meet with people. I didn't have to travel after the end of October, so I didn't have to meet with people. There were some people who wanted to meet with me in Connecticut, and unless I absolutely had to meet with them, I really wouldn't meet with them. I'd talk to them on the phone. But I did hide it. I'd walk around with papers in front of my belly, or always carrying a bag, or something to just try to get away with it, one more week, one more week, as long as possible I tried to hide it. Thankfully, I don't have too many cases where I have to deal with [contractors] anyway. The people I do tend to deal with I've worked with for years and years so when I see them I jump up and talk to them . . . But if it's someone I don't deal with, like somebody for plumbing or something, I don't even leave my desk. I let one of the guys handle it. Because I just don't want to be introduced to new contractors like this. Does that make sense? If I don't have to be.
Dressing Professionally	And I tried to look presentable and professional. You know, keeping up appearances, that sort of thing. Because I didn't want them to think I couldn't handle it. . . . I was really conscious of how I dressed, how I looked. Because I knew how tired I was. It's like you have to make that extra effort to look professional and put together. I would try to—I had a couple of nice outfits that were more dressy. I tried to wear nice outfits to meetings. I didn't want other people to think I was schleppy. I wanted to be neat and tidy and professional, without being cutesy. I think I made that effort. I was careful to make that effort.
Downplaying the Pregnancy	I try not to bring up my pregnancy constantly in conversations, especially over the phone. I mean some of my colleagues, we eat lunch then go on a walk and talk about personal life. That's different. But I mean with my boss, I never bring it up on my own. It probably comes back to the fact that I don't want to focus too much on it, or—I don't know, it's a stereotype that once women are pregnant or have babies that's all they want to talk about, so maybe I'm overreacting the other way, trying

	to quickly steer conversations away from it lest it too often be the topic of conversation.
Going the Extra Mile	I think since I was obviously new, I'd just started— it's made me work really hard there, to try to let them know, "Hey, she can get this done, and it will be taken care of, and she does great work." Instead of their focusing on my pregnancy and "Oh, she'll have to leave, and will she come back, and she only has so much time left."
	So I started busting my butt at work. And I started working that much harder, coming up with an office manual so that when I'm gone they'd have something to refer back to, training others in the office to do things that I was doing. So I felt I took on even more. I was working that much harder because I felt like I had to for everyone to feel comfortable with the fact that I'm pregnant, I'm having a baby, and I'll be gone for a little while.
Shortening Maternity Leave	I think in my third trimester they must have asked me what I wanted to do, and I told them I'd be back in ten weeks. I guess it was funny that I wasn't taking twelve, but I think part of that was I wanted to show them I was still serious about work. Because a lot of women at my job would take three months or even six months.
	"[Because of complications in the last trimester,] I was not someone that people could count on. I felt not good about that. So I decided to take only a 21/2 month leave instead of a 4 month leave."

<u>Identity Management Tactics</u>

     <u>Maintaining her pace.</u> The most commonly mentioned identity management tactic

involved participants' maintaining the same pace of work, including the same hours and

level of output, as they had before the pregnancy. Over 60% of women (17 out of 28)

who described efforts to manage their identities cited maintaining their pace as one of

their tactics. For the many women who had relatively easy, problem-free pregnancies,

this was not especially difficult. Others, however, had to make a more deliberate effort to

maintain their workload and hours while coping with the physical discomfort that often

accompanies pregnancy, such as nausea and vomiting, fatigue, back pain, or more serious

complications.

> I think that I'm a really hard worker and I'm always willing, I'm not one of those
>
> people who's like, "That's not my job." . . . I think that's something I've always
>
> done. I've worked with women before who kind of milked the whole pregnancy
>
> thing. I don't do that. . . . I still make a point to be there and work just as hard,
>
> even if I'm feeling really yucky one day. I don't let anyone know that.

> Even now, I'm still at work through lunch, I'll eat at my desk. I'll work late. In
>
> the summer, we go to a four-day work week, but there have been many Fridays
>
> when I've been in working if I have work to do. So I think they see that I still
>
> have the dedication and the work ethic and that I'm putting in the time to make
>
> sure that the work is done properly. I'm consciously doing those things because I
>
> want them to know that I'm not just [someone who doesn't] care about work
>
> anymore.

As is evident from these quotes, participants tended to describe the desire to keep up and

do well at work as central to their work identity—it was something they took pride in

before their pregnancy and that they now made a *conscious* decision to continue doing.

Not requesting accommodations. The second most common identity management

tactic was to avoid, if at all possible, asking supervisors or coworkers for special

accommodations of their condition. Half of the participants (14 out of 28) who described

managing their identities reported using this tactic. So, for example, they chose not to

take sick days even if they were not feeling well, minimized the amount of time they had

to miss work for doctor's appointments, accepted assignments (such as travel) that they felt were difficult or risky, refused to ask others for help or rejected help that was offered, and generally avoided the appearance of needing special accommodation in any way. In a couple of cases, women even failed to follow their doctor's orders to reduce their time at work. One participant, who had previously lost a second-trimester pregnancy and was considered high-risk, described her resistance to asking for accommodations:

> I guess I've tried not to make my pregnancy an issue. In other words, if I'm asked to go down to receiving to get something, I won't be like, "Oh, you know. . ." when really I'm thinking, "I'm tired and I don't feel like going down four flights of stairs." There is an elevator, but still I won't do that. I will go. I will do whatever within reason needs doing. I try to sit down a lot, especially because of the cerclage [a surgical procedure in which the cervix is stitched closed to prevent preterm labor], the doctor says always try to sit down. But if I'm standing in someone's office, I don't make a big deal that I'm standing, even though in my mind, I'm thinking, "I've been standing here for ten minutes. I shouldn't be standing." But I never wanted anyone to think that I was kind of odd or not fulfilling their expectations. . . I'm not that different. I don't want to be accommodated because I'm in this condition.

Not requesting accommodations was a tactic that to some extent supported women's efforts to maintain their pace at work. By not taking sick days or leaving work early, of course, participants were better able to keep up with their workload. But in addition, by not asking for special treatment, these women communicated to others and to themselves that they were *not different*, that they were the same employees they had always been.

Passing. Most of the women I interviewed chose to keep news of their pregnancy private for part or all of their first trimester due to the risk of miscarriage. However, approximately a third (36%, 10 out of 28) of the women concealed their condition for more strategic purposes, a tactic I refer to as *passing.* They hid the pregnancy for as long as possible in order to preserve an identity they valued. They believed passing would ensure that others still saw them as capable, reliable, ambitious. For example, one female engineer passed as non-pregnant into her third trimester in order to maintain a "professional" identity, which to her required that one's private life be completely separate from work. In most cases, there was also an element of fear involved. That is, the decision to pass for as long as possible was motivated at least in part by concern about the consequences she might face once others knew. Would she be fired? Would she still receive a raise or promotion? If she was interviewing for a position, would they hire her? As a CPA explained,

> I didn't want to tell them. You know, at a small firm, you think about if you're pregnant, you don't want to be let go. . . That's why I didn't want to tell them—my fear of their hiring someone to replace me.

Several bulletin board postings pertained to the question of whether to admit to being pregnant when interviewing for a job. The overwhelming consensus was that women should pass as non-pregnant or risk not being hired, a point to which I will return later in the paper.

Participants used both passive and active methods to pass. Women who chose the former did not necessarily lie about their condition or go to great lengths to cover it up, but simply did not mention it or found ways to avoid meeting people (e.g., clients) face to

face. The more active approach involved disguising the pregnancy with creative clothing, hiding or lying about her physical symptoms such as nausea, or refusing to acknowledge her condition when asked about it. This range of methods resembled the "avoidance" versus "counterfeiting" strategies used by lesbian and gay employees to manage their sexual identities at work (Chrobot-Mason et al., 2002). Avoidance involved appearing straight or "asexual" simply by not revealing any information about their sexual identity, whereas counterfeiting involved actively constructing a false identity, as in lying about having a heterosexual relationship.

Dressing professionally. As Rafaeli, Dutton, Harquail, and Mackie-Lewis (1997, p. 9) explain, "the choice and wearing of business dress is a performance in the sense suggested by Goffman (1959): a behavior that individuals purposefully use to convey information about themselves to others, enabling them to engage in social interactions and place themselves in social systems." Women in general may havemore difficulty than men choosing business attire, as they face conflicting expectations that they appear both professional and feminine (Wolf, 1991). I would argue that this difficulty is exacerbated significantly when women are pregnant. A pregnant belly is not only feminine, but is overwhelmingly maternal—something typically out of place in a business environment. In addition, pregnant women may feel tired or sick and feel they need to dress well in order to compensate for that.

> I try to make sure I get professional looking maternity clothes, so I have things that are fitting me. For a while I'd just buy bigger size clothes so I can look professional. . . I think your physical appearance gives a certain perception at work. You want to look professional to be viewed as a professional.

I was really conscious of how I dressed, how I looked, because I knew how tired I

was. It's like you have to make that extra effort to look professional and put

together. Because I was getting bigger, and I was tired, and my feet were hurting.

About 20% of interviewees (6 out of 28) described choosing their clothes carefully so

they could continue to maintain their professional identity.

Downplaying the pregnancy. Another tactic that approximately 20% of

interviewees (5 out of 28) discussed using was to deflect or avoid drawing attention to

their condition, a tactic I call *downplaying the pregnancy.* As one manager explained:

Although I am very excited about this and I like talking to other women about

their experiences, I want to be seen as professional, and I have this perception that

as I become rounder, I'm going to become "cuter", and cuter is not professional.

So [I have] a little mixed emotion about other people I work with noticing [that

I'm pregnant].

Downplaying did not involve actually passing as non-pregnant, but instead reflected

women's efforts, once a pregnancy is public knowledge, to minimize the attention drawn

to it, and thus the likelihood it will change how people perceive her. By drawing

attention away from her new status, she helped ensure that others still viewed her as

unchanged. Techniques women used to downplay their pregnancy included deflecting

questions about it (e.g., by answering briefly then quickly changing the topic); not

bringing it up herself in conversation; choosing clothes that minimized the appearance of

her stomach (as opposed to choosing attire that is distinctly professional, see above); and

consciously avoiding touching her stomach.

Going the extra mile. Sometimes participants felt they had to demonstrate exceptional performance and commitment in order to "prove themselves" to supervisors or coworkers—simply maintaining their pre-pregnancy pace was not enough. About 15% (4 out of 28) of women who engaged in identity management described trying to *go the extra mile* in order to create or preserve the image and identity they valued. As an employment agency manager explained:

I started getting nervous that maybe I wouldn't have a job to come back to.
Because if [my boss] thought that I wasn't going to be as driven, then maybe I
wasn't the right person for the position. . . And I started busting my butt at work.
And I started working that much harder, coming up with an office manual so that
when I'm gone they'd have something to refer back to, training others in the
office to do things that I was doing. So I felt I took on even more. I was working
that much harder because I felt like I had to for everyone to feel comfortable with
the fact that I'm pregnant, I'm having a baby, and I'll be gone for a little while.

As with the participants who passed, these women were motivated in part by fear—a concern that if others began to view them differently, they might be fired or denied opportunities, such as needed training.

Shortening maternity leave. Another 15% of interviewees (4 out of 28) chose to ask for shorter maternity leaves than they were entitled to take. For example, a lawyer had planned to take 16 weeks off after delivery, but when her doctor ordered partial bed rest late in her pregnancy, she felt she was no longer "someone that people could count on. I felt—not good about that." And so she returned to work six weeks earlier than

anticipated. A real estate developer submitted a leave proposal that was so ambitious as to make her supervisors laugh:

> We don't have a formal maternity leave policy in our company because no one's
> ever been pregnant . . . So when I submitted my proposal, I requested three weeks
> home no contact, then three weeks available by phone, and then after six weeks
> back in the office. And they all laughed at me! They said, "OK. You haven't had
> a kid before, but we have, and that's not going to work!" So I think they know
> that I'm still dedicated.

These women constructed leaves that were consistent with their work identities. Like all of the tactics described above, taking a relatively short leave enabled pregnant employees to demonstrate their continuing dedication and reliability to supervisors, colleagues, and themselves.

In sum, 80% of the women I interviewed spoke in some way about trying to manage their identities while pregnant—to control how others perceived them in order to ensure that pregnancy did not alter an existing work identity. To accomplish their goals, they used one or more of seven different tactics. In the section that follows, I examine these goals or motivesmore closely to identify precisely *why* so many pregnant workers felt compelled to act in this way. I sensed in the interviews that women's actions were motivated by more than an automatic, unconscious need to self-verify, but may have been carried out in response to some "crisis" of identity (Leary & Kowalski, 1990; Swann, 1987). As I explain below, this analysis required careful examination of not just the explicit accounts women gave for their behavior, but their implied motivation as well. I

begin, however, with an examination of participants' stated motives for managing their identities.

Stated Motives for Identity Management

In order to understand why pregnant employees were motivated to actively manage their work identities, I began by identifying the specific reasons participants gave for their behavior. Multiple participants cited more than one motive as explanation for their identity management efforts. In all, six different categories emerged (see Table 2). I will argue that these motives all reflect a common theme—perceiving the threat of stigmatization and fearing its consequences—and that this perceived threat in fact is the fundamental motivation driving identity management. I briefly describe these six motives then consider the broader theme of stigmatization that underlies them.

