



Boundary Creatures? Employed, Breastfeeding Mothers and ‘Abjection as Practice’

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Abstract

This paper contributes to theory on maternity, embodiment and organizations through advancing a contemporary theory of ‘abjection as practice’ in relation to breastfeeding and employment. Drawing upon the work of Margaret Shildrick and Julia Kristeva, it analyses a qualitative study of netnographic (internet) discussions among employed breastfeeding mothers, observing how lactating bodies are treated as abject within organizations. It proposes that hostile behaviour towards breastfeeding women could be seen as a form of ‘abjection as practice’, displaying a purposeful intent to exclude breast milk production from workplace contexts. In exploring the position of breastfeeding workers, the paper observes how breastfeeding women occupy an uncomfortable space on the borders between health ideals of ‘proper’ mothering and organizational notions of ‘good’ worker. The situation of breastfeeding employees is rendered ambiguous and such uncertainties invoke co-worker antipathy. Co-worker hostility towards breastfeeding colleagues appears validated at work because minimal action is taken to address deliberate utilization of ‘abjection as practice’ towards breastfeeding workers.

Keywords

abjection as practice, boundary creatures, breastfeeding, employed mothers, maternal bodies

Introduction

[When advising a female job applicant] I didn’t mention the “moo” sounds that traders made when I headed to the nurse’s office with a breast pump, or the colleague who, on a dare, drank a shot of the breast milk I had stored in the office fridge.

Sherry, 2016, *New York Times*

Maureen Sherry’s (2016) account of breastfeeding at work suggests that colleagues were discomfited – and prepared to subject her to public mockery and censure – when she was producing and storing breast milk in the office. In so doing, Sherry was blurring the boundaries of what was

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generally understood to be ‘proper’ embodied containment (Kristeva, 1982, p.108), her visibly lactating body setting her apart. In compromising organizational boundaries regarding personal comportment (Young, 2005), Sherry’s breastfeeding body became a source of abjection (or disgust) among co-workers.

Sherry’s story is relevant to organization studies because at present, although public health narratives position breastfeeding as a fundamental maternal responsibility, research on the embodied maternal challenges of breastfeeding at work is limited (Andrews & Knaak, 2013; Hausman, 2004; Haynes, 2006; Turner & Norwood, 2013a, 2013b; van Amsterdam, 2015). Among those important studies which do consider relationships between breastfeeding and organizations, all discern a lack of information on how breastfeeding mothers, especially women on low incomes, combine breastfeeding with employment (Höpfl & Hornby Atkinson, 2000; Ryan, Bissell, & Alexander, 2010; Turner & Norwood, 2013a, 2013b; van Amsterdam, 2015). This lack is a serious omission in a context where greater understanding about the ‘persisting inequalities’ experienced by employed mothers, whose maternal bodies may be ‘shunned’ at work, is identified as a research priority (Fotaki, 2013, p. 1264; see also Turner & Norwood, 2013a, 2013b; Trethewey, 1999). Here, through a qualitative, netnographic (internet) study, this paper responds to such omissions. Drawing upon the work of Kristeva (1982) and Shildrick (1997), it explores how breastfeeding workers experience organizational requirements to prioritize paid work over infant feeding, while attempting also to satisfy public health directives, which allocate to individual mothers responsibility for improving population health through breastfeeding.

In this exploration, the paper contributes to organizational studies on the maternal by advancing a contemporary theory of ‘abjection as practice’ in relation to breastfeeding and employment. Specifically, observing how breastfeeding exemplifies organizational tendencies to treat maternal bodies as ‘object’ (unwelcome, and symbolic of disruption and discomfort: Fotaki, 2013) the paper posits that such hostile treatment could be seen as a form of ‘practice’ in which the purposeful ‘othering’ of breastfeeding workers becomes habitual and routine (Jarzabkowski, 2004; Nicolini, 2012).

To contextualize the situation of employed, breastfeeding women, the paper first offers an overview of the literatures on public health valorization of breastfeeding, followed by an outline of the practicalities of combining breastfeeding with employment. It then explores how abjection is interpreted, within organization studies, in relation to maternal workers. Having reflected on the perspectives offered respectively by Shildrick (1997) and Kristeva (1982) on ‘leaky’ and ‘object/ambiguous’ maternal bodies, the paper then draws parallels between the situation of breastfeeding women and that of mermaids, mythical life forms portrayed by Phillips and Rippin (2010) as ‘boundary creatures’ who are neither human nor sea-creatures, and are consequently characterized by ambiguity. Just as mermaids are caught in the borders between earth and sea (Phillips & Rippin, 2010), the paper interprets breastfeeding workers also as boundary creatures, caught between health ideals of ‘proper’ mothering and organizational images of ‘good’ employees.

The paper then describes how qualitative netnographic (or internet) data was collected and analysed, and presents findings. Having discussed how breastfeeding mothers respond to being treated, at work, as a source of disruption and disgust, the paper proposes the concept ‘abjection as practice’ as a means of understanding how breastfeeding employees, characterized as ‘boundary creatures’, may be purposefully marginalized in organizations.

The Public Health Context: Breast Milk, a Form of ‘Liquid Gold’

It has been observed that breastfeeding and milk production are not priorities within organizational settings (van Amsterdam, 2015). By contrast, within public health narratives, breast milk is positioned as a ‘precious’ commodity, and breastfeeding as an essential maternal responsibility (Ryan

et al., 2010). The promotion of breastfeeding is thus a fundamental organizing principle within public health strategies – arguably a form of ‘governmentality’ in the sense defined by Eränta and Moisander (2011), whereby specific regimes (in this case public health) influence the conduct of individuals (here, breastfeeding mothers).

This public health focus on breastfeeding promotion occurs because a profusion of clinical research exists contending that breast milk confers significant, population-wide health benefits. Public health theory defines breast milk as ‘the optimal form of infant nutrition’ (Galson, 2009, p. 357), a form of ‘liquid gold’ with capacity to confer life-long health gains and immunities not only among infants but into adulthood (Burns, Schmied, Ferwick, & Sheehan, 2012, p. 1737; see also American Academy of Pediatrics, 2012; Berger, Hill, & Waldfogel, 2005, Jackson, 2004; Raymond, 2005, van Amsterdam, 2015). Due to its perceived health benefits, breast milk is valued among governments and health agencies as an economic resource because it offers potential both to lower health care costs (by reducing incidence of disease) and to enhance productivity: i.e. if breastfed infants are healthy, maternal absences will supposedly decrease (US Department of Health and Human Services, 2011; American Academy of Pediatrics, 2012).

Perhaps as a consequence of these neo-liberal desires to reduce health care costs, late modern tendencies to identify breastfeeding as a maternal responsibility and as a measure of ‘proper’ or ‘good’ mothering have intensified (Burns et al., 2012; Hughes, 2010; Marshall & Godfrey, 2010; Ryan et al., 2010; van Amsterdam, 2015). In keeping with contemporary neo-liberal strategies for shifting from the state to individuals responsibility for achieving optimal health outcomes (Stephens, 2011; Thanem, 2013), the duty of operationalizing high-level goals of increasing breast milk production is devolved to individual women. Mothers are consequently urged to breastfeed exclusively for six months, then in conjunction with solid foods until babies are aged up to two years (Burns et al., 2012; Faircloth, 2011), regardless of personal circumstances. Thus, although breastfeeding may be presented within health narratives as a maternal ‘choice’, it is a choice that all ‘good mothers’ are exhorted to make, ‘even if they are in employment’ (van Amsterdam, 2015, p. 5). The American Academy of Pediatrics (AAP) asserts that breastfeeding ‘should not be considered as a lifestyle choice’ among mothers (e843) but should be construed as a core maternal obligation: ‘Breastfeeding and human milk are the normative standards for infant feeding and nutrition’ (American Academy of Pediatrics, e827). As a result, use of formula milk (which could offer an alternative to breastfeeding) is presented to mothers within health guidance as an unacceptable substitute for breastfeeding.

