MEL (2014) by Jon Barraclough & Tabitha Moses Giclée

Women leaders' career aspirations colliding with infertility:

The impact on the individual, the system and the dynamics in between

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Close details from "MEL"'s gown

MEL (2014)

by Jon Barraclough & Tabitha Moses Giclée

Artefacts are powerful elements to tap in the unconscious and valuable tools to explore systems dynamics. This image was selected for this Thesis cover among a pool of options that reflected best the research topic and relevance.

UK based Tabitha Moses is one of the few contemporary artists tackling infertility issues. In 2013 she received the Liverpool Art Prize for her work about infertility, miscarriage, and IVF. She used hospital gowns as her canvas, hand-stitching traditional and non-traditional symbols of fertility, and turned them into portraits through the lenses of Jon Barraclough.

For her art project "Investment", Moses sought participants at Liverpool's Hewitt Fertility Centre where she met "Emma" and "Mel". Based on each individual story -including hers, she crafted on the gowns distinctive visual narratives of the women's human experiences and the pain they have endured both physically and emotionally while trying to conceive.

"I was attracted to Melanie's story .... Her history includes a miscarriage and an ectopic pregnancy which resulted in the removal of a fallopian tube. At the time we made contact she was having her remaining frozen embryo transferred. Unfortunately, the treatment was unsuccessful...... The photographic portraits were taken by Jon Barraclough....... One of the aims of "Investment" is to open up a conversation and allow other people to share their stories". [1]

Tabitha Moses - Artist Guest Blog

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[1] https://www.liverpoolmuseums.org.uk/stories/tabitha-moses-artist-guest-blog

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ABSTRACT

Female empowerment is attributed to political, social, and economic participation of women in the society. It is linked to lifelong learning, personal and professional development goals, which are subsequently translated to personal career journeys. However, increasing infertility rates globally suggest that, as women are preoccupied pursuing leadership roles during their prime reproductive years, their career aspirations are competing with the wish for a child.

This hidden inequality factor is central in the research question; how infertility affects the person and the social and professional system she is part of? How it shapes intrapersonal, interpersonal and system dynamics, and what is the impact on female leaders' career aspirations? To unearth out of awareness and unconscious dynamics, research questions were examined applying the *Night Vision* paradigm and assessing the impact of infertility on the person, the system and the dynamics in between.

The research aim is to raise awareness on the impact of infertility on female executives and inspire more inclusive workplace policies to support the increasing numbers of women who seek specialized medical assistance to deal with infertility.

Deploying Interpretative Phenomenological Analysis, the four key themes emerged, Reproductive trauma and its effects, Defenses in motion, Psychological Safety and Agency of Change, led to the hypothesis that Infertility can "give birth" to Change Agency, which is supported by a model that examines this paradoxical symbiosis in female leaders' inner theater.

The results of this research suggest that, if we seek to drive change towards a more diverse, inclusive and equitable workforce, it is important for all stakeholders involved to deal with infertility repercussions and taboos by (i) acknowledging their impact, (ii) increasing awareness and (iii) taking concrete action steps to address their complexities.

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INTRODUCTION

For a person, whether woman or man, to reach to the pinnacle of her/his career it takes significant educational investment and years of work in the corporate ladder, usually entering the executive level in the mid or late 30s and reaching the top a decade later (Helfat, Harris, & Wolfson, 2006). Family plans are also tied to the professional progression, with modern couples starting families usually around the same age (Rijken & Knijn, 2009; Barroso, Parker, & Bennett, 2020).

Women today are more empowered and determined than ever, seeking executive positions aligned with their personal and professional aspirations. The 2030 UN Sustainability Goals (UNWomen, 2018), international, regional, national, sector or industry gender parity agendas (WEF, n.d.), as well as diversity and inclusion policies are also prompting more organizations to open opportunities to women in the executive level (Jones, 2019).

One of the hidden inequalities women are dealing with today, hence not recognized yet as such, is the rise of infertility (Vollset et al., 2020) and the dilemma it imposes between choosing career progression or pursuing family plans (Hewlett, 2002). While more industries and organizations decide to adopt family-friendly policies nowadays, there is little to no-support for women who deal with infertility (WHO, Mother or nothing: the agony of infertility, 2010), who go through medical procedures, as well as physical and emotional roller-coaster in silence, bearing personal shame and social stigma (Sohrab & Basir, 2020).

My personal account with infertility and career progression implications was the basis of inspiration to the research question; a very personal experience that is also a universal challenge with little attention paid by policy and decision makers, few researchers in the academic circles looking for answers in such hard questions (Olshansky, 1991), and even less information disclosed publicly because of the taboos (Click, 2017) associated with the stigma attached to infertility (Collins, 2019), a phenomenon experienced across all cultures, races or religions (WHO, 2010).