Table 2
Identity Management: Stated Motives

Identity Management Stated Motivations	Illustrative Quotes from Interviews
To prove to others she was the same	I didn't want them to think that I didn't want to work. I wanted them to think that I could work my butt off like I always have, and get through the busy season. I traveled for clients during my second trimester. I didn't want people to think I couldn't do it, so I did it.
	I guess I kind of strived to make sure that they wouldn't think [that I couldn't do the job as well.] Maybe I pushed myself a little too hard sometimes as far as trying to get things done for them. I didn't want them to think I couldn't do the job because of this thing happening in my life.
	I think I might even have been determined not to let it [change the kind of employee I was], you know? I didn't want anyone to think I couldn't do something because I was pregnant and I didn't want to lose any opportunities.
	But that's the one thing I've seen with my friends and myself, is that you feel you have to prove yourself. OK, I

	may be pregnant but let me prove myself, prove that I'm a good employee before I leave so you won't think that I'm not. That's where most of my guilt came from. I thought I had to prove myself before I go. I'd already proved myself—that's what I forgot. So I think they see that I still have the dedication and the work ethic and that I'm putting in the time to make sure the work is done properly. I'm consciously doing those things because I want them to know that I'm not just [someone who doesn't] care about work anymore. I guess mostly I've tried not to let it look like work doesn't mean as much to me.
To convey a professional image	I want to be seen as professional, and I have this perception that as I become rounder, I'm going to become "cuter", and cuter is not professional. So a little mixed emotion about other people I work with noticing [I'm pregnant]. [I was conscious of how I dressed] because I didn't want people to think, "Oh my God! She's pregnant and she's just looking a mess! We have clients coming here, you know!" I think your physical appearance gives a certain perception at work. You want to look professional to be viewed as a professional.
To prove to herself she was the same	I probably wouldn't push myself as hard as I did. I realized this afterwards. It doesn't benefit anybody, because I was working the exact same hours. Near the end, I was very tired. I guess it was the last week, I talked to my doctor and he said, "You'd better go reduced hours." My boss said, "Of course," but I literally did that for five days then I had the baby. So, I think I was trying to prove something to myself to much. Sometimes you I just have to give in and let people do things for me. Like sometimes you walk through stores and you see women and they're kind of rubbing their stomachs. I mean we all know you're pregnant. You don't have to make it more apparent. That's what I was trying not to do. Maybe to ease myself as much as other people. I'm not that different. I don't want to be accommodated because I'm in this condition. I think that's really it.
To establish a new identity	I really was just focused on doing a great job so when I did let them know or they figured it out I would already have proved myself there. So it was hard because at that point too

	I was already wore out and you're trying to make a name for yourself before this big secret is out.
	I didn't really anticipate any real negative consequence at work, but since I was reasonably new to my position, it did occur to me that it was kind of nicer to let them see me prove myself before I had to go to my boss and talk about a leave or anything.
To avoid being fired	It was really hard to let them know [that I was pregnant], because I was afraid that all of a sudden there'd be an excuse for why I didn't need to be there.
	You know at a small firm, you think about if you're pregnant, you don't want to be let go. That's why I didn't want to tell them.
To convince others she would not quit	And I was kind of like, "What are they going to say?" Because I felt like I hadn't been there long enough to be pregnant, and I was nervous that they would think all the things, you know, "She's going to be going. Let's not spend any more time with her."
	And then she said, "Maybe you'll decide to stay home and maybe you won't. That's OK. Whatever you choose to do this is what is most important for you and your family." And I said, "No, no. I'm definitely coming back." And she said, "No you might not. You'll have to decide." She kept saying I might not. I kept saying, "No I will." In the back of her head, she thought I wasn't coming back.
	I was a little bit worried that they might think, "Oh, that means she's going to leave."

As I have indicated, many interviewees claimed that how they viewed themselves as an employee was relatively unchanged by their impending motherhood. It follows, therefore, that the most common reason cited for identity management was *to prove to others she was the same*. Approximately 60% (17 out of 28) of participants who managed their identitiesdescribed wanting to demonstrate to colleagues , supervisors, clients, or others that they were not changing in a significant way because of the pregnancy. As a research assistant explained, "You want to let people know that you're still working.

You're not just like this pitiful little thing. You're fine and you can still do it. . . I mean you're still the same person!" Often, this desire was expressed not just in terms of how an individual hoped people would view her, but also what she *feared* people would think now that she was pregnant—in other words, alluding to the identities or images she wanted to avoid.

> I didn't want them to think that I didn't want to work. I wanted them to think that I could work my butt off like I always have and get through the busy season.

> I didn't want anyone to think I was irresponsible or anything.

> I didn't want people to think I was some slacker or had my priorities mixed up or anything of that nature.

Similarly, 25% of interviewees (7 out of 28) noted that they specifically wanted *to convey a professional image* to the people with whom they worked. In all of these cases, "professionalism", however they defined it, was an important element of their identities as employees, and in this respect, the category overlaps considerably with the one above. I differentiated the two categories, however, because of the way in which some women specifically singled out professionalism as a key goal of their tactics. They expressed concern that pregnancy (e.g., the large belly, the frumpy clothes, swollen feet) would be viewed as unprofessional, and their behaviors were calculated to ensure that the pregnancy did not in fact spoil their desired image.

Yet another goal of identity management was *to prove to herself she was the same*. In other words, 18% of participants who reported managing their identities (5 out

of 28) stated that they engaged in such behaviors in order to reassure themselves that pregnancy was not altering their work identity--"to prove to myself that I could still do it". In their interviews, three of these five made a point to compare themselves favorably to other women who "flaunted" their pregnancies, "played the pregnancy card", or could not keep up at work. For example:

> My character didn't change, I didn't become wimpy or anything, you know what I mean? Some women, the day they find out they're pregnant, they get a parking spot for the handicapped! There's this special spot if you need to park close for whatever reason. And we always joke that it's the "pregnancy spot". You could see who was there! These women get the spot because they don't want to walk that far. I: Oh really? Is that common? R: Very common. And that's fine, if you have an issue where you don't want to walk very far. But I never changed anything. I never did that.

Participants seemed to use these stories as cautionary tales, as extra motivation to maintain their performance and as reassurance that they were not in fact "like that".

The fourth category is of women who were new to their positions and consequently sought *to establish a new identity* in those jobs . While only three (11%) of the interviewees who managed their identities cited this as a motivation, their concerns were significant enough to note here. Two of the women discovered they were pregnant immediately before beginning their new jobs and the other had recently been promoted to a manager. All three chose to conceal their pregnancies until they felt they had had some chance to prove themselves in their positions. To these women, being pregnant potentially compromised their ability to demonstrate their capabilities and value to

supervisors and colleagues, and so even after revealing their condition, they remained vigilant about establishing their identities. Many bulletin board postings also conveyed the special worries of new employees or women who were interviewing for jobs. One bulletin board poster who was recently hired after having concealed her pregnancy during the interview process explained her decision to pass in this way:

> I finally found a job and got hired. I have been actively looking for a job since September . . . I am currently 21 weeks! And NO I didn't tell them yet! I know honesty is the best policy, blah, blah, blah. But we as women have to face the fact that we will always be discriminated against, we already have a glass ceiling, now add maternity. I have decided to wait a month until I share that I am pregnant and that I will be needing 6 weeks off. I came to this decision because if I tell them right away they may carry resentment towards me and be completely biased on my work evaluation. I feel this gives me an opportunity to show them how hard of a worker I am and that I am committed to the success of my career.

As she clearly explains, this woman felt that passing not only allowed her to secure a job, but gave her the time she needed to create the image and identity she wanted as a new employee.

Finally, the last two categories reflect not just interviewees' concerns about how they were perceived, but their fears about specific consequences that might result from negative perceptions. Approximately 20% (6 out of 28) described managing their identities in order *to avoid being fired,* while 25% (7 out of 28) did so *to convince others she would not quit*—because if people thought she was going to leave, they might deny her training and development opportunities, take away her assignments, or demote her.

The women in these two categories hoped that by managing how others perceived them they could avoid these consequences.

<u>Perceiving the Threat of Stigmatization</u>

These six stated motives for identity management are allrelated to a more implicit theme. Although they rarely explicitly said so, the participants' descriptions of their motives—the desires and concerns that led them to engage in identity management efforts—conveyed a belief that pregnancy at work was a *stigma* that had the potential to threaten their status and well-being. As Crocker et al. (1998) state, "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in some particular social context" (p. 505). In every case, the women who engaged in identity management did so because they believed that pregnancy was or might be a devalued identity within their particular workplace—and so a potential source of prejudice and discrimination. I argue that each of the stated motives described above reflects this concern about stigmatization, and that the perceived threat of stigmatization was the primary, underlying motivation for individuals' identity management efforts.

Specifically, participants seemed to experience the particular predicament of *stereotype threat*. As explained previously, stereotype threat occurswhen stigmatized persons believe they are likely to be evaluated according to specificnegative stereotypes about their group and/or risk confirming stereotypes through their own behavior (Steele & Aronson, 1995). In contrast to the broad challenge to one's self-worth that might accompany a general devaluation of one's identity, "stereotype threat leads to self-threat only when the specific content of a negative stereotype is salient and directly relevant to

one's behavior in a given situation" (Dovidio et al., 2000, p. 16-17). Like other stigmatized individuals, the participants in this studyheld certain assumptions about others' perceptions of and expectations for them, based on their understanding of cultural stereotypes of pregnant women (Cioffi, 2000; Dovido et al., 2000; Link & Phelan, 2001). In the interviews, women offered insights into these assumptions through comments about what they worried people would think of them (e.g., not capable, uncommitted, unprofessional), the cautionary tales they told about other pregnant women, and their stories about how supervisors or others actually responded to the pregnancy. For example:

> Some of them, a couple of the [day shift nurses] were almost over-protective—you know, "Oh no you shouldn't be doing that"—something I could do. And although it was nice in the beginning that they wanted to do this, there were times I didn't want to be perceived as not being able to do it and then causing them more work.

> . . . that was part of why I was a little anxious about telling them because I was kind of worried they might think, "Oh, she's probably not planning to come back so we could let her go."

> I didn't want them to think that I was slacking off just because I was pregnant and using it as an excuse. That was something thing, too. I was afraid that everyone would think that I was just using this as an excuse to pawn work off on other

people. And so, I tried very hard to be like, gung ho and motivated. I wasn't, but I

acted like I was.

In fact, the descriptions contained in the various statements and stories, such as being

viewed as "delicate", "irresponsible", "cute", "slacking off", and not "serious about

work", strongly resemble what researchers (e.g., Gueutal and Taylor, 1991; Halpert et al.,

1993) have identified as common stereotypes of pregnant women.

While such stereotypes may or may not have been threatening outside of the

workplace, they were decidedly threatening to the women's status *at work*—suggesting

that pregnant women could not or would not meet the standards expected of employees in

their organizations. Such stereotypes were at odds with the content of the women's own

desired work identities, with how they wanted others to view them as employees and

professionals. In addition, their awareness of these stereotypes led to concerns that

supervisors, coworkers, or others might expect them to behave accordingly and

potentially discriminate against them based on those expectations.

The motives women gave for identity management conveyed their desires to

counter these stereotypes and to avoid being discriminated against on the basis of them.

Thus, participants described wanting to prove to others that they were still the same (*not*

uncommitted, unreliable, etc.) or still professionals, or wanting to create, as new

employees, work identities that were not affected by pregnancy. Even when discussing a

need to prove to *themselves* that they were the same, participants implied that pregnancy

was in some fashion inconsistent with their valued self, threatening changes in identity

that they needed to ward off, if only for their own peace of mind. As noted above, some

participants stated they relied on identity management tactics to avoid the worst case

scenario of actually being fired, or to persuade others they would not quit once the baby came—because if people thought they would quit, they might lose a promotion, or be denied certain opportunities. And although bulletin board posters rarely discussed specific identity management tactics other than passing, several wrote about similar fears, anxieties, and suspicions of possible discrimination—will I be fired? Will I be hired? Will I get my raise or promotion? How should I broach the subject of leave? Why are my supervisors disregarding my doctor's orders? How do I handle my boss's disapproval?

Fortunately, their concerns about overt, formal discrimination did not ultimately materialize for most interviewees (nor, I suspect, for most posters). And I should emphasize that their worries were usually tempered by other, positive encounters with coworkers or supervisors. For example, women often spoke of how pregnancy had brought them closer to some colleagues, especially other mothers, with whom they now shared much in common. Nonetheless, as I explain in greater detail below, every woman who managed her identity described experiencing some degree of concern about possible stigmatization at work.

Examining the Link Between Perceived Stigmatization and Identity Management

To summarize, I have argued that pregnant employees' efforts to manage their identities were ultimately driven bybeliefs that they either were or *might be* stigmatized at work because they were pregnant—that others might judge them and even discriminate against them on the basis of negative stereotypes of pregnant workers. These beliefs were evidenced in the specific motives they cited fortheir identity management efforts, and more generally in comments about how they thought people viewed them or other pregnant employees and how people actually responded to the pregnancy. Women

appeared to employ identity management tactics in order to counter these stereotypes—thus maintaining the work identities they desired while also avoiding encountering bias and discrimination.

This analysis was based on an examination of interview passages coded for identity management, from which I identified various tactics as well as motives. I wanted to ensure, however, that my assumptions about the relationship between identity management and perceived threat of stigmatization were well grounded—that I was not inferring something that was not really there. In order to check my interpretations, I constructed a "predictor-outcome matrix" (Miles & Huberman, 1994), which provides a visual display of data for an outcome and the suspected antecedent or predictor. Predictor-outcome matrices allow one to move from description to explanation without losing sight of the complexity and variability that exist in the multiple cases. The goal is not necessarily to *test* or verify a hypothesis, but to ensure that one's explanations are fully grounded in the data.

In constructing the matrix, I scaled both the outcome (i.e., identity management) and the predictor (i.e., perceived threat of stigmatization) (Miles & Huberman, 1994). Interviewees had demonstrated considerable variability in the lengths to which they went to try to manage their identities, as well as their level of concern about stigmatization and the risk it posed to them. I therefore devised decision rules for categorizing participants according to their *degrees of identity management effort* and *degrees of perceived threat* (see below for a description). After scaling the variables, a research assistant and I independently rated interview participants for their levels of perceived threat and identity management. I rated all 35 interview cases for both; the assistant rated half of the cases

for identity management and the other half for perceived threat, and rated two cases for

both. Our interrater agreement was 86% for degree of identity management and 76% for

degree of perceived threat. I then arrayed individual participants by their respective

degrees of outcome and predictor in a table format. Below, I review the evidence

displayed in the completed matrix (see Table 3).