Public health communication of pro-breastfeeding messages has been extraordinarily effective. Some women embrace breastfeeding while others experience such ideals as pressure (Liamputtong, 2010; Murphy, 2003) but either way, mothers are shown to recognize the relationship between breastfeeding duration and social definitions of ‘proper’ mothering, acknowledging predominant medical ‘discourses... that breast milk confers immunological and nutritional health benefits for baby’ (Dykes, 2005, p. 2286, see also Faircloth, 2011).

However, although pressure to breastfeed has intensified in line with women’s increased labour market participation, public health advice continues to focus on the mechanics of breastfeeding, with limited advice offered regarding how mothers might organize breastfeeding around other obligations such as paid work (Galtry, 1997; Kitlinger, 2005; van Amsterdam, 2015). In practice, breastfeeding poses a challenge for individual, employed mothers – especially if personal space and organizational support are lacking.

Breastfeeding and Employment

For most employed women, bringing a baby into work in order to breastfeed is not feasible (Stephens, 2011) so breastfeeding mothers are obliged to organize their working day around

'expressing' or 'pumping' breast milk into sterilized containers (van Amsterdam, 2015). Pumping milk is time-consuming (and noisy if an electric pump is used) and can take up to 45 minutes on each occasion (Babycentre, 2014). Breast milk must be appropriately refrigerated, then transported home and fed to the baby using a bottle or feeder cup (van Amsterdam, 2015). Employed, breastfeeding mothers must pump milk at regular intervals during the working day in order for supplies to be refreshed (Ryan, Team, & Alexander, 2013). If milk is not pumped at the appropriate time, breasts may leak, so employed breastfeeding women wear pads hidden under their clothes at work to prevent such leakage from being visible (Gatrell, 2007). Van Amsterdam (2015) demonstrates how pumping and storing breast milk at work can prove difficult, especially if women do not have access to private office space (see also Haynes, 2006). While it is acknowledged that not all women wish to breastfeed beyond the early weeks (if at all; Murphy, 2003), it is also known that others would prefer to continue but feel pressured into giving up due to anxiety about pumping milk at work, where breastfeeding may be regarded as disruptive and unwelcome (Ryan et al., 2013).

Recommendations about breastfeeding beyond the early weeks of babies' lives may be especially problematic for women with limited maternity entitlements (Turner & Norwood, 2013a, 2013b; van Amsterdam, 2015), particularly among low income mothers struggling to integrate breastfeeding with organizational commitments (Boswell-Penc & Boyer, 2007). Such challenges are likely to affect women in the United States where little (if any) paid maternity leave is offered. However, even in countries such as the UK and Ireland where mothers are apparently offered reasonable maternity provision, the increasing precarity of short-term or zero-hours contracts may mean that, in practice, mothers return to work within weeks (or even days) after giving birth (O'Hagan, 2014; Rouse & Kitching, 2006). Breastfeeding mothers may consequently find themselves, from six weeks post-birth or earlier, engaging in the 'maternal body work' of integrating breast milk production with organizational commitments, while also attempting to comport their lactating bodies appropriately at work (Gatrell, 2011; van Amsterdam, 2015; see also Young, 2005).

Perhaps unsurprisingly, especially in circumstances where mothers are entitled to limited or no maternity leave, many give up breastfeeding on returning to work (Gatrell, 2013; Ryan et al., 2013). For example, in the US 69.5% of mothers initiate breastfeeding post-birth but only 17% are breastfeeding after six months, and fewer than 5% are still breastfeeding after one year (Boswell-Penc & Boyer, 2007).¹

Abjection and Maternal Bodies

Within organizational studies, some authors have suggested that all women may be treated as 'irredeemable other' at work and may, consequently, 'exist uneasily' in organizational settings (Fotaki, 2013, p. 1257; see also Fotaki, 2011; Pullen & Rhodes, 2013). However, such 'othering' of female bodies gathers speed and intensity if women are visibly engaged in the practices of birth and the nurturing of infant children (Gatrell, 2011, 2013; Ladge, Clair, & Greenberg, 2012; Vachhani, 2014). Consequently, while breast milk may be privileged within public health contexts as a form of 'liquid gold' which 'proper' mothers are urged to produce for the sake of the public health (Burns et al., 2012; Hughes, 2010), organizational attitudes towards the production of breast milk are less enthusiastic. At work, in contrast to the notion of breast milk as a precious commodity, breast milk and the lactating bodies which produce it may be considered unwelcome (Sherry, 2016).

Leaky bodies

Central to ideas about maternal bodies as unwelcome at work are notions of female bodies as potentially 'leaky'. Ideas about women's 'leaky' bodies are at the core of arguments by feminist

philosopher Margaret Shildrick that women are socially and culturally defined through their capacity 'as reproducers' (1997, p. 22, see also Grosz, 1994 and Walker, 2002). Shildrick observes how the liquid markers of potential or actual maternity such as menstruation and breastfeeding are associated with embodied leakage (what Grosz (1994, p.203) describes as 'seepage'), which incites discomfiture and 'anxiety' within social and organizational contexts: 'nowhere is female excess more evident and more provocative ... than in reproduction' (Shildrick, 1997, p.35). Shildrick suggests that socially, the fluid manifestations of maternity are interpreted as symbolic of maternal instability, supposedly 'evidence of women's inherent lack of control of the body and, by extension, of the self' (Shildrick, 1997, p.34, see also Longhurst, 2001; Warren & Brewis, 2004). At work, far from being revered as precious, breast milk may be treated as worthless and disruptive, a waste product (Kitzinger, 2005). The leaky maternal body may be invoked by co-workers as a means of undermining female authority (Ashcraft, 1999; Trethewey, 1999) on the basis that women's supposed lack of embodied control disturbs routines, inciting 'revulsion' (Longhurst, 2001, p.41) and abjection, at work.

Julia Kristeva and social abjection

The correlation between 'leaky' maternal bodies and social abjection has been interpreted and applied within a socio-cultural context by Julia Kristeva in her (1982) analysis of what it means to be a lived body in late modern society. Specifically, Kristeva defines abjection as located in social responses towards liquid bodily processes and functions, and in the feelings of disgust invoked by 'leakage', or the literal expulsion of such liquids from the body. Kristeva (1982, p.2) suggests that human loathing, in relation to embodied liquids, is exacerbated by a sense that such leakage represents a potential lack of self-discipline, culminating at the point of death (in which the decaying corpse represents the ultimate inability of the deceased to control the earthly body). Kristeva acknowledges a continual human struggle to hide or control the expulsion of 'impure' or waste liquids from the body, in order to present a 'properly' comported embodied self which appears appropriately contained: 'clean and proper' (Kristeva, 1982, p. 101). She articulates a delicate balance between the embodied processes which are necessary for preserving and perpetuating life (specifically, digestive processes and birth) and the revulsion experienced when liquids (especially in relation to human waste) are expelled from the body, associated with 'repugnance [and]...defilement' (Kristeva, 1982, p.2), and must be immediately cleaned away.