Understanding the role of gender and individual identity, a social construct that relates physical facts to mental facts and thus give meaning to social reality (Searle, 1995), is heavily impacted by female infertility since the beginning of time, as women are primarily seen and celebrated for their ability to bear offspring (Powell, 1984). It is complicated enough for modern women to balance and check different roles, simultaneously or in tandem, including the role of partner

or spouse, parent, and leader with significant expectations from society, work and family, breaking *glass ceilings* and fighting back biases and prejudices (Sumra & Schillaci, 2015).

In the core of the career decision-making process sit self-beliefs and self-efficacy, that weigh heavily on designing personal goals and hence influence career behaviors in important ways. Goals are behavioral guideposts for extended periods of time. The complexities between goals, self-efficacy, and outcome expectations in combination with gender-role pressures may undermine perceived efficacy (Hackett, 1995).

How infertility impacts female leaders' career aspirations? How women view themselves before, during and after the news break? How the process of undergoing complex and delicate medical procedures affects their physical, mental and emotional wellbeing? How they interact with the world reality when diagnosed and treated for such? How the various systems they are part of react, when knowing or not knowing, during their most vulnerable period? What kind of support they provide them with? How women manage to lead themselves and others?

Above questions were central in the investigation process and viewed through the lenses of psychodynamic-systemic approach, applying *Day* and *Night Vision* skills, and using self as an instrument to examine perceptions of individual experiences, relationships and behaviors vis-à-vis organizational systems, their impact on emotional, cognitive and behavioral level, but also out of awareness and unconscious dynamics in between. (Van De Loo & Lehman, 2020).

With global rates on the rise and more research findings unveiling infertility as "*a global public health issue*" (WHO, Infertility is a global public health issue, n.d.), it is a critical moment for organizations, individuals and the society as whole to deal with the emerging reality and increasing complexities of women's infertility, as well as the declining birth rates that pose threats to the global labor market and workforce needs (Grant et al., 2005).

As most researchers tend to overlook the intersectionality of career and infertility, their deep unconscious undercurrents, including the impact of such traumatic experiences on the formation of female leaders' values, identities and roles (Tcholakian, Khapova, Van de Loo, Lehman, 2019), this research offers a unique and innovative view to these events and their influences in the own words of seven female leaders.

Research aims and objectives

This research aims to gather data from executive women who experienced infertility, assess its' impact on their professional goals and career aspirations, and articulate the challenges encountered not only in their personal sphere, but most importantly in the professional arena. A parallel objective is to complement existing literature on this critical issue, by introducing an innovative approach to examine infertility from a clinical systems psychodynamic perspective.

By giving women voice and speaking of their experiences, research intends to bring awareness to organizations and people in the executive level on the repercussions of infertility in the organizational life. This new understanding of the topic can potentially be used as a catalyst in the way organizations and people design diversity, inclusion and equity interventions, and address the dire need to create policies supportive of women who undergo infertility investigation and treatment – that come at an extremely high emotional and physical cost, as well as their aftermath. Furthermore, the results of this research can potentially benefit men and others who are also impacted by infertility, and they are even less acknowledged by the society, as fertility is ingrained in the collective unconscious as a "*women's thing*".

By getting people comfortable with the research problem, relevant stakeholders will be enabled to enact meaningful conversations over difficult realities, and eventually ignite change in the way we perceive, understand and act upon modern workforce challenges, gender equality and hidden inequality factors. In addition, the learning points gleaned from the personal experiences examined can inspire not only organizations but also other people who are confronted with the same conditions to find their way out from the infertility dead-end, transforming their trauma into resilience.

The research design focuses in four key areas, (i) starting from the personal journeys of women executives with infertility (ii) moving to what is actually in place -or not, in terms of policies and organizational procedures in regard to infertility, (iii) building a bridge to develop conclusions through deconstructing systemic phenomena, and (iv) finally presenting recommendations on what organizations can do to address the pertinent issues of supporting workforce in light of the increasing infertility trends.

The intersection of infertility with women's career aspirations

"We're sending our daughters into a workplace designed for our dads"

Melina Gates

Since early 1960's when the first feminists emerged until present an appealing myth was promoted for the new "*Superwoman*" or the "*Woman who can have it all*" (Haussegger, 2005), but do they really have it all?

Research suggests that women's empowerment is directly linked to reproductive empowerment, education and female participation in the labor market (Gammage, Joshi, & Van der Meulen Rodgers, 2019) and policy makers should consider women's reproductive rights and choices in order to meet successfully their developmental goals.