Table 3
Perceived Threat of Stigmatization as a Predictor of Identity Management

Interview Case Number	Degree of Identity Management	Degree of Perceived Threat of Stigmatization
1	None	None
4	None	None
15	None	None
16	None	None
24	None	None
31	None	None
35	None	None
5	Mild	Severe
18	Mild	Mild
28	Mild	Moderate
33	Mild	Mild
2	Moderate	Moderate
6	Moderate	Severe
7	Moderate	Moderate
9	Moderate	Severe
11	Moderate	Moderate
13	Moderate	Moderate
14	Moderate	Mild
19	Moderate	Moderate
20	Moderate	Mild
21	Moderate	Moderate
22	Moderate	Moderate
23	Moderate	Severe
25	Moderate	Severe
27	Moderate	Moderate
32	Moderate	Severe
34	Moderate	Moderate

3	Extreme	Severe
8	Extreme	No data
10	Extreme	Severe
12	Extreme	Severe
17	Extreme	Severe
26	Extreme	Moderate
29	Extreme	Severe
30	Extreme	Severe

Degrees of identity management. Participants varied considerably in the degree

to which they were determined to manage their identities at work. Consequently, I

developed criteria for categorizing each interviewee into one of four groups reflecting

different degrees of identity management. The key feature that differentiated the groups

was how much *overall psychological and/or physical effort* participants described

making to manage their identities. The underlying logic was that persistence in identity

management tactics that are difficult to carry out is an indicator of how determined an

individual was to successfully manage her identity. The independent rater and I made

judgments about overall effort based on the accounts interviewees gave of the relative

ease or difficulty they experienced in trying to manage their identity—i.e., the amount of

psychological and/or physical effort they described exerting.

Participants were classified as making *No Effort* if they made no mention of using

any identity management tactics. Twenty percent of interviewees (7 out of 35) made no

effort. I classified approximately 10 % (4 out of 35) as making a *Mild Effort* because they

only discussed using identity management tactics that required little overall psychological

or physical effort. For example, one woman passed until near the end of her first trimester

(not especially difficult to do), but did not mention making any other attempt to manage

her identity. Another described maintaining her pre-pregnancy pace as well as not

requesting any special accommodations, but apparently did not expend any significant energy trying to do so. About 45 % of interviewees (16 out of 35) were classified as making a *Moderate Effort* to manage their work identities when they described using one or more tactics that required a moderate amount of overall psychological or physical effort. So, for example, two women described finding creative ways to pass throughout their pregnancies—not from their supervisors or coworkers (which would have been even more difficult to do, see below), but from vendors and contractors who, they felt, might not want to negotiate or work with them if they knew of the pregnancy. Many women in this category made conscious choices to work long hours or refuse to ask for help even when very pregnant or ill.

> I definitely made sure that—it was so tempting to call in sick so many times, but I always made sure that I was actually at work and not using pregnancy as an excuse, I guess. I probably could have taken a few more sick days that I did, but I didn't want them to start thinking, "Oh see—she can't handle it."

Finally, approximately 25% of participants (8 out of 35) were classified as making an *Extreme Effort* to manage their work identities when they described using one or more tactics that required extreme overall psychological or physical effort. Again, the chief difference between Moderate and Extreme Effort was not which tactics women used, but the lengths they went to carry them out and the distress they experienced as a result— even, in at least two cases, risking their own health or that of the baby. Examples of such extreme identity management include a participant who concealed her pregnancy from coworkers into the third trimesters—a feat requiring considerable ingenuity and vigilance. Some women embarked on a near-frantic pace of work ("busting their butts",

so to speak), while simultaneously refusing to ask for any accommodations and finding various ways to conceal or downplay their condition.

Degrees of perceived threat. To measure degree of perceived threat of stigmatization, I assessed how much concern a participant expressed, indirectly or directly, about others' negative perceptions of her or about stereotypes of pregnant workers. This concern was reflected in the amount of anxiety and mental distress participants described feeling, as well as the specific consequences, if any, that they feared would result from these perceptions or stereotypes (e.g., people not giving them assignments, denying them training, or firing them).

Twenty percent of the interview participants (7 out of 35) described feeling *No Threat* from their pregnant status at work. They made no mention of any awareness of stigmatization, and did not discuss having any concerns about the consequences of pregnancy for their identities, their relationships, or their jobs. I classified about 10% (4 out of 35) as perceiving a *Mild Threat* because they *did* express an awareness of the potential for stigmatization—that is, they recognized that others might view them or other women differently because of pregnancy—but described feeling little to no anxiety about it, and also *did not* mention any concern about specific, negative consequences they might experience. An example of someone in this category was a real estate developer who, although she implied being aware that her colleagues might no longer view her as "dedicated" and reliable, was not apparently concerned that the pregnancy would ultimately threaten her status at work. In fact, she expressed delight with how supportive her colleagues were of her pregnancy. I classified about 30% of participants (11 out of 35) as experiencing a *Moderate Threat* when they described experiencing a moderate

level of concern or anxiety about being stigmatized (that is, about being perceived negatively), *and/or* mentioned being concern about moderately negative consequences (e.g., receiving fewer opportunities at work, being less able to negotiate effectively with vendors). Note that either a moderate level of anxiety or a mention of concern about a moderately negative consequence was sufficient to place someone in this category. As an example, a psychology fellow described feeling very anxious about revealing her pregnancy because she worried her supervisors would not be accommodating and also might question her level of interest in the position. Finally, I identified about 35% of the interviewees (12 out of 35) as experiencing a *Severe Threat* because they described a very high level of concern or anxiety about being stigmatized, *and/or* mentioned being concern about severe consequences (e.g., being fired, being demoted). The women in this category all expended considerable mental energy worrying about how they were being perceived or what negative repercussions they might face. For instance, a professor described the level of concern she felt about how others would view her once they learned of her pregnancy:

> I just thought, well, some people might treat you differently and not give you opportunities, thinking you're not going to be here. I didn't want anyone to think that way, "Well, you're not going to be here so I'm not going to ask you to work on this or that." Just in general, I expected people to treat me very differently after they found out.

And she continued to monitor how others perceived her throughout her pregnancy. Ten of the eleven participants in this category described worrying that they would experience negative treatment at work as a result of being pregnant. And the one individual who did

not discuss hypothetical consequences actually *did* experience negative treatment from her supervisor and some team members (as did a few others in this category).

Examining the predictor-outcome matrix. If there is an observable relationship between perceived threat of stigmatization and identity management, then in examining data in the predictor-outcome matrix, one should find that as the degree of identity management effort increases across cases, so does the degree of perceived threat. As shown in Table 3, there is a general corresponding increase in the level of perceived threat as one scans the columns from *No Effort* to *Extreme Effort*, with some exceptions. There is a perfect correspondence in the *No Effort* category—of the seven cases, 100% reported perceiving *No Threat.* The *Mild* and *Moderate Effort* categories reveal a greater mix, as would be expected, with a particularly clear increase in the level of threat in the Moderate Effort group: of the 16 cases in this category, none (0%) experienced No Threat, two (13%) reported a Mild Threat, nine (56%) a Moderate Threat, and five (31%) a Severe Threat. Finally, participants in the *Extreme Effort* category expressed a considerable perceived threat from stigmatization. Of the eight cases in this category, none (0%) reported *No Threat*, none (0%) reported *Mild Threat,* one (13%) described experiencing a *Moderate Threat,* and six (75%) perceived *Severe Threat.* (One case, a preliminary interview, had no data on perceived threat.)

The data in Table 3 suggest the theorized relationship between individuals' perceived threat of stigmatization and their efforts to manage their work identities is well grounded in the interview data. Identity management, therefore, appears to be the *management of a stigmatized identity* (Goffman, 1963). The women in this study acted to defend their desired identities against the "spoiling" of stigma and also to mitigate any

risk of overt discrimination. The tactics participants adopted functioned to rescue valued

work identities (and perhaps their very jobs) by challenging or refuting the negative

expectations and assumptions bosses, coworkers, or clients might have for them. Indeed,

the tactics they used resemble those adopted by other stigmatized persons (Crocker et al.,

1998; Goffman, 1963; Miller et al., 1995): concealment, behaving in ways that are not

expected of their group (i.e., maintaining their pace and even going the extra mile),

downplaying their condition, avoiding behaviors that are typically identified with the

stigma (i.e., not asking for special accommodations), and displaying "disidentifying"

symbols (i.e., dressing professionally).

If perceived threat accounts for variations in individuals' degrees of identity

management, what factors might be related to variations in the degree of perceived

threat? In other words, what conditions might lead some workers to believe that they are

or could be stigmatized because of pregnancy, or even worse, that such stigmatization

threatens their jobs, while other women perceive no stigmatization at all? I turn now to a

consideration of potential antecedents of perceived threat.

<u>Antecedents of Perceived Threat of Stigmatization</u>

To answer the above question, I explored a range of contextual factors and

individual differences that could influence variations in perceptions of stigmatization. As

explained in the Methods section, I first examined the "negative cases" (participants who

reported no identity management or perceived threat) and used their shared

characteristics as a starting point for examining similarities and differences between these

participants and the others. I then constructed a predictor-outcome matrix (Miles &

Huberman, 1994), as described in the previous section, to explore the visual display of

data related to several potential antecedents. I rejected some factors that did not have a clearly visible relationship with perceived threat or for which I had insufficient data, including coworker support, the gender composition of the participant's organization, and personal gender beliefs. I then supplemented the remaining list by examining bulletin board postings to find any key issues that might not have been represented in the interview sample. Table 4 contains the final predictor-outcome matrix based on the interview data. I included an additional antecedent (physically demanding/hazardous jobs) based on the analysis of bulletin board postings, but did not have sufficient interview data on that antecedent to include it in the predictor-outcome matrix.

I ultimately theorized that five contextual factors served as antecedents of perceived stigmatization, organized into two general categories: characteristics of the work environment (i.e., supervisor relationship and organizational climate) and characteristics of the pregnant worker's job (i.e., status, tenure, and physical demands). I describe each of the contextual factors in turn below. I should emphasize that because I did not collect data on actual workplace conditions (e.g., through observation in organizations), I cannot claim that these particular jobs or work environments in fact lead to stigmatization. I do not know whether any pregnant workers in this study were *actually* stigmatized. I only suggest that these factors are related to individuals' *perceptions* that they might be or are stigmatized in the workplace due to pregnancy.

Table 4
Antecedents of Perceived Threat of Stigmatization

Interview Case Number	Perceived Threat	Super. Relation.[a]	Org'l. Climate[b]	Short Tenure[c]	Lower Status[d]
1	None	+++	FF		
4	None	+++	FF		Low
15	None	+++	FF		
16	None	+++	FF		
24	None	+++	FF		
31	None	+++	FF		
35	None	+++	FF		
14	Mild	OK	FF		
18	Mild	+++	FF		
20	Mild	OK	FF	Yes	Low
33	Mild	+++	FF		
2	Moderate	+++	FF		
7	Moderate	No data	Not-FF		
11	Moderate	OK	FF		
13	Moderate	--	FF	Yes	
19	Moderate	+++	FF		
21	Moderate	OK	FF	Yes	
22	Moderate	+++	FF		Low
26	Moderate	OK	FF		
27	Moderate	+/-	FF		
28	Moderate	+++	FF	Yes	Low
34	Moderate	+/-	Not-FF		
3	Severe	OK	Not-FF	Yes	Low
5	Severe	+/-	FF		
6	Severe	+++	Not-FF		Low
9	Severe	+/-	No data	Yes	Low
10	Severe	--	Not-FF		Low
12	Severe	--	Not-FF	Yes	
17	Severe	OK	Not-FF	Yes	
23	Severe	+/-	Not-FF	Yes	
25	Severe	+/-	Not-FF		
29	Severe	OK	No data	Yes	Low
30	Severe	+/-	Not-FF		
32	Severe	OK	Not-FF	Yes	

Note. A fifth antecedent, Physically Demanding/Hazardous Work, was not included in this table due to lack of interview data. Its inclusion in the final model (see Figure 1) was based on analysis of Internet bulletin board data.

[a] Supervisor relationship: +++ = Very positive. OK = Neutral. +/- = Mixed. -- = Very negative/unsupportive.

[b] Organizational climate: FF = Family-friendly. Not-FF = Non-family-friendly.

[c] Short Tenure: Yes = Participant had been in her position for less than two years when she became pregnant.

[d] Lower Status: Low = Participant held a lower status position, typically requiring less education and receiving lower pay.

　　　　The work environment: Organizational climate and supervisor relationship. Two features of the work environment appeared to be related to differing levels of perceived threat: the quality of participants' relationships with their supervisors and the degree to which their organizational climates were "family-friendly"—i.e., supportive and accommodating of working parents' needs. First, there were four different types of supervisor relationships apparent among the 35 interviewees. I characterized a participant as having a *Very Positive Supervisor Relationship* when she described her supervisor as going out of his/her way to support the pregnancy, and when she had only very positive things to say about the supervisor. I defined a relationship as *Neutral* when a participant described her supervisor as supportive enough of her needs, but did not report having an exceptionally positive relationship (e.g., she would not call the supervisor a "friend", the supervisor followed procedures but was not exceptionally accommodating). A relationship was characterized as *Mixed* when the participant described her supervisor as having both positive and negative characteristics (e.g., a boss who was accommodating but had a terrible temper). Finally, participant was classified as having an *Unsupportive* relationship when she reported that her supervisor made no effort to be accommodating or supportive, or when an immediate supervisor was so terrible as to nullify any support received from other superiors.