At the heart of Kristeva's analysis is the idea that birth and death – when the body is out of control and liquids may not be easily expunged or wiped clean – are occasions of heightened abjection. The lifeless body cannot extricate itself from the horror of decay and the maternal body cannot control its function in a 'clean and proper' manner as it gives birth, an event which Kristeva describes as 'a violent act of expulsion through which the nascent body tears itself away from the matter of maternal insides' (Kristeva, 1982, p.101).

In her interpretation of abjection, and especially in relation to maternity, Kristeva offers two observations which are important in relation to this paper, focusing as it does on how breastfeeding workers are treated in organizations. First, Kristeva's interpretation of abjection is contextual and situated. According to her view, abjection and a sense of certain bodies as 'improper' 'loathsome' and 'other' (Kristeva, 1982, p.2) derives from her sense of bodies, and bodily processes, being out of place because they are ambiguous, failing to comply or fit in with social norms in specific contexts: 'it is not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous...' Kristeva, (1982, p.4). It is possible to derive from such analysis a sense of how breast milk may be valorized as 'liquid gold' within public health narratives (because it fulfils

fundamental organizing criteria) yet resisted in workplace settings, where breastfeeding and the production of infant milk might disturb routines.

Second, Kristeva's analysis reveals how the experience of motherhood and birth has potential to render women continually abject. She differentiates maternity from other 'polluting' (but more gender neutral) forms of leakage such as human waste which might be neatly cleaned up, observing, conversely, how the post-birth body 'never ceases to bear the traces of [the] matter of birth'. Kristeva describes the birthing body as literally imprinted with 'these persecuting and threatening traces' (1982, p. 101) which, she suggests, remain evident until the end of women's lives, leading to broader social interpretations of the maternal body as metaphorically unclean and 'impure'. To affirm her view, Kristeva makes links between what she terms the 'matter of birth' and 'leprosy'. Lepers, she explains, were treated in biblical settings as 'impure', as abject subjects who were cast out from everyday social situations (Kristeva, 1982, p. 101). For breastfeeding employees, who embody the recent traces of birth through lactation, the implications of Kristeva's observations about the similarities of social responses towards post-birth and leprous bodies are not encouraging. It could be argued that mothers who pump and store breast milk at work cannot easily erase the supposedly tainted traces of birth. Resultantly, breastfeeding employees cannot meet the criteria for apparently 'clean and proper' embodied comportment within organizational settings (Kristeva, 1982, p. 108). As Kenny (2016, p. 942) reflects, in relation to Kristeva's theory, organizational fears about the leaky maternal body result in 'excessive' and 'persistent' attempts within 'today's organization' to 'suppress and control' the 'abjected feminine'.

Interpretations of abjection and boundary creatures

It has been argued, within organization studies, that theories of abjection offer 'rich prospects for future debate and research' (Rizq, 2013, p. 1277), perhaps especially as a means of reflecting upon differing forms of workplace aversion towards female workers who find themselves marginalized (Fotaki, 2011, p. 45, see also Rizq, 2013, p. 1283). Thus, for example, also drawing upon Kristeva's (1982) philosophies, Fotaki (2011, 2013) explores how women academics may be subject to sexualization and forms of symbolic violence within university settings, such forms of abjection rendering their position 'untenable in the knowledge creation process' (Fotaki, 2011, p. 45; see also Höpfl, 2000). Relatedly, the idea of 'abject appearance' where women in leadership and supervisory roles are sexualized and judged on the basis of personal appearance is theorized as a form of insidious workplace incivility, which positions women as outsiders within occupational contexts (Mavin & Grandy, 2016).

From the viewpoint of 'managing the abject', Phillips and Rippin (2010, p. 483) examine links between abjection and organizational narratives both through the autobiography of Starbucks' chief executive Howard Schulz and the image of Starbucks' mermaid logo, a two-tailed mermaid, whose aquatic traits were increasingly moderated as the company became more mainstream. Significantly for the present study on breastfeeding workers, Phillips and Rippin characterize mermaids as 'boundary creatures, inhabiting a space between sea and earth and between human and animal. As two beings in the same body, [mermaids] are hybrid and ambivalent, an ambiguity that provokes and disturbs' (Phillips & Rippin, 2010, p. 488).

Breastfeeding employees could, like mermaids, be interpreted as 'boundary creatures', inhabiting ambiguously the idealized space between health definitions of 'good' mothering and organizational interpretations of what constitutes a 'good' employee. As observed earlier, Kristeva (1982) identifies concepts of ambiguity and disruption as a principal source of abjection (see also Phillips & Rippin, 2010). Kristeva's (1982) views could be extended to interpret the position of breastfeeding employees as ambiguous and disturbing, such women 'lurk[ing] in the borders' between health

definitions of proper mothering and organizational valorization of properly contained bodies (Phillips & Rippin, 2010, p. 491). At work, maternal bodies are perceived to disturb the 'borders, positions and rules' of organizations (Kristeva, 1982, p. 4) cited in Kenny (2016, p. 942), such blurring of boundaries invoking rejection and repression. As Kenny (2016) observes, subjects who occupy an 'anomalous state' in relation to social boundaries might be vulnerable to rejection and exclusion (Kenny, 2016, p. 943). Taking into account this view, it is arguable that the ambiguities of breastfeeding lie at the heart of organizational tendencies to treat nursing mothers as out of place and abject (Phillips & Rippin, 2010, p. 491, see also Fotaki, 2011).

Abjection as Practice

In keeping with the above notions of abjection as situated, Rizq (2013), in her analysis of organizational responses to anxiety within mental health professions, develops a 'dynamics of abjection'. Rizq's concept of abjection as dynamic (and most evident when organizational boundaries are compromised) is relevant to this study because it enables an interpretation of abjection as fluid and conditional. The notion that abjection is dynamic facilitates acknowledgement of the situation whereby breast milk is valued within health contexts, but at work is defined less by its 'precious' properties and more by its associations with ambiguity and inconvenience. Rizq (2013) identifies the dynamics of 'abjection' as often subtle and perhaps unintentional, if not unconscious, in relation to UK mental health policies and services. By contrast, the data below illustrates how, in organizational settings, such dynamics can be blunt and purposeful if breastfeeding is perceived to be disruptive in relation to office routines and what is deemed appropriate embodied comportment.

Taking into consideration the overt and consistent manner in which breastfeeding workers may be classified as abject, a case is made for a new theoretical interpretation of abjection: that of 'abjection as practice' to recognize the deliberate forms of social abjection to which employed, lactating women are exposed. The idea of exploring relationships through 'practice-based theory' has been convincingly argued by Nicolini (2012, p. 2; see also Jarzabkowski, 2004). The concept 'as practice' denotes a series of repeated and purposeful activities, resulting in visible affirmations of habitual and routinized behaviours (as Jarzabkowski describes, in her work on strategy as practice: 'the term practice implies repetitive performance'; Jarzabkowski, 2004, p. 4).