As shown in Table 4, as the degree of perceived threat increases across cases, the quality of supervisor relationships becomes more negative, suggesting that pregnant workers' relationships with their supervisors are a factor related to or influencing their perceived stigmatization. All seven participants who reported No Threat also reported having Very Positive supervisor relationships, and as one scans the column from Mild to Severe Threat, there is a general decline in the quality of relationship. Of the four participants reporting Mild Threat, two (50%) described a Very Positive relationship and two (50%) a Neutral relationship, with none (0%) reporting a relationship that was Mixed or Unsupportive. The eleven Moderate Threat cases were more mixed: four (36%) reported a Very Positive relationship, three (27%) Neutral, and three (27%) either Mixed or Unsupportive. (One case, a preliminary interview, was missing data on her supervisor relationship). And in the Severe Threat category, only one (8%) participant reported a Very Positive relationship. Four (33%) reported a Neutral relationship, and 7 (58%) described a Mixed or Unsupportive relationship.

I found similar trends with organizational climate. I defined *Family-Friendly Organizational Climate* as involving company and/or departmental policies and practices that were supportive and accommodating of working parents' needs, in particular new mothers'. Examples of these policies and practices included offering job-sharing or flexible hours, having generous and clearly defined maternity leave policies (e.g., paid leave and meeting or exceeding FMLA standards), and top leaders who articulated support for working parents. I characterized participants as working in a *Non-Family-Friendly Organizational Climate* when they described company and/or departmental policies and practices that were not supportive or accommodating of working parents'

needs, in particular those of new mothers. Examples included offering no paid leave, having nonexistent or unclear leave policies, having leaders who actually voiced lack of support for working mothers, and not supporting part-time work. These anonymous postings, from a law enforcement officer and a healthcare worker, illustrate some of the dilemmas faced by women who work in unsupportive environments.

I'm 10 weeks pregnant and I work in law enforcement. Ever since I told my boss that I'm expecting I've had nothing but problems at work. They've changed my schedule and reduced my hours. Everyone was nice to me at first and congratulated my husband and I, but now I'm getting nothing but the cold shoulder. People talk behind my back and say that I shouldn't be in this line of work now that I'm pregnant. My lawyer is handling the whole schedule thing, but I was wondering if anyone had any tips on how to handle the nastiness I've had to deal with. My hormones are crazy right now anyway. It doesn't help that every time I here one of there comments I cry. That just reassures their beliefs that I should "take some time off." Help...please!

I am also being treated like crap at work and I am also in the medical field. I had to tell my boss when I was 4 wks pregnant, because I was spotting and needed some help. They wanted me to go out on disability right then, which we cannot afford!! They've consistently treated me terribly since then leaving me to work by myself often and putting me in unneeded stressfull situations, only because they refuse to get me help!! I am 30 wks right now and going out (28 working days and counting) a month early on my maternity leave, because I also cannot handle

the stress, and we don't really have the money either. I don't understand how they

get away with it and why they even want to IT'S THE MEDICAL FIELD and

they treat you like you have this terrible disease an they want to just get rid of

you!!

The above postings also, of course, are examples of unsupportive supervisor

relationships—but these bosses were also responsible for establishing and enforcing

policies and practices that clearly created a non-family friendly climate for these women

and others in their predicament.

As indicated in Table 4, all participants in both the No Threat and Mild Threat

categories reported having Family-Friendly Organizational Climates, while two of the

eleven participants (18%) in the Moderate Threat group reported working in Non-Family-

Friendly Climates. In striking contrast, nine of the twelve participants (75%) who

perceived a Severe Threat described working in Non-Family-Friendly Climates. Only one

(8%) reported a friendly climate; two were missing data. These data suggest a strong

relationship between having a Non-Family-Friendly Organizational Climate and

perceiving that one will be stigmatized as a result of pregnancy.

Job characteristics: Tenure, physical demands, and status. Three different

characteristics of women's jobs were associated with increased perceptions of threat:

short tenure (i.e., being new to a position), physically demanding or hazardous work, and

lower status. First, although most interview participants had been in their positions for

some time, ten of them were relatively new to their jobs. I defined *Short Tenure* as being

in a position for less than two years. This quote from a marketing assistant who started

her new job without revealing she was a few weeks pregnant conveys the dilemma she

faced:

> I really didn't want them to know. For one, being new there and not knowing if
>
> that would make a –I really was just focused on doing a great job so when I did let
>
> them know or they figured it out I would already have proved myself there. So it
>
> was hard because at that point too I was already wore out and you're trying to
>
> make a name for yourself before this big secret is out. That's a hard position to be
>
> in, being new to the company and already being on the pregnant clock, so to
>
> speak. You know, it's like every week is counting. I didn't tell them until I was
>
> four months, just a few weeks ago.

As is indicated in Table 4, being new to a job was related to an increased perception of

stigmatization among interview participants. None of women in the No Threat category

were new, and only one participant (25%) in the Mild Threat group and three participants

(27%) in the Moderate Threat groups were. However, seven of the twelve women (58%)

in the Extreme Threat category had short tenures. Evidence from bulletin board postings

further supports this theorized relationship, including the dilemma of applying for a new

job while pregnant. The consensus of "posters" was that pregnancy jeopardized both the

ability to get hired and to keep a new job, as indicated in these postings:

> I have to agree with the last poster, although it is not legal to discriminate against
>
> a woman who is pregnant it is done all the time. It is very easy during the
>
> interview process to find another reason for not hiring someone so it is a practice
>
> of discrimination that is easy to get away with. I would not mention being

pregnant until after you are hired. But be prepared to have an unhappy boss for a few days.

Bulletin board postings also shed important light on another characteristic associated with perceived threat: the degree of physical demands and risk associated with the job. I defined work as *Hazardous or Very Physically Demanding* when it involved extraordinary physical exertion, including standing for long periods of time without rest and lifting heavy objects, or unusually high risk to the mother or fetus, including working with dangerous substances (e.g., some pharmacists and nurses) or in dangerous situations (e.g., law enforcement). Because only one interview participant, an LPN, held a job that was physically demanding, I did not include this factor in Table 4, but this participant did report perceiving a Severe Threat. Of the 286 total Internet postings, however, 23% concerned complaints, inquiries, or advice about how to handle physical or hazardous work. Pregnant workers cannot typically perform such work without special accommodations; if they do, they potentially risk their own health or that of the fetus. For example, some women who posted described experiencing cramping, bleeding, and excessive fatigue after standing or lifting heavy objects all day. In addition, some complained that supervisors or coworkers believed such work was not suitable or appropriate for a pregnant woman (see for example the above posting from a law enforcement officer). I argue that for these reasons, physically demanding or hazardous work is likely to be associated with "real" or perceived stigmatization. This quote from a lab assistant provides one of the clearest examples of how such work conditions might contribute to perceptions of threat:

I take care of research animals for a big university and I am having a lot of problems all of a sudden. I had to get a doctor's note so I wouldn't have to lift 50 pounds bags of feed. Then I wanted to be removed from a pig room cause they are huge and I didn't feel comfortable working on a wet floor. I had to get a note for that one too. My doctor threw on there to avoid rabbit rooms, guinea pig rooms (I would need a stool for the top row plus moving the cages would be dangerous for me) and then to avoid the chicken rooms cause of bacteria. Now I am being told that with these restrictions, I can either move to a different area or take my FMLA early! I am only 28 weeks along. What I don't get is that they just won't switch me with one of my co-workers in the same area for his mouse room (then I would have three) and he take my pig room from me. . .Legally, they cannot force me to take my FMLA early because there is work for me to do, they are just refusing to assign me to it. I have worked at this place [for 8 years]. Now I am being treated like sh*t and I do not deserve it!

The stories shared by posters suggest when working under such conditions, pregnancy complicates or hinders an employee's ability to perform as expected. Because they cannot perform at their former level or must ask for special accommodations, pregnant workers would likely believe that they are or might be stigmatized by pregnancy.

The final characteristic related to variations in perceptions of threat was *Lower Job Status.* I classified participants as having Lower Status Jobs when they occupied positions that required little education or that offered low pay. Examples include administrative assistants, retail salespersons, and LPNs or certified nursing assistants (CNAs). I also included in this category a research fellow in a university and a

psychology fellow in a hospital because, although they had advanced degrees, their positions were temporary and near the bottom of the hierarchy within their organizations. In addition, I examined whether *Managerial/Professional Status Jobs* was associated with variations in perceived threat, defining this category as including managerial positions or permanent positions requiring professional degrees (e.g., lawyer, CPA, tenured or tenure-track professors). (Some interview participants had mid-level status positions and so were not classified into either of these categories.) Interestingly, Managerial/Professional Status did not appear to be related to degree of perceived threat, but Lower Status was—of the nine interview participants who held fairly low status jobs, five (55%) of them reported perceiving a Severe Threat (42% of all participants in the Severe Threat group had Lower Status jobs). In contrast, only one of the participants (14%) in the No Threat category held a lower status position (see Table 4). Bulletin board postings further strengthened my confidence in this theorized relationship. Although most posters did not describe the type of work they did, at least 37% (19 out of 51) of the postings that described a perceived threat or complained of actual discrimination were from women who clearly held lower status jobs, such as hourly service workers, receptionists, and nurses.

In sum, the data revealed five characteristics of individuals' work environments and jobs that were associated with increased perceptions of threat: lesssupportive supervisor relationships, non-family-friendly organizational climates, short tenures, hazardous or physically demanding work, and lower status. Unfortunately, but not surprisingly, many of these characteristics may commonly appear as a package. In particular, jobs that are lower in status may be more likely to include unsupportive and

unaccommodating supervisors and organizational climates, as well as more physically demanding work. Pregnant workers in such jobs may be less likely to have benefits, including paid or job-protected maternity leave, or to have supervisors who are flexible and accommodating. But regardless of whether they occur together or separately, these factors appear to increase the likelihood that pregnant women will perceive that they are stigmatized—and experience associated stereotype threat—in their workplaces.
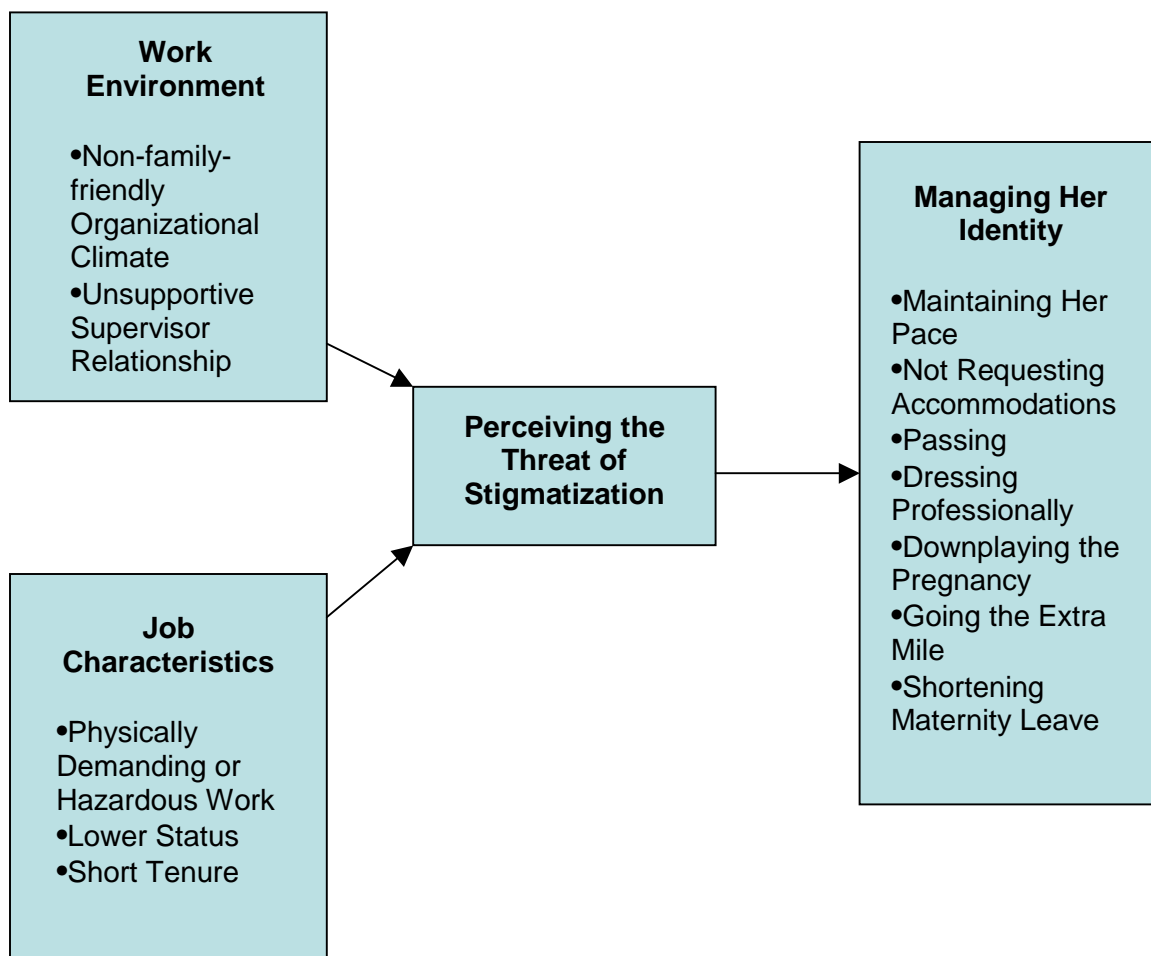
Discussion

This paper describes a theory-building study of the rarely examined phenomenon of pregnancy in the workplace. I began the project seeking to understand the dynamics of work identity for pregnant women—how their interpretations of and responses to different work experiences might affect their views of themselves as workers. Few researchers have examined the consequences of pregnant women's work experiences for their orientations towards work and career, and none has specifically examined the issue of work identity. Through analysis of interviews and Internet bulletin board postings, I discovered thatthe more interesting and salient issue for most women was not whether or how their work identities changed, but instead how they sought to preserve their existing identities in the face of supervisors' and colleagues' changing perceptions.

The grounded theory that emerged from the study is summarized in Figure 1. Many participants believed that the people with whom they worked might hold certain stereotyped expectations of them—expectations that as pregnant women they could not, would not, or should not perform up to the standards demanded by their organizations. These participants therefore regarded pregnancy as a stigma that could potentially threaten their desired work identities and status on the job. Five job and work environment characteristics appeared to be associated with an increased perception of stigmatization: unsupportive supervisor relationships, non-family-friendly organizational climates, short job tenures, lower status positions, and performing physically demanding or hazardous work. Depending on the level of threat they perceived, women responded with a range of behaviors intended to preserve and maintain (i.e., "verify") their existing work identities and avoid possible discrimination. I identified seven specific tactics used

to challenge or refute negative stereotypes that others might have about pregnant women, including "passing", "downplaying the pregnancy", and "going the extra mile".

Figure 1
A Model of Perceived Stigmatization and Identity Management among Pregnant Employees

Work Environment

•Non-family-friendly Organizational Climate
•Unsupportive Supervisor Relationship

Job Characteristics

•Physically Demanding or Hazardous Work
•Lower Status
•Short Tenure

Perceiving the Threat of Stigmatization

Managing Her Identity

•Maintaining Her Pace
•Not Requesting Accommodations
•Passing
•Dressing Professionally
•Downplaying the Pregnancy
•Going the Extra Mile
•Shortening Maternity Leave

Conspicuously absent from the model in Figure 1 are the *stated motives* for identity management. The exact relationship between perceived threat of stigmatization, stated motives, and identity management tactics is not yet clear. It remains a theoretical and empirical question whether participants' specific motives for identity management were indicators or facets of a perceived threat of stigmatization or instead represented goals that *mediated* the relationship between perceived threat and identity management.

In other words, it is possible that the perception of stigmatization led pregnant employees to establish certain goals (e.g., to prove they were the same, to avoid being fired), which in turn led them to engage in various identity management tactics in order to accomplish those goals. Alternatively, these motives may simply have been indicators of an underlying construct of perceived threat, which was directly related to identity management. Because there was little variability in the data on stated motives (other than whether or not participants mentioned them), I was not able to investigate in detail the relationship between variations in stated motives, degree of perceived threat, and degree of identity management. Consequently, I cannot choose between the two possibilities described above with any certainty. In this respect, the model remains incomplete, and additional research is needed to test the two alternatives.

These findings contribute to a growing body of research documenting prejudice and discrimination against pregnant employees. The stories some participants told of negative treatment by coworkers or bosses, and the various fears and concerns many expressed (whether they materialized or not), echoed previous findings regarding negative stereotypes of pregnant workers (e.g., Guetal & Taylor, 1991; Halpert et al., 1993), bias in performance evaluations, and prejudice against pregnant job applicants (e.g., Bragger et al., 2002; Corse, 1999; Halpert et al., 1993; Hebl et al., 2004). Statistics on employment discrimination further suggest that at least some pregnant women continue to be stigmatized in the workplace. Prior to 1978 and the passage of the Pregnancy Discrimination Act, of course, it was not uncommon for employees to be fired for being pregnant or forced to take unpaid leaves as soon as they started to "show" (often without a guarantee of returning to their jobs) (Geller, 2003; Harris, 1992). But

even today, some women return from maternity leaves to find that their positions have been eliminated or that they have jobs with similar titles but fewer responsibilities, and new mothers are much more likely to be fired after taking disability leave for childbirth than employees who take other kinds of medical leaves (Harris, 1992). Between 1992 and 2002, pregnancy discrimination claims actually rose almost 40% (Geller, Oct. 22, 2003). Furthermore, pregnancy and childbirth can negatively affect the career success of women in more subtle ways. For example, although the causes of the "glass ceiling" phenomenon are complex and varied, pregnancy—or the capacity to become pregnant—clearly is a significant contributor. The fear that pregnancy and childbirth will interfere with women's careers may lead some executives to avoid promoting women into management levels (Schwartz, 1989).

The findings described here, therefore, support existing research indicating that many pregnant workers continue to confront discrimination on the job. Importantly, the present study also broadens our understanding of how pregnant women *cope* with this predicament, and more generally, how stigmatized persons manage their status. The women in this study were not passive victims of stigmatization—to the contrary, they actively attempted to control how others perceived and reacted to them. To my knowledge, no prior research has examined the strategies pregnant employees use to handle their negative work experiences. Indeed, even within the stigma literature, there has been comparatively little attention to how stigmatized individuals manage a "spoiled" identity (Crocker & Quinn, 2000; Miller et al., 1995). Goffman's seminal book, published in 1963, remains one of the primary texts on the subject. As noted earlier, the identity management tactics I identified resemble in many ways those described by

Goffman (1963) and others (e.g., Chrobot-Mason et al., 2002; Miller et al., 1995; Siegel et al., 1998), including "passing", "covering" (i.e., avoiding behaving in ways expected of their group or behaving in ways others do not expect), and overcompensating behaviors. In this respect, it appears that the tactics used by pregnant workers are not unique to pregnancy but are examples of more general, universal strategies employed by the stigmatized to cope with their conditions. Given the relative paucity of research on identity management, this finding is significant—and made even more interesting by apparent differences between the stigma of "pregnant worker" and more commonly studied stigmas like race or homosexuality. For instance, unlike these conditions, pregnancy is always a temporary status (although it portends the potentially stigmatized identity of "working mother"), and one that is more likely to elicit *benevolent* rather than hostile discrimination outside a work context (Hebl et al., 2004). Nonetheless, the participants in this study appeared to respond to their situation much as other stigmatized individuals do.

I should emphasize that while the majority of women in this study expressed a degree of concern about stigmatization, most did so in the absence of any direct experience with prejudice or negative treatment. Of course, stigmatization can lead to a host of insidious, undesirable outcomes even if no formal discrimination occurs (Hebl et al., 2004; Link & Phelan, 2004). But in highlightingparticipants' concerns, I risk leaving the reader with the inaccurate impression that their experiences were overwhelmingly negative. In fact, I heard about a wide range of experiences, from very positive to very negative. Some women I interviewed had significant fears about encountering bias at work, others had none at all, while most fell somewhere in the middle of the spectrum.

Usually participants said they did not believe they themselves actually would or had suffered any explicit discrimination, but at the same time, they suspected that pregnant workers *in general* were the subject of negative stereotypes or expectations. Consequently, prejudice was a possibility that they needed to guard against. In the interviews, their comments were at times conflicted and contradictory, as in this statement from a CPA, who tried to conceal her pregnancy from her managers because she worried she might be fired:

> Basically I don't trust people in the workplace, I guess. That's why I didn't want to tell them—my fear of their hiring someone to replace me. I mean, I didn't really think they'd do that, but there was a chance they would. But I mean, they're nice people. I expected them to treat me well.

Like this participant, interviewees tended to say they were treated well, or expected to be, while simultaneously alluding to anxieties about how people would react to their pregnancies. The actions they took to manage their work identities indicated they thought it best to take defensive action, as it were, against the possibility that they too could be stigmatized.

The finding that participants varied in the degree to which they perceived a threat of stigmatization is consistent with research on individual differences in stigma consciousness. Pinel (1999) suggested that not everyone approaches their stigmatization "with the same mind-set" (p. 126). She found that people who are high on stigma consciousness are more likely to expect to be judged on the basis of their stigma and are also more likely to perceive or anticipate discrimination, compared to people who have low stigma consciousness. Pinel conceptualized her construct as an individual trait, and

some of the variation I found among interviewees may in fact be due to their respective individual differences in stigma consciousness. At the same time, my findings also suggest thata number of situational or contextual factors may account for variations in women's perceptions of and concern about stigmatization.

Future research should not only test the hypothesized relationships between these various job and work environment characteristics and perceived stigmatization, but should also examine further the extent to which individual-level traits might contribute to variations in perceived threat and any related coping behaviors. For pregnant workers, these individual characteristics might include stigma consciousness, but also differences such as conscientiousness and the salience and centrality of their work identities. Individuals high on conscientiousness, for instance, might be particularly likely to react to stereotype threat by keeping up their pace or going the extra mile at work in order to disprove others' negative expectations. Differences in the salience and centrality of a person's work identity (or more generally in level of career commitment) might moderate the relationship between perception of threat and identity management effort. Alternatively, they might affect whether an individual perceives any threat of stigmatization at all, if threat is defined as level of concern aboutthe risk to one's desired identity, not just fear of discrimination. (It is important to note, however, that I did not find any systematic differences in degree of identity management between women who knew they were going to quit or return part-time and those who knew they would remain full-time.)

Another important avenue for future research is the *consequences* of stigmatization for pregnant women, other than their engaging in identity management.

Although I did not have enough data to warrant including specific outcomes in the theorized model, the current study in combination with existing literature does suggest several possible short- and long-term consequences. For example, an immediate consequence of perceived stigmatization is likely to be anxiety and general psychological distress for the pregnant worker. These are commonly recognized consequences of stigmatization and stereotype threat in general (Blaine et al., 1995; Major & Gramzow, 1999; Spencer et al., 1999), and as noted, both interviewees and bulletin board posters spoke of their worries about how people would react to their pregnancy. Fortunately, their fears were often assuaged after they received positive responses to their pregnancy from supervisors and coworkers. Nonetheless, such fears could be a source of considerable distress, even if only in the short-term. Furthermore, research into stereotype threat has found that individuals' anxiety over whether or not they are confirming others' negative expectations can ultimately impair their performance on "stereotype-relevant tasks" (Steele & Aronson, 1995)—in effect, creating a self-fulfilling prophecy. Might pregnant employees' worries actually interfere with their job performance? If, for example, they exhausted themselves trying to keep up a rigorous pace when sick, might they actually compromise their ability to perform—thus confirming the very stereotype they sought to disprove? Unfortunately, this study cannot answer this question, but it is an intriguing issue for future investigation.

One might also expect high levels of work-related stress to be associated with adverse health outcomes for the pregnant woman or fetus. Existing research on the effects of employment on fetal or maternal health have yielded contradictory, inconclusive findings (Bramwell, 1997; Pattison & Gross, 1996), although there is evidence that

pregnant women with lower status and physically demanding jobs—for instance, who have to stand for hours at a time or do heavy lifting–are at greater risk of hypertension, miscarriage, and preterm delivery (Romito, 1997). And as noted by Romito (1997), often "it is the women with the most tiring and worst-paid jobs who tend to benefit least from protective maternity legislation, and who are most penalized by the experience of motherhood." Multiple bulletin board posters complained of the physical demands of their jobs (e.g., working night shifts, lifting patients, standing at sales jobs) and the reluctance of their supervisors to accommodate their limitations, and some alluded to health problems such as bleeding, severe back pain, and hypertension. Furthermore, a few interviewees wondered if they had pushed themselves too hard in their efforts to "prove themselves" to supervisors and others. Of the participants who made "extreme" efforts to manage their identities, one was put on bed rest for hypertension and another who had a high risk pregnancy did not follow her doctor's orders to reduce her hours at work. However, the data in this study do not offer clear evidence of a relationship between perceived stigmatization or identity management and health outcomes. Additional research should continue to examine the effect of varying levels of work-related stress on the health of pregnant women and their birth outcomes.

Pregnant employees' experiences with stigmatization could also have long-term consequences for their attitudes and decisions about work and career. As noted in the introduction, research suggests that women who worked in supportive, family-friendly organizations (e.g., who received longer, paid maternity leaves or had flexible schedules), and who had supportive supervisor and coworker relationships were less likely to quit, switch jobs, or otherwise reevaluate their feelings towards their work and organizations

(Borrill and Kidd, 1994; Bond, 1991; Glass & Riley, 1998; Lyness et al., 1999). I found that both supervisor support and family-friendly organizational climate appeared to predict the perceived threat of stigmatization, suggesting that perceptions of stigmatization might at least partially mediate the relationship between these work environment characteristics and individuals' organizational commitment and employment outcomes. Additional research is needed to clarify the long-term consequences of pregnant women's various work experiences.

<u>Limitations</u>

A limitation of the current study is that while the data presented here suggest intriguing relationships among several important phenomena, in some respects the theoretical model remains incomplete. I have already discussed two ways in which the model could benefit from further development: 1) to clarify the role of women's stated motives or goals for identity management, and 2) to posit specific short- and long-term consequences of stigmatization and identity management for pregnant workers. Another area for refinement concerns the role of stress within the model. Currently, stress may to some extent be confounded with both perceived threat of stigmatization and identity management. In order to scale perceived threat, for example, I assessed the degree to which a person expressed anxiety about others' negative perceptions of pregnant workers or the possibility of being discriminated against. Given that participants expressed some amount of concern almost every time they mentioned negative perceptions/stereotypes or potential discrimination, it would have been practically impossible to separate the two—in the interviews, they were inextricably linkedStress of a different kind was included in the judgments of degree of identity management—not anxiety per se, but amount of

physical effort (e.g., pushing beyond her limits) and/or psychological effort (e.g., monitoring her success) the participant exerted in trying to manage her identity. Quantitative data might allow one to separate statistically the three phenomena of perceived threat, identity management, and stress. For instance, in a survey one could ask participants to indicate whether or not they believed colleagues perceived them in a certain way and then ask other questions to assess their general levels of psychological distress. However, given the nature of the data at hand, it is much more difficult to disentangle them. Future research should explore the exact role of anxiety or stress in the model, including whether it serves as an outcome of both perceived stigmatization and identity management or perhaps as a mediator between the two.