Davide Nicolini envisions a practice-based approach as apposite for theorizing 'the critical role of the body and material things in all social affairs' (Nicolini, 2012, p. 4). He suggests that practice theory offers capacity for articulating differing and potentially 'unequal social and material positions' among and between workers (Nicolini, 2007, p. 893). Through practice, workers can establish and maintain 'features' of the social world they 'inhabit' affirming (or, alternatively, shifting) behavioural boundaries at work, drawing upon 'tools, discourse and bodies' Nicolini, (2012, p. 2). Of relevance to this study, which explores how breastfeeding employees may be habitually categorized as 'abject', is Nicolini's observation that practice theories help identify power differentials, and varying social and material positions among and between workers. Expressing the conceptual phenomenon abjection in terms of practice allows potential for an 'uncovering' of the manner in which organizing principles (for example, failure to offer suitable space for pumping milk) facilitate co-worker practices which are 'gendered' and discriminatory towards nursing mothers (Nicolini, 2012, p. 3) and potentially women in the workplace more generally (see Fotaki's 2013 study in relation to academic women).

Here, in relation to breastfeeding employees, a case is made for 'abjection as practice' as a theoretical concept which enables the tangible illumination of how – far from experiencing abjection as an unwitting or 'subtle' reaction to the pumping and storage of breast milk at work – breastfeeding

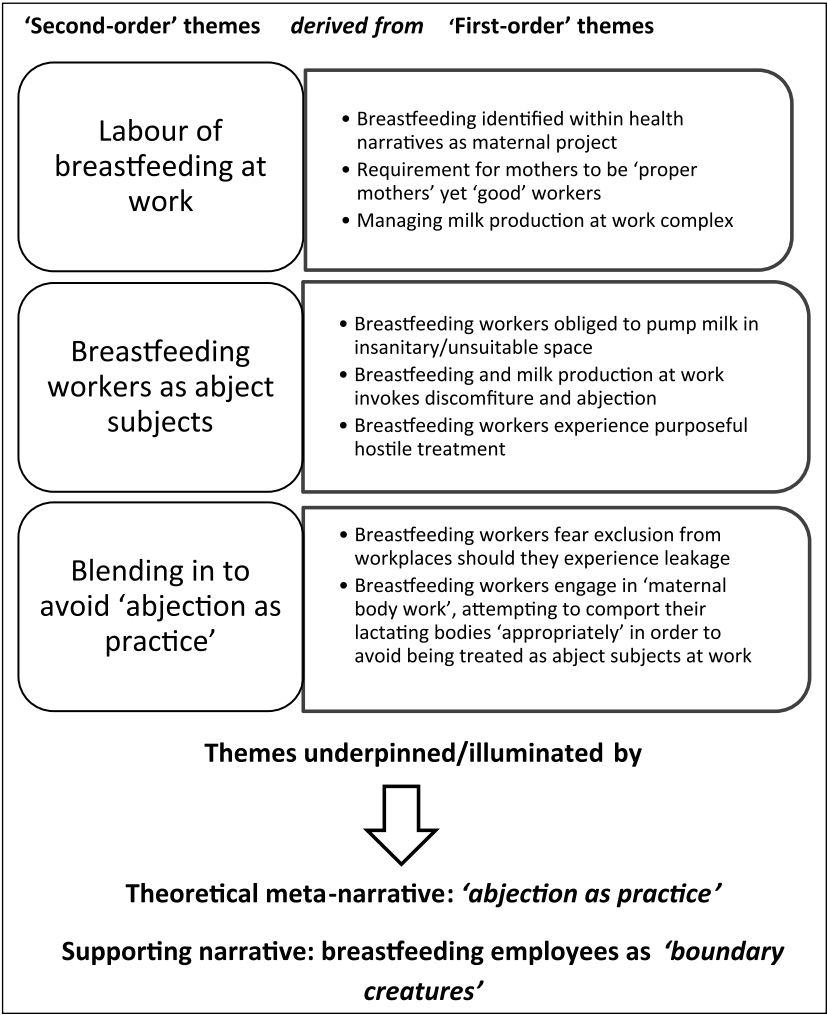


Figure 1. Structure of first and second order themes (see Corley and Gioia, 2004).

employees may find themselves categorized intentionally and persistently by co-workers as abject due to their ambiguous position as 'boundary creatures', perceived to have disrupted the borders between 'good' worker and 'proper' mother.

It is acknowledged, here, that extant research (for example, by Bataille, 1934, in relation to outcast populations) has observed how certain forms of abjection may support the heterophobic (fear of difference) 'othering' of less-favoured populations through affirming the privileged status of constituent groups (see Simpson & Ramsay, 2014, in relation to migrant doctors; Tyler, 2013, in relation to asylum seekers, and Fotaki, 2011, with reference to women academics). The development in this paper of 'abjection as practice' as a theoretical approach (Figure 1) extends such important observations, offering a contemporary perspective for organization studies through enabling the explicit articulation of how abjection may be purposefully employed as an instrument of marginalization. In such cases, 'abjection as practice' could be seen as a deliberate attempt by co-workers to maintain 'order' in organizations, effectively punishing breastfeeding women for

disturbing the embodied codes of practice which 'govern' how workers are expected to present themselves (Jarzabkowski, 2004, p. 5; see also Young, 2005).

Methodology and Methods

The data collected for this study are drawn upon to consider how employed, breastfeeding mothers organize and integrate their commitments to paid work and breastfeeding. The intention has been to capture how mothers from a range of employment situations (including lower paid jobs) respond to both health imperatives regarding maternal responsibility for breastfeeding and organizational expectations about worker commitment and embodied comportment.

The study required an epistemology which could facilitate acknowledgement of the tensions between the fundamental organizing principles within public health narratives (in which breast milk production is positioned as a maternal priority) and within organizations (in which job responsibilities are prioritized over parenthood; Gatrell, 2013). Most particularly, given the desire to uncover how employed mothers experienced the balancing and integrating of breastfeeding with organizational commitments, an approach was needed which recognized maternal bodies as material and inhabited (Evans & Lee, 2002). Consequently, this study positions the breastfeeding body as a negotiated site of investigation, as nursing mothers attempt to manage the dual projects of producing breast milk while meeting organizational expectations (Haynes, 2008a, 2008b; van Amsterdam, 2015). As such, the paper required acknowledgement of the boundaries between work and family as fluid and imprecise (Morgan, 1996). It thus adopts a socio-cultural approach (Gatrell, 2011) which recognizes how breastfeeding and breast milk may be differently defined through social attitudes and practices, depending upon which organizing principles (health or organizational) are foregrounded.

Research design

Although extending theoretical understanding of breastfeeding and employment is identified as an aspiration for organizational research (van Amsterdam, 2015), experiences of employed breastfeeding women are difficult to capture. This is because employed mothers may be reluctant to draw attention to milk production at work, often preferring to conceal this so as to minimize workplace disruption (Gatrell, 2007; Haynes, 2008a, 2008b). As a result, Turner and Norwood (2013a, 2013b) note the paucity of research on employed breastfeeding women, especially those in low paid jobs, this reflecting the anxiety experienced by respondents on being interviewed about breastfeeding and paid work.