Beyond the model's need for further development, there are other methodological limitations to the present study. One concerns the generalizability of the findings, given that only three of the 35 interview participants (9%) were women of color. These three women's experiences did not differ in any observable way from the other participants'; nonetheless, additional research is needed to investigate how the dynamics of racial and ethnic identity, as well as these women's prior experiences with stigmatization and stereotype threat, might interact with their perceptions of being stigmatized as a pregnant worker.

In addition, because I was only able to interview each participant once, I did not have longitudinal data chronicling their experiencesover the nine months of pregnancy . When developing grounded theory, it is preferable to collect data from individuals on multiple occasions in order to investigate issues over time and to expand on emerging theoretical categories (Charmaz, 2000). This study thus risked failing to capture how

certain processes evolved during the course of pregnancy. I tried to counter this limitation by ensuring that I spoke with women who were at various stages of their pregnancies, including some who had already given birth, and I structured the interviews so that women discussed their experiences as they unfolded over the nine months. Nevertheless, the accounts women gave were always to some extent retrospective and reflected their efforts to make sense, after the fact, of what had transpired during their pregnancies. This does not invalidate their accounts, of course, but simply suggests that some caution is warranted when reading and analyzing them.

Another related limitation is that because I did not have the opportunity to develop a longer-term relationship with the women in this study, some may have felt reluctant to disclose important personal information in the interview. A benefit of repeated interviewing is that participants become more comfortable with the research process and as a result may be more forthcoming in talking about their experiences. One question this raises is to what extent women engaged in identity or impression managementduri ng their interviews with me. As I have noted, most stated that their work identities remained unchanged by pregnancy. But if they *were* experiencing some change—perhaps reconsidering their attachment to a career—would they have felt safe enough in the interview to admit it? Or, were their concerns about confirming stereotypes so strong that they would not have dared admit to me anything that might appear to validate those stereotypes? I cannot know. While some interviewees were less forthcoming than others, most appeared enthusiastic about the topic and the interview, leading me to believe the majority enjoyed the process and felt comfortable with me.

Nonetheless, I undoubtedly would have learned more about some issues had I had the

opportunity to discuss them with participants over an extended time.

Conclusion

In conclusion, this study represents an important contribution to our limited understanding of pregnant women's experiences within the workplace. For the most part, the women who participated in this study rejected the notion that impending motherhood had or would alter their identities as committed and capable employees. They spoke passionately of the importance they continued to place on doing a good job, being dependable and "professional". Why should others assume they would necessarily be different? As an administrative assistant explained:

> Pregnancy—bringing a life into the world—is a normal occurrence, and it does happen. You shouldn't feel ashamed of it. You shouldn't feel like you're different or you're going to lose your job over it or anything else. You shouldn't feel awkward about going to your supervisor about it.

Unfortunately, the reality is that many pregnant workers continue to face prejudice and discrimination in the workplace, and the threat of this bias—whether real or only anticipated—may create a challenging environment for women. Faced with the possibility that supervisors and colleagues might judge them according to common stereotypes of pregnant employees (e.g., unreliable, overly emotional, uncommitted), women may feel compelled to "prove themselves" on the job as they struggle to preserve valued work identities. In this study, participants concealed their conditions for as long as possible, worked hard even when feeling sick, avoided asking for any special assistance, and otherwise found creative ways to ensure that pregnancy would not alter people's perceptions of them.

Perhaps it should not come as a surprise that pregnant workers would confront such challenges. When employees become pregnant, they unwittingly contradict deeply held cultural beliefs about the gendered divisions between work and family. Since the industrial revolution, work has been considered a fundamentally masculine, public domain, while women have been expected to preside over the private sphere of family and household (Martin, 1992). Today, women represent almost half of all workers (Kraut & Korman, 1999; Robinson & Godbey, 1997), and yet "when an employee becomes visibly pregnant, it becomes impossible to ignore her gender" (Martin, 1992, p. 175). Reproduction is undeniably a private phenomenon—involving as it does intimacy, sex, and of course babies—and so when it emerges in the middle of the workplace, in the burgeoning form of a pregnant woman, it may present a stark challenge to those long-standing assumptions about what belongs in the public sphere. As such, researchers may find that the phenomenon of pregnancy at work offers a unique opportunity to investigate and expose powerful but implicit societal and organizational norms, values, and assumptions about work and family.

In addition, although most male and female employees have family or non-work responsibilities that occasionally infringe on the work domain, when a woman becomes pregnant for the first time, her new status inevitably raises questions about how she will choose to integrate work and motherhood. Will she quit? Will she want to go part-time? Can we depend on her? This study contributes to a growing body of research suggesting that too many people will fail to give a pregnant woman the benefit of the doubt, instead assuming that her work attitudes and behavior will fundamentally change. Some women I interviewed *did* allude (sometimes with a degree of discomfort) to a shifting of priorities,

to a recognition that being responsible for a new life inevitably means work may at times assume less importance. Maybe they would temporarily stop seeking the next promotion. Maybe they had simply achieved a new perspective on issues at work—a new awareness that the daily hassles and personality conflicts that once assumed crisis stature were not so important after all. Yet these same women would often state, quitedefinitely, that their view of themselves at work was unchanged by pregnancy. They were the same. As I have mentioned, it is impossible to know the extent to which participants felt comfortable and safe enough in their interviews to be honest about their real feelings and intentions. Nevertheless, it is undoubtedly true that for most, their work identities remained an important part of who they were. Even women who said they would return to work part-time noted that it remained important to them to be as competent and professional as always. For these participants, their shifting priorities may simply have reflected efforts to "weave" work and motherhood (Garey, 1999) in a way that might allow them to preserve their desired identities as workers as they created new identities as mothers.

At a practical level, perhaps the key question for employers and organizations should not be whether women's priorities will shift during and after pregnancy, but how best to respond to what are inevitable changes in so many women's lives. Employers have substantial economic interests in ensuring that women feel they can continue in their jobs during and after pregnancy, should they wish to do so. When organizations lose workers due to pregnancy and childbirth, they bear the costs of recruiting, selecting, and training replacements, as well as the substantial "hidden costs" of lost productivity and efficiency (Fried, 2000; Schwartz, 1989). Unfortunately, this study and other research on the work experiences of pregnant women (e.g., Borrill & Kidd, 1994) suggests that even

when a woman wants to continue working, she may be confronted with doubts about her abilities and commitment, as well as inhospitable and unsupportive policies and supervisors. Although we are not yet certain of the long-term effects of such experiences, it is reasonable to hypothesize that they would increase the likelihood that women would begin to distance themselves from work and career. Perhaps when employers finally recognize and accept the fundamental fact that most women *will* have children, and most women *will* want to work, then they will institute policies and practices that more effectively help employees and managers alike negotiate this rocky terrain—to everyone's benefit.

Endnotes

[1]   In fact, Strauss and Corbin (1998) argue that in grounded theory studies, one does not sample people per se, but incidents and events that are relevant to the theory. People may, or may not, be the primary source of data on those incidents and events.

[2]   The two preliminary interviews were with women who each had two older children and had worked during both pregnancies. One Phase Two participant, a psychology fellow in a hospital, did not work full-time, but she offered an interesting perspective as a new, temporary, relatively-low status employee. Another was pregnant with her second child, but had started a new job right after discovering she was pregnant. In the interview, we focused on her experiences as a new employee who was pregnant.

Appendix A

<u>Final Interview Guide</u>

I am a doctoral candidate in Industrial/Organizational Psychology. Organizational psychologists study people at work and work organizations to learn about what makes people happy and productive in their jobs, as well as how work affects their personal lives. We know virtually nothing about the experiences of pregnant women in the workplace. This study begins to fill that gap by exploring how pregnancy affects women's relationships on the job, the way others view her, and the way she views herself at work. I don't have specific hypotheses or things I'm trying to prove. The study is exploratory, so what I'm most interested in is whatever is most important and interesting to you.

1. Basic questions about pregnancy

    • How many weeks pregnant are you?

    • How has your pregnancy been so far?

2. Basic questions about job

    • Tell me about your job. What kind of work do you do?

    • What is your company like?

    • How long have you been in your job? With your company?

    • How many people do you work with? Are they mostly men, mostly women, or a mix?

    • Whom do you report to?

    • Do you supervise anyone?

    • What is your educational background?

3. Early pregnancy

Now we're going to talk about what it has been like to be pregnant at work. We'll first talk about the early months and then continue through the later trimesters. At the end, I'll ask you some questions about a few issues that may have come up at various times throughout the pregnancy.

- Think back to the first trimester of your pregnancy, those first weeks and months of the pregnancy. Describe for me what it was like to be pregnant at work during this time.

  - How did your pregnancy affect your day-to-day life at work?

- Did you conceal the pregnancy at all from people at work?

  - If so, what steps did you take to conceal it?

  - How did you feel about concealing the pregnancy?

- When did you tell people about the pregnancy? How did you tell them?

- How did people react to learning you were pregnant?

- Supervisor?

- Coworkers?

- Clients?

4. Later pregnancy

- Now tell me about the second (and third) trimester(s) of your pregnancy, when you started to look more visibly pregnant. Describe for me what it has been like to be pregnant at work during this time.

  - How has your pregnancy affected your day-to-day life at work?

- How have you been feeling about work?

- How has your pregnancy affected your relationships with people at work, if at all?

  - Supervisor?

  - Coworkers?

  - Clients?

- How have you felt about others' responses to or interest in your condition?

- Has being pregnant changed the kind of employee you are?

  - Has it changed how you view yourself at work? Explain.

- Do you think your pregnancy has affected how *others* at work view you? Explain.

- How would you like others to view you?

- What, if anything, have you done to ensure they view you in the way you would like?

  - Have you altered your behavior at work in any way since becoming pregnant? If yes, how so?

  - Tell me a little more about your decision to . . . . What led to your decision to . . .?

  - Do you think your efforts were a success? How did others respond to your efforts?

- Describe what you have done, if anything, to arrange for your maternity leave and return to work, if you are planning to return.

  - How did you learn about your benefits? Was the information clear and easily available?

  - Tell me about your discussions with your supervisor.

  - How do you feel about your plans for after the baby is born?

5. Conclusion

- If you were pregnant at work again, are there things you would do differently? If so, what?

- Is there anything else that you believe is important or interesting that we haven't covered that you would like to share?

6. Demographic Information

Age, Number of weeks pregnant or age of child, Race/ethnicity, Education

Appendix B

<u>Coding Instructions for Stage Two of Data Analysis</u>

1) Read all category definitions and examples very carefully (at least twice) before beginning.

2) Keep your list of categories and category definitions at hand while coding.

3) Read each quote/passage carefully, line by line.

4) Code the quotes by assigning them to those categories which have the best fit. "Best fit" is defined as the most explicit, direct match between the passage and category definition. Do not try to infer too much from the quotes.

5) A category may apply even if only part of the quote is directly related to it.

6) Try to use no more than 3 categories. If you feel a particular quote must be assigned to more than 3 categories, do so, but highlight the quote in some way (e.g., circling, starring) so we can discuss it together after the coding is completed.

Appendix C

Codes and Their Definitions

Category/Code	Definition	Examples
DESCRIBING HER PREGNANCY		
Not Showing	References to occasions or periods during the pregnancy when other people could not or did not detect the pregnancy (i.e., growing stomach not visible)	"I didn't show for a long time, so that made it very easy at work!" I: "Do you think anybody noticed before you made it officially known that you were pregnant?" R: "No, and interestingly enough—cause I felt so huge, and I couldn't wear any of my clothes. . . I guess I have a large enough frame . . . and I was carrying low. So everyone that I finally did tell, they were like, 'Wow! I didn't know!' . . ."
Experiencing Physical Symptoms	Descriptions of experiencing symptoms of pregnancy, ranging from mild to pronounced (e.g., nausea, fatigue, back pain, varicose veins, dizziness).	"I just remember being very tired, not wanting to get up in the morning. And the nausea in the beginning just made it ten times worse. And actually towards the end, I found it hard to get around. I had to move my office downstairs." "Towards the end, towards the last month, I had really sharp pains in my side . . . I was bedridden for a few days. It hurt so badly. They said it was the position of the baby, pushing up against one side, stretching the tendons. The last month I called in sick a lot."
High-Risk Pregnancy	Descriptions of high risk factors. Must be true medical risks to the baby's or mother's health (e.g., diabetes, placenta previa).	"I was pregnant last year and my baby was born at 28 weeks and he died after he was born because he had an infection . . . I go to the doctor every week. There are a lot of ultrasounds and that sort of thing."
Requesting	Descriptions of any	"My doctor said I should cut down

Accommodations	special accommodations or significant adjustments requested by respondent of her supervisor and/or organization, such as reduced hours, rearrangement of office, etc. (NOTE: Very minor adjustments such as asking for help with lifting a heavy box should be coded under "Taking Care of Herself.")	to three days but I felt fine so I cut down to four to compromise. At first, that was difficult, but now it's a routine. We have a schedule. I send her a calendar, and she's getting more comfortable with that idea. You're going from full time to not being there everyday." ""I told them I wanted to move downstairs, so I moved down there. It was too much to walk up and down the stairs to go to the bathroom every fifteen minutes.
Rejecting Accommodations	References to decisions not to ask for certain accommodations or refusals to accept offered help. Also can include descriptions of negative feelings about having to ask for accommodations, such as ambivalence, guilt, or shame.	"Going downstairs, if one of the supervisors needed something brought over to his desk or something, [he'd say] 'Oh, you don't have to do it. I know the stairs are real difficult to climb and go up and down', but I'd say, 'No, no, no. I'll do it.' I didn't want them to think I couldn't do it. I didn't want them to feel poorly of me. I guess that's pretty bad."
Taking Care of Herself	Descriptions of small adjustments the participant made in her work life in order to take care of the baby's and her own health and well-being. Examples include resting enough, eating well, taking a walk to stretch her legs.	"In this job you stand on your feet, but there were some jobs I needed to sit down to do. Anything I could sit down to do I would. It may have taken me a little bit longer, but over the past seven years I've been probably the best and most efficient worker he's had. I don't mean to brag. So, I said I deserved a break. I deserved the time and I was going to take it." "I took breaks more often. Before I was pregnant, I'd work all day and skip lunch. [When I was pregnant], I'd eat all day long!"
Fears and Anxieties	Descriptions of worries, fears, concerns, as well as how participant coped with them. She may use actual words like	"I was more afraid of telling people than excited to tell people because I'd only been there for a year. I didn't know if that was going to cramp anybody's style or anything