One increasingly well-established means of capturing experiences of respondents who are hard to reach, especially in relation to maternal and infant health (Lagan, Sinclair, & Kernohan, 2006) is via the internet: what Kozinets (1998) has termed 'netnography'. In order to elucidate how employed mothers organize and experience breastfeeding, the paper thus draws upon a qualitative, 'netnographic' analysis of online public health advice and breastfeeding discussion groups as an optimum research method for reaching this group. Netnography was first defined by Kozinets (1998) in relation to marketing research. It is increasingly utilized for themed social research on women's health (Lagan et al., 2006) and within organizational research because it facilitates research among groups which are hard to access, especially in relation to low status or temporary employment (thus relevant here, see Kozinets, 1998; also Gatrell, 2011). Netnography allows anonymized interaction within virtual environments which cuts across social and organizational hierarchies as well as geographical settings (Gatrell, 2011; Hine, 2001). For this reason, it is difficult to situate mothers' comments within national contexts. Many internet users welcome the chance to consider health and social issues in

open access settings while preserving personal identity (Gustavsson, 2005; Whitty & Carr, 2003), so the anonymous nature of internet 'posts' is thus a benefit of this method (open access discussion fora allowing public sharing of ideas and experiences). However, it is also a limitation, given that geographical, ethnic and cultural/economic backgrounds are not known.

In particular, the internet provides a forum where women engage to discuss experiences of maternity as borne out by Lagan et al.'s (2006) study of pregnant women, showing how mothers from diverse social and economic backgrounds seek counsel from other women (sometimes about deeply personal matters) within anonymized settings, and with no obligation to share individual details or location (Lagan et al., 2006). On the basis of Lagan's research, a netnographic approach seemed consistent with a research aim of reaching mothers from a range of social and economic circumstances, including those in lower paid jobs (Turner & Norwood, 2013a, 2013b).

This study therefore draws upon open access discussion fora in which users share with one another personal experiences, insights and ideas about breastfeeding and paid work. Kozinets (1998) has identified written 'conversations' within multi-user discussion fora as ideal for themed social research of this kind. In the manner of Longhurst's (2001) study, the data drawn upon here are not intended to be representative but to illustrate common themes within discussions about breastfeeding and employment.

Given my intention to explore the experiences of breastfeeding workers through internet correspondence, I undertook broad searches using keyword search terms such as 'breastfeeding and work', 'breastfeeding and employment'; 'breastfeeding and policy'. Just over 1,000 items on breastfeeding and paid work, posted between 2009 and 2013 from a range of open access sites, were selected. Most derived from commercial and official sites designed for the purpose of facilitating interaction among users (Eriksson & Kovalainen, 2008). These include health breastfeeding advice websites such as Public Health Wales, NHS England and Web MD as well as commercial websites such as Babyworld, Babycentre, mumsnet and whattoexpect.

Criteria for inclusion in the study were a requirement for users to be discussing breastfeeding in relation to employment (rather than in general terms) and for individual posts to be part of wider group conversations. It is difficult to make assumptions about social class of users based on website usage (although it is known that middle-class women are more likely than others to consult 'expert' parenting guidance; Beck & Beck-Gernsheim, 1995). However, it should be noted that, even in 'developed' countries, millions of people with low incomes and poor literacy do not have access to the internet, meaning that individuals in insecure and poorly paid forms of employment may be excluded from a netnographic study such as this (Royal Geographical Society, 2016). This omission suggests a need for future, in-depth research using other methods (perhaps interviews) to access this already hard-to-reach group.

In keeping with the ethical commitments of the study to ensure anonymity of data, and following the guidance of Eriksson and Kovalainen (2008, p. 106) which recommends 'stripping all identifying information' from netnographic data used in research, any personal details which might identify respondents are excluded.

Analysis

The overall aim of the research was to theorize how mothers organize and experience the complex work-life demands of breastfeeding in organizational contexts. Analytically, the study draws upon what Fotaki (2013) terms 'retroductive reasoning' which allows iterative movements between data and theory. This is because retroductive reasoning obviates the need to claim either a grounded approach (whereby themes are presented as if these have emerged entirely from within data) or a more deductive approach (in which themes are seen to be informed first by theoretical framing).

Such an approach has been helpful here, where the intention has been to draw on both theoretical debates about breastfeeding and employment and netnographic data on maternal experience.

In keeping with Fotaki's (2013) research on women, bodies and academia, data analysis was conducted inductively, i.e. not assuming in advance how employed mothers might perceive their experiences of breastfeeding. Similarly to Fotaki's (2013, p. 1261) approach, qualitative software packages were 'not relied upon to identify key words and topics' from the internet posts. Instead, posts were considered as a whole and 'links and contradictions' among and between conversations were explored.

The intention of the study was to develop 'deeper understanding' of women's experiences of breastfeeding at work (Kenny, 2016, p. 945) and to theorize from the findings. Using template analysis (Cassell, Buehring, Symon, Johnson, & Bishop, 2005), data on breastfeeding drawn from community discussion fora were interpreted thematically. Data was classified manually which involved the printing out of internet conversations and identification (using highlighters and coloured stickers) of common themes and patterns (see also Fotaki (2013) and Kenny (2016), each of whom adopted a similar manual approach in examining their data). Although this method was laborious, it facilitated 'closeness' with the data and enabled the identification of 'patterns' and 'connections' (Crang, 1997, p. 187).

Given the volume of data, careful classification was required. Whatever the research approach or intention, the managing of (often voluminous) qualitative data in a thorough and meticulous manner is important, so that significant themes are not missed (Corley & Gioia, 2004). The approach chosen here involved using coloured stickers and markers on hard copy print-outs which facilitated initial observation of eight 'first-order' categories of themes. Such an approach was adeptly utilized by Dacin, Munir and Tracey (2010) in their qualitative study of elite dining rituals in Cambridge colleges (see also Corley & Gioia, 2004), and it facilitated theorizing drawing upon both the data and extant literatures.

The eight first-order themes which emerged from the analysis are listed as bullet points in Figure 1. These embraced, variously, the challenges of breastfeeding in accordance with health standards; mothers' experiences of combining breastfeeding and employment, and the effort required as mothers tried to comport themselves in accordance with what they perceived as appropriate embodied behaviour at work (Young, 2005).

These eight themes were then narrowed down and organized into three 'overarching' dimensions or 'theoretically distinct clusters' which emerged strongly from the data (Dacin et al., 2010, p. 1401). The clusters formed the basis of three 'second-order' themes (Corley & Gioia, 2004), specifically, the labour of breastfeeding at work, the treatment of breastfeeding workers as abject subjects, and the maternal body work undertaken by employed breastfeeding workers trying to 'blend in'.

Finally, in the manner of Fotaki (2013) these three second-order themes were drawn upon as I moved iteratively between the data and the literatures on maternity, employment and abjection. This thorough, yet recursive, process enabled development of the key theoretical concepts which underpin the contribution of this paper, namely, 'abjection as practice' and the associated notion of breastfeeding employees as 'boundary creatures'.

Findings: The Labour of Breastfeeding at Work

It has been observed how breastfeeding may be especially complex for employed mothers. Balancing and integrating with organizational commitments the requirements of the breastfeeding 'project' (Brewis & Warren, 2001) requires careful planning, since breastfeeding mothers need to organize the production, pumping and storage of breast milk at regular intervals during working hours in order to meet minimum requirements of 'good' mothering (Van Amsterdam, 2015). The

desire to perform mothering ‘properly’ (as defined within health narratives) is discussed at length among employed breastfeeding women on internet discussion fora. For example, ‘infantal’ below seeks advice from other women on her forum regarding preparations for pumping milk on returning to work full time:

My baby is 7 weeks old...I will be returning to work [soon]. What is the best way to go about pumping extra milk to store so that I will not get engorged or feel uncomfortable all the time? Should I pump a little after feedings? If so how many feedings should I pump after? Or should I set aside a whole different time to pump?