	"worrying", "nervous", "scared", etc., but might also describe concerns without applying such labels. Can cover wide range of fears or anxieties, from miscarriage to taking maternity leave to consequences of revealing pregnancy.	like that." "You know, I didn't want to tell them. You know, at a small firm, you think about if you're pregnant, you don't want to be let go. That's why I didn't want to tell them." (NOTE: In this quote, the implied fear is that she'll be let go if they know she's pregnant.} "Well, I was worried, I mean, the normal stuff. I just didn't want to tell people; if something was to happen in the beginning of the pregnancy then I would have to go back and explain that something had happened, and I wasn't even showing yet. We didn't even tell my family until the end of the first trimester." "You know, my husband and I talked about it quite a few times, and I basically came to the conclusion that it is whatever it is, and the fact is, I am pregnant and if she's not happy with that, then too bad. And if it makes a hostile work environment, then maybe I'll leave . . . So at a certain point, I just let go of those anxieties, and kind of 'let the chips fall where they may'."
CONCEALMENT AND DISCLOSURE		
Revealing the Pregnancy	Descriptions of how and when the participant shared news of her pregnancy with other people—friends, family, coworkers, supervisors. Also includes her feelings about telling the news: excited, nervous, etc.	"I told my manager first and I was very, very nervous to tell him. But he was very excited. He didn't hug me, but later on he said, 'I wanted to come around the table and hug you.' So I was very excited. And after I told him, then I shared it with my other coworkers." "I think [I told her] at about three

		months, right before I had anticipated telling her. I wasn't showing yet, and that was the plan, to wait until I was showing to tell her. I don't know why I [went ahead and told her.] I think the anxiety was just too much. I was just like 'get it over with'."
Concealing Intentions to Have Children	References to felt need or efforts to conceal plans to have children someday (from supervisors, coworkers, etc.)	"I also was quiet about [the possibility of having kids.] My thought was I would progress in the company. I guess I thought if I said I wanted kids, it might hold me back a little. It never did, but I thought, it's nobody's business. Maybe it'll never happen, and I don't want to have to put that out on the line and have people ask me about it."
Passing—No Attempt	Descriptions of decision to be forthcoming about the pregnancy, not to keep it a secret, even in the first trimester. Can include descriptions of rationales behind such decisions.	"Well, everyone knew. I took a pregnancy test like on a Tuesday night. I told everyone Wednesday morning!" "I kind of thought I wanted to keep it secret because of a miscarriage or whatever, but if I had a miscarriage, they'd know anyway. So I think it'd be harder for them if all of a sudden I had a miscarriage, to go through it with me. Because if something does happen, people who are close to you are going to know."
Passing	Any references to keeping the pregnancy secret, whether for a month, three months, or into later trimesters. Also includes descriptions of how and why she "passed", whether or not she was successful, and her feelings about trying to conceal the pregnancy.	"And the people at work, I waited a couple of months. I wanted to make sure everything was a go, and I wanted to figure out my plans in terms of taking time and what I wanted to do in terms of going back full-time or part-time." "I guess I was very excited, and it's hard when you're pregnant and you think 'I'm pregnant! And everyone should be able to look at me and

		tell!' But obviously they can't. And I kept from telling them."
		"I don't know if they could tell I was pregnant. I had a meeting with [a man] about half way through my pregnancy and I just never said anything."
		"I didn't meet with [vendors]. I didn't have to travel to Atlanta after the end of October, so I didn't have to meet with people. There were some people who wanted to meet with me [here], but unless I absolutely had to meet with them, I really wouldn't . . . I'd talk to them on the phone."
		"Actually, they knew before I told them, the girls in the office. Probably my eating habits changed, that's what cued them in, you know, because I was nauseous . . . I think they saw me run to the bathroom!"
Concealing Post-Pregnancy Plans	References to participant's concealing from coworkers, supervisors, clients her plans for after the pregnancy (e.g., length of her leave, whether she will return or quit, etc.) as well as why she decided to do so. May include efforts to delay or postpone a discussion of the topic.	"I guess I didn't know what his reaction would be. And I already knew in the back of mind that I wasn't going back to work after she was born, and I didn't know if he was going to be able to tell that I knew that I wasn't going to come back. And I was really nervous about how he was going to handle that. . . At that point he didn't know what my intentions were, and he said we'll work it out in December or January or whenever she's born."
		"So I'd say no, I mean I knew I wasn't coming back, but the people I dealt with outside the company, some of our vendors, I didn't want

		to share that with because I needed to get some things wrapped up for my manager." "I was just concerned about their actions. Not that they would have done anything spiteful. Just, "Why would I lower your rates?" I guess I was dishonest, not dishonest, but I mean to get them to lower their rates by promising to give them more business. They're not going to lower their rates if they know I'm not going to be there, because I was the person that was working with the division, allocating the funds."
MATERNITY LEAVE AND POST-PREGNANCY PLANS		
Interpreting Maternity Policies	References to women's efforts to interpret maternity policies, whether for leave, reduced hours, or other accommodations. Includes descriptions of feelings about confusing policies or lack of readily available information. Also includes descriptions of more routine, successful research efforts.	"I called the HR department to try to find out at least the basics of it— what I was entitled to, how it would work with my vacation time and sick time and disability. I actually already had it all pretty much planned out . . ." "The other thing I found peculiar about my work situation was when I did call benefits and pay roll and I talked to the woman in the office about paid leave, people were very clueless, as if no one had ever taken maternity leave. There is no one university policy on what a person would do." I: "How did that make you feel that you had to figure [the policies] out on your own? What difference would it have made to you if it were clearer?" R: "I guess I would have felt that it

		was normal—pregnancy, bringing a life into the world is a normal occurrence, and it does happen. You shouldn't feel ashamed of it, you shouldn't feel like you're different or you're going to lose your job over it or anything else. You shouldn't feel awkward about going to your supervisor about it. If that had been spelled out a little bit more, it would have made things just slightly easier. You know?"
Negotiating Maternity Leave	Descriptions of discussions with supervisors about maternity leaves, strategies used, agreements constructed.	"Well, when I told my supervisor about my leave, I also told him I wanted to go part-time. I was nervous about it, but I had to tell him and ask him. Might as well get it over with. . . .He kind of used his wife as an example of how it's very beneficial for somebody to be at home, at least part time, part of the day, with the children. . . He said just take the time, and let me know what the days are, the months." "Everyone knew I was going to do the full family leave, the Family and Medical Leave Act. Early on, when I was probably four or five months, Keith laid out a plan for how we were going to transition things, how things were going to be reallocated in the group . . . and how we were going to divvy up other things so there'd be a balance."
Maternity Leave Length	References to intended or actual length of leave.	
End Game	Descriptions of how participant handled (is handling/plans to handle) last few weeks and months of work before delivery. May include	"Because I was leaving . . . I wasn't going to risk my child's health or my health to go in a few more days to get a little bit farther on several jobs. You know, I really didn't care at that point. I'm sure

| | descriptions of attitudes towards work as well as steps taken to prepare leave. | my feelings would have been different had I needed to go back full-time after."

"But I definitely could get away with a few things and my attitude was probably more relaxed because I knew I wasn't coming back." |
|---|---|---|
| Post-Pregnancy Plans | References to participant's decisions or thoughts about what she will do after the baby is born (e.g., return full time, part-time, quit). Includes also descriptions of conversations with supervisor or others about those plans (e.g., when she announced her intentions, supervisor's response). [NOTE: Code intended or actual length of maternity leave as "Maternity Leave Length". See above.] | "Oh, I was 99.9% sure I wasn't coming back. When we moved up here, we bought the house we bought to set ourselves up financially so that . . . we would have the option of my not working."

"My husband and I talk about it now. I may come back part time. I may come back full time. I can't imagine not coming back, but I'm not eliminating it. I think it's dangerous to say never, because you just never know."

"[My boss] said I don't expect an answer now, just in a few months, let me know what you plan on doing. Probably three months before I left, I told them what my plans were. I told them I'd work ten hours there, maybe more home." |
| ORGANIZATIONAL, WORK GROUP, AND JOB CHARS. | | |
| Accommodating Workplace | References to organizational or work group policies, practices and procedures that are accommodating and supportive of pregnant employees' needs. These may be general policies, practices or procedures that apply to all employees or special | "For me, it was a really comfortable workplace. . . I could snack all day, have my snacks in the fridge, and I'd eat all day long. And I could go the bathroom whenever I needed to. I could go outside for walks. My job was pretty flexible anyway. Well, [my boss] was flexible. As long as you got your work done, then that's all you needed to do. So it was pretty |

	accommodations for pregnant women or new parents.	flexible."
Unaccommodating Workplace	References to organizational or work group policies, practices and procedures that create difficulties or obstacles for pregnant women.	
Job Status—High	Participant has a job with considerable status, such as a professional or managerial position requiring extensive education and/or experience.	
Job Status—Low	Participant has job with little power or status. May be a traditionally female position, something requiring little formal education, low earning, etc.	
Male Dominated Organization	Majority males in company or department.	"I went to our office and said, 'Could you summarize the leave that I have available? . . . Because I want to take it for maternity leave." And I said, "What do people normally do?" And she said there were only two other people she could think of, and they were both students—graduate students. . . So as far as she knew there were no faculty members. And this is 2002! I mean, I know this is happening, because you see it on the news, you read it in the magazines! But apparently not at the university level. I mean there aren't that many women to be honest. They're mostly men [in my department]."
Female Dominated Organization	Majority females in company or department.	
DIMENSIONS OF JOB SATISFACTION		
Work Satisfaction	References to	"I guess the hardest thing for me is

	participant's satisfaction or dissatisfaction with her work. (E.g., finding it challenging, satisfying, interesting or. dull, difficult, meaningless.) General comments about "loving" or "hating" job can also be coded in this category.	I'm not passionate about [what my company builds.] It didn't really interest me. So I wasn't really interested in what I did so I think that was the problem."
Supervisor Relationship	Descriptions of participant's relationship with her supervisor. Can include references to positive, happy relationships or negative, unhappy relationships. May also include general evaluations of the supervisor (e.g., "I think [my boss] is particularly hard to work for." (NOTE: Descriptions of the supervisor's specific treatment of the participant during the pregnancy should be coded under "Supervisor Reactions to Pregnancy" or "Supervisor Perceptions")	I: "So how did you feel after your conversation with him?" R: "I felt really good and relieved, that I didn't have to ask him or worry about asking him. But also I felt, I guess, cared for. Like I said, he's a very good boss, very understanding." "She had no clue what we did, and she'd make decisions about our group. She wasn't really involved and didn't know what we did. It made it harder." "I think [my boss] is particularly hard to work for. It's just little things, like we have all these extra offices, but he puts the accountants in cubicles. And even when they hired someone who had ten years experience, they put the guys in a cube. And there's all these offices!"
Coworker Relationships	Descriptions of participant's relationship with her coworkers. (NOTE: Descriptions of coworkers' specific treatment of the participant during the pregnancy should be coded under "Coworker Reactions to Pregnancy" or "Coworker	"We're very good friends. We're all the best of friends." "The people are very good in my group. They're very generous and kind and understanding." She said she wanted her relationship with them to be business-related, professional. She wasn't that close to them before

	Perceptions")	being pregnant. She felt if they knew she was pregnant, they might start relating to her in a more personal way [and she didn't want that].
OTHERS' RESPONSES TO PREGNANCY		
Supervisor's Reaction to Pregnancy	Descriptions of how the participant's supervisor responded to news of the pregnancy and to the pregnancy in general (e.g., Was he or she happy? Critical? Worried?). Includes descriptions of ways in which supervisor was supportive or unsupportive of the pregnant employee.	"I told my manager first and I was very, very nervous to tell him. But he was very excited. He didn't hug me, but later on he said, 'I wanted to come around the table and hug you!' So I was very excited." "He called me into his office, and he told me that he was happy for me and he wanted to make it work and he was hoping that I would continue working after the pregnancy. He's a very nice person."
Supervisor's Reaction to Post-Pregnancy Plans	Descriptions of how the supervisor responded to participant's post-pregnancy plans (e.g., desired length of leave, returning part-time).	"Very, very surprised. I talked to him on the phone and he was just completely, he just didn't say anything for a few minutes. And he said, "I'm very, very surprised."
Coworkers' Reactions to Pregnancy	Descriptions of how coworkers responded to news of the pregnancy and to the pregnancy in general (E.g., were they happy? Critical? Worried?).	"They were very excited for me. They all have children except for one of them who would like to be a mom, so they were very welcoming." "They were very happy for us, for my husband and I, for me. They asked lots of questions, you know, how was I feeling, how many do we want after this one, you know. People were a little concerned about how I was going to go up and down the stairs and take care of things, carry things up and down the stairs. The stairs were a big thing. . . A lot of the men were