The above questions posed by *infantal* indicate that the maternal task of organizing and maintaining breastfeeding at work is complex and demanding, requiring physical and intellectual investment, as well as detailed personal planning. Notably, the complexities extend beyond how and when to pump and measure milk quantities, but also include maternal management of the technologies of breastfeeding (pumps, storage, transport and so on). Health advice invariably neglects to address the practical demands of hauling breast pumps, bags, storage bottles, breast pads and spare clothes to and from work, especially if travelling by public transport. ‘*Belle*’ seeks guidance from other women in her discussion group on the practicalities of producing breast milk in a job with limited flexibility for break times (so perhaps a non-professional role). Perhaps in response to neo-liberal expectations about ‘increasing productivity’ on all levels (Stephens, 2011, p. 136), *Belle* appears to feel pressured to be productive as a supplier of both breast milk and paid labour, to the point where she may be obliged to forego her lunch break:

1. I have two breast pumps and plan to express 2 times a day. Can I use both pumps at the same time, then put them in the fridge and top up next time I express?
2. My commute is over an hour – will the milk be OK by the time I get home and then take it to nursery next day?
3. Do I have the right to have breaks to express, or does that time come off my lunch break time, i.e. if I only have 30 min lunch break and takes a total of 15 min to express, do I only have 15 min left for lunch?

While some mothers offer reassurance to correspondents like *Belle*, affirming that breastfeeding at work ‘can be done’, others find combining breastfeeding and paid work very demanding. Such problems appear especially challenging among lower paid workers with no access to private space and limited autonomy to organize their own timetables. As shown below, low paid workers are the most likely group to experience ‘abjection as practice’ as they seek suitable space for pumping/expressing milk. This group find themselves framed as ‘other’ and may be likened to animals, consigned to pump milk in insanitary spaces, and threatened with expulsion due to co-worker fears that breastfeeding might interrupt organizational routines.

Abjection as Practice at Work: Breastfeeding Workers as Abject Subjects

Within neo-liberal economies, government laws and policies appear at first glance to support breastfeeding among employed mothers. In the US, for example, employers are directed to offer suitable space, specifically other than a lavatory, for accommodating the pumping of breast milk (United States Breastfeeding Committee (USBC), 2014). In practice, however (while

organizations are supposed to offer private space for breastfeeding and/or pumping) employers have no obligation to provide a chair, shelving or an electrical outlet (USBC, 2014). Furthermore, while nursing in employee bathrooms might in theory be outlawed, alternative breastfeeding space is not required to be easily accessible, clean or attractive; for example, a 'storage area' is proposed. Thus, while employment policy narratives might purport to prioritize breastfeeding, such guidance facilitates the exercising of 'abjection as practice' towards breastfeeding workers who may be consigned to pump 'liquid gold' milk within insanitary and unsuitable space.

Internet discussions suggest that for many women (often those with the lowest social capital) a lavatory cubicle is in practice the only location where milk may be pumped with relative privacy. Lack of policy regulation regarding appropriate facilities for nursing mothers appear to facilitate a situation whereby line managers and co-workers may, without sanction, oblige nursing mothers to pump breast milk in the most unhygienic of settings. (Under such circumstances, it seems ironic to note that the preparation in bathrooms of any foodstuffs sold for human consumption is illegal, and lavatory doors must not be allowed to open into any areas where food is handled; Food Standards Agency, 2013.)

Arguably, the 'routinized and recurrent' (Nicolini, 2012, p. 3) consignment of breast pumping to lavatory spaces (associated with the key components of abjection: pollution, germs and human waste; Kristeva, 1982) denotes a purposeful form of abjection as practice. The messiness of lactation 'represents a constant threat' to workplace routines, rendering breastfeeding women consistently vulnerable to rejection (Kenny, 2016, p. 943). Consequently, line managers and co-workers might overtly reject the 'distasteful' encroachment of lactating bodies on workplace territory (Kenny, 2016, p. 943). Such explicit implementation of 'abjection as practice' implies a conscious desire among co-workers to eliminate the ambiguous nursing body (and any 'whiff' of maternity (Cockburn, 2002, p. 185) from organizational space.

For example, restaurant worker Princess experienced 'abjection as practice' through being directed by her line manager to express milk in the lavatory (in Princess's case, a sub-standard worker facility, as she was denied access to the more sanitary diners' bathroom): [My manager] said 'Uhh...yeah? Well, um...well, I don't think you can use the office. You can use the employee bathroom'. Princess expressed her dismay at this response as follows:

EWWWW! The employee bathroom, that hasn't been cleaned in two years, and I don't even go to the bathroom in there as it is! Let alone PUMP food for my child! I work in a restaurant, so the guests' [diner's] bathroom is off limits [to me].

Indicating how common Princess's experience may be among nursing women, new mother Bilberry responds on a breastfeeding website to other women's concerns about expressing milk in shared worker bathroom facilities. Bilberry outlines how she responds to such abjection as practice, pumping milk in space usually reserved for activities associated with human waste, 'impurity' and 'defilement' (Kristeva, 1982).

As long as nothing touches anything potentially 'germy' you're fine. I carry my pump into the restroom in a pump bag over my shoulder, wash my hands, go into the stall, hang the bag on the hook, put toilet paper on the seat to sit on, pump, put my expressed milk in sterile bags, and rinse the pump in the sink, and store the milk on ice or in the fridge...not all of us have the luxury of ...private pumping rooms.

Bilberry's response and her careful management of this situation indicates her resignation to this form of abjection as practice: the routine organizational classification of breast milk and breastfeeding as a form of human waste: dangerous, polluting and requiring confinement (Kitzinger, 2005).

Low paid workers

Although it is known that women in professional roles may, sometimes, be compelled to express breast milk in lavatory cubicles (Gatrell, 2007; van Amsterdam, 2015) opportunities to access alternative 'suitable space' may be even less available to mothers in lower paid jobs (often black and minority ethnic workers; Boswell-Penc & Boyer, 2007) than for women in more prestigious roles. Low paid mothers are especially vulnerable to 'abjection as practice' at work because they are unlikely to exercise autonomy with regard to timetabling (Boswell-Penc & Boyer, 2007); they may be in jobs which are precarious (Skeggs, 2011) and are unlikely to command personal office space. For example, 'myrah' (who appears to be employed in a ticket office) frames herself metaphorically as an abject subject, at the 'bottom' of every list:

My place of work is extremely short of any private space because our main function is to work with the public, plus I am a seasonal employee which puts me at the bottom of the list for just about everything.

Similarly, van driver 'JJ' is worried about pumping milk during her working day when she is likely to be in her van which is 'not very clean' and may take her 'far from home'.

The lack of suitable space in which to breastfeed also appears to be particularly problematic for shift workers in roles with limited autonomy. For example, paramedic 'Petra' works 'very long hours' and often has 'nowhere to pump'; and 'Nissa' is: 'an operator for an answering service company and some times, most times, I don't catch a break because I'm the only one working that shift'.

Such reports from women in low status employment suggest that this group are likely to be relegated to pump milk in spaces which are also unhygienic and unsuitable as line managers and co-workers routinely (and apparently without penalty) exercise abjection as a form of practice, segregating nursing mothers from mainstream office space.

Breastfeeding Women as Boundary Creatures

Given organizational (and policy) tendencies to relegate the production of 'precious' breast milk to spaces which are associated with contamination and the abject, it is perhaps unsurprising that breastfeeding women may be treated in person, at work, as abject subjects. Mother to mother confidences within community discussion fora illustrate how co-workers identify breastfeeding as discomfiting and disturbing, an embodied threat to 'clean and proper' organizational order (Kristeva, 1982). Breastfeeding mothers appear commonly to encounter 'abjection as practice,' as some colleagues persistently subject them to ridicule, treatment which echoes the experiences of Maureen Sherry (2016).

My direct boss tells me it's gross and makes rude remarks all the time. 'At the rate you are going your (12 month old) daughter will still be nursing when she is twenty!' When I go to pump they ask 'doesn't that make you feel like a cow?'

Such comments – in which colleagues express disgust and liken breastfeeding to bovine milk production – suggest that nursing mothers are classified by co-workers as hazardous, a 'constant threat' to organizational orderliness as the neediness of infant bodies spills over into workplace settings (Kenny, 2016, p.942). Breastfeeding employees may personally be classified by co-workers as 'boundary creatures' (Phillips & Rippin, 2010), failing to confine their embodiment within the borders of acceptable organizational comportment where the body must 'bear no trace of its debt to nature' (Kristeva, 1982, p. 102; see also Höpfl, 2000; Pullen & Rhodes, 2013). Resultantly they may be subject to abjection as practice as colleagues express aversion to breastfeeding in the office.

In response to co-worker hostility, breastfeeding employees commonly turn to internet discussion groups as a source of support. Shelley, for example, feels the effects of abjection as practice from co-workers whose antipathy may be exacerbated by the presence of Shelley's baby in the office. As Wolkowitz (2006) has observed, the bodies of infant children are associated with inconvenience, with disruption of order and routine and with ambiguous maternal priorities. Co-workers thus resist the encroachment of children within workplace space, whether metaphorically or in person (the material presence of Shelley's baby serving, presumably, to underline her ambiguous position as both mother and worker). Shelley reports:

My co-workers are less than supportive. They simply don't understand why I need to take breaks to pump or breastfeed my baby when the sitter brings her in. They think I'm slacking off – no other mother had needed to pump; they didn't breastfeed. How can I explain why breastfeeding is important without alienating people?

Perry also found herself experiencing abjection as practice in response to pumping at work on the basis that her line manager perceived co-workers to be disturbed by her breastfeeding at work. Perry reports her supervisor's view that a choice must be made: either to cease breastfeeding or relinquish her job:

Pumping at work, my lo [little one] is five months. Supervisor says 'You cant do that here, its time you gave up, it's not fair on the others they find it discomfiting and off-putting.' I can't go to the bathroom because no-one will cover for me. She says 'You can't keep doing this here, if you are going to keep this up then you should be home full time. If you are at work then you are at work. You can't expect people to put up with it.'

Perry's situation illustrates the tensions which arise when breastfeeding mothers are perceived by co-workers to blur the borders between maternity and organization. Such ambiguity appears to invoke a reaction so pronounced that protesting employees are motivated to enter online, mother-to-mother discussion groups, posting harsh comments which indicate deep aversion towards breastfeeding. In these remonstrations, breastfeeding mothers are subject to online 'abjection as practice' not only in terms of antagonism towards pumping breaks, but more broadly in the sense of nursing mothers being positioned as 'boundary creatures', the production of precious breast milk conflicting with co-worker notions of what should constitute a proper employee. Abjection as practice is played out here as a form of intent to 'disempower' breastfeeding workers (Nicolini, 2007) through excluding them altogether from organizational space.

Thus, Latte describes her feelings of discomfiture regarding her perception of breastfeeding as ambiguous and inconvenient. Offering an explicit example of abjection as practice through framing the pumping of milk at work as 'ridiculous' she overtly proposes that nursing mothers should remain at home:

Oh for Pete's sake. Just stay home...until your child is weaned. Expecting your employer to 'provide a satisfactory milk expression location' is ... ridiculous. You want a baby, have a baby. You want to breastfeed then breastfeed. But why does everyone [at work] need to ... support you and your choices? (Latte)

In keeping with increasing neo-liberal tendencies to individualize accountability for health, shifting accountability from the state onto the shoulders of individual mothers (Stephens, 2011), health guidance places with mothers themselves responsibility for dealing with organizational criticisms. Breastfeeding mothers are thus advised to counter co-worker hostilities by becoming breastfeeding advocates with a mission of convincing employers 'of the need for a corporate

lactation program', 'educating' or 'seeking to bring on side' colleagues through 'Sharing information about the benefits of breastfeeding (Ask Dr Sears, 2014).

Unfortunately, while it is acknowledged that some employed mothers have successfully asserted maternal rights to breastfeed at work (Ryan et al., 2013) maternal attempts to 'educate colleagues' appear to invoke further demonstrations of 'abjection as practice' towards breastfeeding women. Co-worker discomfiture regarding the ambiguous lactating body compared with the image of 'proper' worker is illustrated in the comments below posted by 'Hardworker' who defines non-breastfeeding workers (i.e. 'the rest of us') as 'normal', implying that breastfeeding employees are 'other' and abject in organizations:

It's not like the rest of us are unaware that breastfeeding is better for the baby. They are just mad that while the mom is in the back pumping away, they're stuck at their desks picking up the slack. If they're not happy with that, it means they're NORMAL, not uneducated. If YOU choose to go back to work after you have your baby, YOU have to find a way to do your job 100%. (Hardworker)

Maternal Body Work: Blending In

Perhaps because breastfeeding mothers are commonly subject to forms of abjection as practice, threatened with expulsion from organizational space and with their bodies represented as a site of ridicule, some feel obliged to engage in intensive 'maternal body work' as a means of avoiding such hostilities (Gatrell, 2013). The labour of maternal body work involves breastfeeding employees in performing paid work to capacity, while trying to conceal breastfeeding, comporting their lactating bodies 'appropriately' in order to avoid being seen as disruptive and abject (Young, 2005; Trethewey, 1999). The challenge of avoiding 'abjection as practice' through integrating lactating bodies within workplace settings is exemplified by the experiences of receptionist 'Lainey'. In a non-professional role and presumably on show, Lainey invests in assiduous maternal body work as she attempts to maintain boundaries between breastfeeding and workplace duties and avoid the shame of becoming abject (literal exclusion from office space being a possible consequence of leakage):

I am so scared of leaking. We wear these white shirts and it really shows I think they might even send me home ...I stuff breast pads in, I try to look normal but it is really hard work, it makes me so anxious.

Receptionist Lainey expresses further concerns that her co-workers see her as 'slack' when taking breaks for pumping milk (failure to do pump would result in leakage which might, as noted above, lead to her expulsion from the workplace): 'They say: "it's ok for you, slacking. What about if WE want a break?"'

Lainey's account illustrates the ambiguity of her position as a 'boundary creature' (Phillips & Rippin, 2010) inhabiting a space between the borders of 'good' mothering and good employee. She is frightened that her breastfeeding body might be considered ambiguous and disturbing (Phillips & Rippin, 2010) if she fails to contain leakage at work to the point where she may be 'sent home'.

Arguably, Lainey has reason to be concerned. It appears that breastfeeding women are offered limited protection from abjection as practice within employing organizations, with (especially low-income) mothers commonly obliged to pump within insanitary spaces, ridiculed by colleagues and threatened with expulsion. In failing to protect nursing mothers from such treatment, it could be argued that policy makers and employers are validating abjection as practice as an organizational norm.