		very . . . you know, 'I can carry anything you want!' And opening doors for me. Very mice."
Coworkers' Reactions to Post-Pregnancy Plans	Descriptions of how coworkers responded to participant's post-pregnancy plans (e.g., desired length of leave, returning part-time).	"I work with a lot of men, so I think they were surprised [that I wasn't coming back.] . . . They were very, very surprised. They were supportive. They said they had wives who stayed at home and it allowed their families some flexibility. So I think people were pretty supportive. I didn't get any negative feedback."
Subordinates' Reactions to Pregnancy	Descriptions of how the participant's subordinates (if she had any) responded to her pregnancy.	
Subordinates' Reactions to Post-Pregnancy Plans	Descriptions of how the participant's subordinates (if she had any) responded to her post-pregnancy plans (e.g., desired length of leave, returning part-time).	
Customer/Client Reactions to Pregnancy	Descriptions of how customers or clients responded to news of the participant's pregnancy.	"Well, there came a time when you could definitely tell I was pregnant. Then it was all positive. [Customers] would tell stories about their daughter, or themselves."
Supervisor's Perceptions	Descriptions of how supervisor's perceptions or view of the participant as an employee changed or did not change as a result of her pregnancy.	"My boss, however, probably thinks—and she's made a couple of comments about it—that priorities have changed and will change, and the role of my career will change with that. I think it's mainly a time issue than a quality issue." "She realized that our career paths were not the same thing that she thought it was. I just wasn't going to be able to give as much of myself to the company, to the position, as she did. I think that made a big difference. And the way that she viewed me was one of

		those, 'You don't know how you're going to feel once you have the baby' type of things. Or, 'Well, you're pregnant, so we'll have to see what happens.'"
Coworkers' Perceptions	Descriptions of how coworkers' perceptions or views of the participant as an employee changed or did not change as a result of her pregnancy.	
Subordinates' Perceptions	Descriptions of how subordinates' perceptions or views of the participant as an employee/supervisor changed or did not change as a result of her pregnancy.	
Public Nature of Pregnancy	Descriptions of times when or ways in which the pregnancy was a very public phenomenon. For example, accounts of how the pregnancy invites personal questions, comments, and stories from others, including strangers; references to feeling like the pregnancy is a public event. Includes also descriptions of how participant felt about the public nature of her pregnancy.	"People talk about it to me. People are constantly . . . it's really interesting because women will forever tell you advice or experiences about being pregnant or having a baby before anything else, which I find fascinating in and of itself, because I mean people you hardly even know tell you the most intimate details of their life. And I find that somewhere peculiar, but I've encountered it so often." "She would ask me, 'So how's your appointment? How was the appointment?' each week. And I mean I understand, and it's nice, because it's consideration, but still it's pressure for me because everyone has expectations—even with a normal pregnancy—of women, I think. Everyone wants to know, 'Is it a boy? Is it a girl? When are you due? What are you going to do after it's born?'"

		"I'm a little different than most people. [I believe that] people are generally concerned. They're not trying to get something out of it. When they ask if you're feeling OK, they honestly want to see. And I respect that of them." "Well, it's kind of hard to tell your supervisor that you're pregnant. It's a strange thing to do. It's easier to tell your family members, but to go up to somebody you work with, especially when it's a man, and tell him, 'I'm pregnant,' and to have the idea that he knows how it happened, he knows my husband, and it's just a little awkward."
Privacy	Specific references to privacy or lack of it. Includes descriptions of the participant's feelings about or attitudes toward keeping things private— e.g., "I'm not a very private person. I can't keep anything secret!" Look for actual use of words such as "secrecy", "privacy", "openness", etc.	"I mean I just view it as kind of, I mean it's very private. I feel that it's a very private thing. But yet it's very public. Very visually showing. I just feel that you have a certain responsibility to people that you work with, like the other women in the office and the girl I work with in the lab. And to me that's just more energy and time that I need to spend. I mean some of it is enjoyable, to a point it is, but I almost prefer not to get into the details of everything. And that might be because of the details of everything I've been through [losing my first baby], and I'd rather it just be done without talking about it."
WORK IDENTITY		
Work Identity	Descriptions of how participant views herself as an employee, at work. Also includes descriptions of how she wants others to view her.	"I guess on a daily basis I don't want to let anyone down. Whether it's an important job or not, a job's a job, and you try to do good no matter what you're doing."

		"Basically, I know I'm a good accountant, because I've seen what other people do, and it's scary how many mistakes people make . . . They don't do the research. But I'm anal about that. If I don't know something I'll go look it up and read about it, where other people don't do that. They just let garbage go out the door."
Changing Work Identity	Descriptions of how participant's view of herself as an employee is changing/has changed as a result of her pregnancy.	"I guess I kind of felt good about myself with the fact that I could still work and I was pregnant. I know there are some women who have a hard time doing that, working and being pregnant and feeling sick and tired. . . I guess I felt pretty good about myself that I was strong enough to do both, be very pregnant and get up and work a 8-hour day, or maybe even a 9 or 10 hour day or go in on a Saturday." [I: Did your view of yourself as an employee change at all as a result of your pregnancy?] "R: I guess I would hope it didn't, and that I would still view myself as a dedicated employee to my work. However, I think the emotional considerations inevitably subtract from that dedication . . . I would guess that it would have to change, that the priority is no longer the project that I was working on, that I am working on. It is staying healthy and going to my doctor's appointments and things like that."
Work Identity Unchanged	References to a participant's view of herself as an employee remaining unchanged, unaltered by her	I: "Would you say your view of yourself at work changed in any way during the second and third trimesters?" R: "I Don't think so. . . It only

	pregnancy.	enhanced the person that I was and the work that I was doing." I: "So you don't feel that your core identity or sense of yourself as an artist or framer changed at all." R: "Not at all." "My character didn't change. I didn't become—wimpy or anything, you know what I mean? Some women, the day they find out they're pregnant, they get a parking spot for the handicapped! There's this special spot if you need to park close for whatever reason. And we always joke that it's the 'pregnancy spot'. You could see who was there! These women get the spot because they don't want to walk that far."
Identity Management	References to the participant's feeling like she either does or does not have to manage her image or identity at work. In the latter case, participant may describe her choice to "just be herself" at work or refer to feelings that she "doesn't have anything to prove to anyone". In the former case, participant may offer descriptions of when, how, and why she has attempted to maintain a desired identity. Can include efforts to convince themselves that they possess a desired identity as well as attempts to influence ways in which other people viewed them	"I guess I've tried not to make my pregnancy an issue. In other words, if I'm asked to go down to receiving to get something, I won't be like, "Oh, you know. . ." when really I'm thinking, I'm tired and I don't feel like going down four flights of stairs. . . I won't do that. I will go. I will do whatever within reason needs doing. I try to sit down a lot, especially because of the circlage, the doctor says always try to sit down and I do that. But if I'm standing in somebody's office, I don't make a big deal that I'm standing, even though I'm thinking, 'I've been standing here ten minutes. I shouldn't be standing.' But I never wanted anyone to think I was odd or not, you know, fulfilling their expectations. I try not to draw attention to it. I don't wear crazy clothes. You know some clothes really exaggerate being pregnant. I don't do that."

		during their pregnancies.	"Maybe I pushed myself a little too hard sometimes as far as trying to get things done for them. I didn't want them to think I couldn't do the job because of this thing happening in my life." "[Because of complications in the last trimester,] I was not someone that people could count on. I felt not good about that. So I decided to take only a 21/2 month leave instead of a 4 month leave." "I haven't felt like I've had to go out of my way to prove that I'm still here, on time, even though I'm pregnant. Like I said, I've been very healthy, have had a very good pregnancy. I could see that changing if I'd been sick a lot, if I'd had to miss a lot of time, if I wasn't as productive."
Priorities	Descriptions of how a participant's priorities have or have not changed as a result of her pregnancy. Changing priorities may or may not have affected her basic work identity.	"However, I think the emotional considerations inevitably subtract from that dedication [to my work], because my priority, as it continues to be, is to make sure that this baby makes it to my house and grows up. So that wasn't there before. . . the priority is no longer the project that I was working on, that I am working on. It is staying healthy and going to my doctor's appointments and things like that." "I think [work] became less important. I stopped thinking about where my job was going, but more about how I was going to balance all of it. I started thinking more along those lines than, 'What's the next level? What about promotion?' Those just went on the back-burner completely."

MISCELLANEOUS		
Clothes	Any references to choice of clothing during pregnancy.	"I try not to draw attention to it. I don't wear crazy clothes. You know some clothes really exaggerate being pregnant. I don't do that." "I loved being pregnant! I felt great. . . I started wearing maternity clothes right away!"
Managing Boundaries Between Work and Home	Descriptions of how participant tries to manage boundaries between her home life and her work life—e.g., keeping them separated as much as possible vs. integrating them.	"I've gotten to the point that I don't even talk about work when I get home because I've had enough of it at work, that I stop talking about it. . . I haven't been bringing it home, because there's nothing to bring home. It would just cause me more headaches and stress . . .I enjoy the people I work with very much, don't get me wrong, but I really see work and home very separate."
Gender Attitudes/Beliefs	Comments that reveal the participant's personal gender beliefs or attitudes, such as references to her preferred division of labor within family, comments about women managers, attitudes towards the roles of women and men in organizations, etc.	"I think women executives in corporate America generally have their pros and cons. . . I've always worked for women in high positions and I think, um . . . I mean I give them a lot of credit, but I think it's hard being young in the workplace. . . It took me a while, coming out of college, to realize that they have to be competitive. I think they are competitive. They're in a higher position; they have other women that are striving for high positions working for them. It's intimidating, absolutely. "My mom stayed home with us. She didn't go back to work. . . And that was just what I was always going to do. That's just what people do, you know? So that was always the plan, what I always wanted to do."

Appendix D

<u>Instructions for Rating Degrees of Perceived Threat of Stigmatization and Identity</u>

<u>Management</u>

    <u>Degrees of identity management.</u> The key feature that differentiates participants is

how much *overall* psychological and/or physical effort they described making in order to

manage their identities. The same tactics can involve different levels of effort depending

on the unique features of an individual's situation (e.g., maintaining one's pace might

have been fairly easy for a woman who felt terrific through her pregnancy, but quite

difficult for someone who was very sick; passing until the end of the first trimester is not

especially hard, but passing well into the second trimester is much more difficult). The

logic is that persistence in tactics that are difficult to carry out should be an indicator of

how determined an individual was to successfully manage her identity. Judgments about

overall effort should be based on the accounts interviewees provided of the relative ease

or difficulty they experienced in trying to manage their identity—in other words, the

amount of psychological and/or physical effort they described exerting.

    Read all passages for a given participant then assign one of the following ratings to

that participant:

- *No Effort*-- no mention of using any identity management tactics.

- *Mild Effort*-- discussed using identity management tactics that required little overall

    psychological or physical effort. Examples:

    - Being *somewhat*conscious of trying to manage her identity, such as keeping

        up with her regular pace of work or not asking for special accommodations,

but without apparently expending any extra energy trying to do so. It comes

easily for her—just all in a day's work, so to speak.

- o Engaging in only one tactic that was fairly easy to carry out, like passing just

  until the end of the first trimester.

- *Moderate Effort*- described using one or more tactics that required a moderate amount

  of overall psychological or physical effort. Examples:

  - o Finding creative ways to pass throughout the pregnancy—not from her

    supervisors or coworkers (which would have been very difficult to do, see

    below), but from vendors or clients.

  - o Mentioning multiple tactics that required attention and energy to carry out,

    such as working to maintain her pace even when she was very tired and

    devoting considerable attention to dressing professionally.

- *Extreme Effort*-- described using one or more tactics that required extreme overall

  psychological or physical effort. Again, the chief difference between Moderate and

  Extreme Effort was not which tactics women used, but *the lengths they went to carry*

  them out and the distress they experienced as a result. Examples:

  - o Concealing her pregnancy from coworkers into the third trimester (a feat

    requiring considerable ingenuity and vigilance)

  - o Multiple tactics that required a great deal of attention and energy to carry out,

    such as embarking on a near-frantic pace of work ("busting my butt"), while

    vigilantly downplaying her condition around others.

o Describing feeling worried about how well she was performing or carrying out her tactics—e.g., "Am I really successful in my efforts to prove I can still do well?? They better think so, because I'm trying really hard!"

Degrees of perceived threat of stigmatization. Degree of perceived threat refers to how much concern a participant expressed, indirectly or directly, about others' negative perceptions of her or about common stereotypes of pregnant workers. This concern was reflected in the *amount of anxiety and mental distress* participants described feeling about these perceptions/stereotypes, as well as the *specific consequences*, if any, that they feared would result from negative perceptions/ stereotypes (e.g., people not giving them assignments, denying them training, or firing them). Look carefully for the comments about consequences—they are often mentioned casually, in passing.

Read all passages for a given participant then assign one of the following ratings to that participant:

- *Mild Threat*—Comments suggest she is aware of the potentialfor stigmatization (i.e., recognizes that others might view her or other women differently because of pregnancy) but describes feeling little to no anxiety about it, *and also **did not** mention any concern about specific, negative consequences she might experience. Example:
  - o Mentioning that she didn't want others to think she was less dedicated (or capable, etc.) now, but doing so casually—without expressing any real anxiety that her pregnancy would cause her problems at work.
- *Moderate Threat*—Described experiencing a moderate level of concern or anxiety about being stigmatized (that is, about being perceived negatively), *and/or* mentioned being concerned about *moderately* negative consequences. Moderately negative

consequences include receiving fewer opportunities at work, being less able to negotiate effectively with vendors, not getting a raise. Note that *either* a moderate level of anxiety or a concern about a moderately negative consequence alone is sufficient to place someone in this category. Examples:

- o Feeling very anxious about revealing her pregnancy because she worried her supervisors would not be accommodating and also might question her level of interest in the position.
- o Worrying others would think she was not interested in working and also that she might not get a raise.

- *Severe Threat*—Describing a high level of concern or anxiety about being stigmatized, *and/or* being concerned about severe consequences (i.e, being fired or being demoted). If someone expended considerable time and energy worrying about possible threat, that alone is sufficient to place her in this category. If someone mentions she thinks she might get fired or demoted, that alone is sufficient. Examples:

- o Being really convinced that others would view her poorly, and that she might be treated differently or badly because this.
- o Thinking that she might be let go because others no longer view her as right for the job.
- o Actually hearing her superiors say they don't think mothers should work or making other prejudicial remarks.

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