Discussion: Theoretical Contributions of the Paper

The overall contribution of this paper has been to articulate, through the notion of 'abjection as practice', the purposeful marginalization of breastfeeding employees within organizational contexts. In its observations, the paper adds to debate on maternal embodiment and work, and builds upon earlier and important research by Fotaki (2013) and Trethewey (1999) regarding how organizational devaluation of women's worth often centres on female embodiment.

It is recognized, here, that the occlusion of mothers from influential arenas at work and the harsh 'wage penalty' experienced by this group have been well documented (Ashcraft, 1999; Blau, Ferber, & Winkler, 2014; Fotaki, 2013; Haynes, 2008a, 2008b; van Amsterdam, 2015). Over many years, specific explanations (such as glass ceilings) have been posited as reasons why mothers are disadvantaged (Powell & Butterfield, 1994). Yet as Fotaki (2013, p. 1261) observes, underpinning such quantifiable explanations for maternal hardship lies a 'less tangible ... subtext for women's exclusion and/or marginalization at work' (see also Ladge et al., 2012). Both Fotaki (2013) and Trethewey (1999) have associated with 'women's subordinate positions in contemporary organizational life' the notion of female embodiment, and in particular maternity, as a 'central problematic' in relation to how women are positioned in organizations (Trethewey, 1999, pp. 447–448).

Building on these observations, this paper contributes to debate within organization studies from two perspectives. First, drawing upon notions of 'leakage' (Shildrick, 1997) and 'abjection/ambiguity' (Kristeva, 1982), it has developed the concept 'abjection as practice' as a means of articulating the purposeful othering of employed breastfeeding mothers in organizational space. Second, in relation to notions of breastfeeding and ambiguity, the paper extends Phillips and Rippin's (2010) metaphor 'boundary creatures' (originally applied to mythical entities) to embrace living women, caught on the borders between 'proper' maternal and workplace behaviour. These two contributions are described in detail below:

Contribution 1: Breastfeeding and abjection as practice

The first contribution to debate lies in the development of the concept 'abjection as practice' which illuminates how nursing mothers are marginalized at work. From the qualitative data discussed above, the paper identified three themes relating to the situation of breastfeeding employees and 'abjection as practice'.

The first of these themes recognized how the labour of breastfeeding at work is intensive, with breast milk valued as a fundamental organizing principle of public health policy. Yet, as observed in the second theme, 'breastfeeding workers as abject subjects', the act of pumping milk at work is shown to draw attention to the 'leaky' maternal body (Shildrick, 1997) as it produces liquids which are defined as 'waste products' within organizations. As Kristeva (1982) notes, human liquids (and especially those emanating from the maternal body) are classified as impure and improper. Consequently breastfeeding employees may be identified as abject and, through forms of abjection as practice, cast out to unsanitary locations at work including the lavatory, which is itself associated with impurity and human waste (Kristeva, 1982).

The third theme, in keeping with observations by Trethewey (1999), identifies how mothers engage in demanding 'maternal body work' as they attempt to avoid abjection as practice, seeking to comport their lactating bodies in keeping with ideas of controlled embodiment at work while pumping milk. The concept 'abjection as practice' offers a tangible means of illuminating how nursing mothers may be instrumentally marginalized at work, some women (such as Lainey) experiencing the threat of expulsion should they fail to control their lactating bodies appropriately.

Beyond breastfeeding, abjection-as-practice offers potentially rich theoretical opportunities for enhancing understandings of how marginalization operates in organizations in relation to the 'othering' of minority groups of workers (see Fotaki, 2011). It transforms from intangible to demonstrable the manner in which some groups, due to 'fear of difference' (Simpson & Ramsay, 2014, p. 178), may be excluded from positions of influence in organizations. For example, gay workers, the chronically ill, and migrant and/or ethnic minority employees are shown to feel pressure from co-workers to minimize apparent 'differences', or bear the brunt of 'negative reactions' at work (Clair, Beatty, & Maclean, 2005, p. 79). With regard to disabilities, for example, 'abjection as practice' could facilitate additional explorations of how being treated as different or other at work can affect the experiences of disabled workers, whose voices are shown to be undervalued within both research and practice (Williams & Mavin, 2012).

The notion 'abjection as practice' could, further, enable research on how clearer understandings regarding 'fear of difference' might assist in countering the 'othering' of migrant and/or minority ethnic workers such as doctors, who are obliged to invest time and energy resisting and managing abjection as practice at work, in order to perform their jobs effectively (Simpson & Ramsay, 2014).

Contribution 2: 'Boundary creatures'

The concept abjection as practice has enabled articulation of how, in the space between 'proper' motherhood and appropriate workplace comportment, breastfeeding employees occupy an ambiguous position, making them vulnerable to 'condemnation' and exclusion (Kristeva, 1982, p. 103). Breastfeeding employees appear confined, like the mermaids or 'boundary creatures' in Phillips and Rippin's (2010) study, to a hinterland on the borders between ideals of 'proper' motherhood and work. Envisioning breastfeeding women as boundary creatures facilitates the illumination of the ambiguous qualities of lactating bodies. In keeping with Kristeva's interpretation of ambiguous bodies as abject, the paper has shown how pumping, the presence of stored milk in employee fridges and an embodied potential for leakage serve to accentuate the ambiguous position of breastfeeding employees, rendering them visible as 'improper' workers. For lactating employees, their metaphorical position as 'boundary creatures' represents a serious challenge given that the mermaids in Phillips and Rippin's (2010) narrative are mythical creatures, while breastfeeding workers are living subjects experiencing hostile co-worker reactions to their ambiguous status.

Beyond showing how breastfeeding mothers may be marginalized at work, the envisioning of this group as 'boundary creatures' offers potential for illuminating more broadly the ambiguities of maternal embodiment in relation to the organizing principles of working lives. For example, the bodies of women who do not have children could be interpreted as permanently ambiguous, given the contemporary potential for maternity until late middle age (Blau et al., 2014) and the idea that possible motherhood is always treated by employers as a 'sign of trouble' (Trethewey, 1999, p. 439). The pregnant body especially, as it nurtures another body within itself, may be seen as ambiguous because it blurs boundaries between universalizing philosophical notions of dualisms and relationships between mind and body (Tyler, 2000). For example, it is recorded how a pregnant trainee priest could be constructed as abject and refused ordination, due to supposed ambiguity regarding who (mother, baby or both) is to be ordained (Peyton & Gatrell, 2013). Similarly, unsubstantiated assumptions may be made regarding supposedly reduced work orientation among new mothers, such erroneous beliefs about the ambiguity of maternal commitment contributing to unequal pay decisions (Blau et al., 2014).²

In conclusion, through the notion 'abjection as practice' (and the related idea of breastfeeding employees as boundary creatures) the paper pinpoints abjection as practice as a purposeful organizational practice through which breastfeeding workers are marginalized. It would be naive to

imagine that any single theoretical approach could counter organizational tendencies to undervalue new mothers (or indeed any group of workers who might be regarded as 'other'). Nevertheless, it is hoped that through articulating abjection as practice as tangible and purposeful it may be possible to identify, and consequently to resist, such treatments.

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Notes

1. Some women regulate their bodies so that breast milk is produced only at night, with babies fed formula milk during the day (Gatrell, 2007).
2. Links between unequal pay and the notion of certain workers as marginalized/boundary creatures could have wider implications. For example, reports on pay gaps suggest that some minority workers may be disadvantaged no matter how successful – see Serena Williams' comments on unequal pay among black women (BBC News, 2017).

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