Modern women, particularly 42% of successful women executives between age 41-55 in corporate America are childless not by choice rather because of a "*creeping nonchoice*" (Hewlett, 2002); to succeed in their domain they had to adapt in an environment driven by male values. High achieving men do not have the same constraints as women (Hewlett, 2002), as female biology has a primary role in the process, with fertility rates declining (Van Noord-Zaadstra et al., 1991) sharp after mid-30s.

The World Health Organization provides the clinical definition for infertility as "*a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse*" (WHO, n.d.). It is estimated that up to 15% of reproductive-aged couples worldwide are affected by infertility (WHO, 2010), while the percentage in developed countries is as high as 25% (WHO, n.d.). "*Infertility was ranked as the 5th highest serious global disability among women*" (Darwish & Mohamed, 2017) and "*and thus access to healthcare falls under the Convention on the Rights of Persons with Disability*" (WHO, n.d.).

Medical advances allowed women to use Assisted Reproductive Technology methods (ART) for treating infertility and pursuing pronatalist endeavors at later life stages (Simoni, Mu, Collins, 2017), particularly those with high-career ambitions who simultaneously hold a stronger desire for motherhood. However, complex and multifaceted factors determine ART

techniques outcomes, which may be, among others, a full-term pregnancy, a miscarriage or no pregnancy at all for reasons beyond medical explanation, leading to what is called involuntary childlessness if adoption options cannot not be realized.

Almost the entirety of existing literature on infertility derives from the medicine, medical psychology, public health (Johnson, Greil, & Shreffler, 2018), macro-economic, demographics and statistical analysis, and in the last decade or so stemming from socio-psychological disciplines, deploying primarily quantitative techniques suitable for clinical settings, and secondarily qualitative research to decipher the human experiences of infertility as a social construct (Greil, Slauson-Blevins, & McQuillan, 2010).

At the same time, organizational, occupational and career counseling literature is mostly based on concepts and theories relevant to Caucasian white-collar males (Blustein, 2016), hence a gap is observed on diversity and inclusion key issues. A lot of the career theories developed in the mid-20th century have been standardized and are still used widely in the career development sphere, placing organizations in the center of normative context (Parker & Roan, 2015) for career decision-making, requiring separation of work and family life. This approach suggests strongly that women's career experiences are not considered, are undervalued, and their decisions are judged based on false presumptions and not on competing demands they deal with on daily basis because of the complexity of their roles context (Parker & Roan, 2015).

Management and HR systems are also organized and "*dominated by masculine norms and power structures*" context (Parker & Roan, 2015), which act as blockers of female progression in positions of power or authority. From the *glass ceiling* term in the 1990s, to the *career labyrinth* or *career kaleidoscope* in 2000s, metaphors are used to acknowledge career inequalities women are confronted with (Parker & Roan, 2015).

To understand the impact of infertility on women's careers we need to understand the essence of career itself. "*Career*" is more than just a job; it is a lifelong learning journey strongly correlated not only with operational excellence or workforce qualifications, but also with social and emotional learning (CEDEFOP, 2016). "*It is a combination of activities performed at any given life stage in all roles of life, including the role of worker*" (NCDA, 2020). It is influenced and shaped by self-concept, in other words people seek to express who they are through their vocational choices and lead a meaningful life in the everchanging world of work (Savickas, 2011).

Infertility impacts heavily on self-concepts, identity, roles and goals, especially if ART options fail, and perceptions of loss, grief or failure emerge placing infertility in the center of women's life, with career orbiting as a satellite (Olshansky, 1991). A series of paradoxes are observed as self-expression through work, self-beliefs and self-efficacy entangle with infertility.

Infertility as a hidden inequality

In an article published in 2017 on LinkedIn, Gates addresses profound inequalities in the workplace of the 21st century from an American point of view, however it has a much more global relevance. Although in her article she didn't mention anything around infertility, her point was made clear; workplaces are designed based on obsolete conditions suitable for men, impacting negatively economic growth and prosperity for all. Companies suffer due to lack of diversity and employees spent most of their energy trying to survive instead of innovating and thriving (Gates, 2017).

According to Gates (2017), *"American workplace was set up based on the assumption that employees had partners who would stay home to do the unpaid work of caring for family and tending to the house. Of course, that wasn't always true back then, and it definitely isn't today."* (Gates, 2017). This assumption continues to haunt most corporate ecosystems. Although family structures have changed a lot from the 1950s, this notion is imprinted in organizational structures (Marquis & Tilcsik, 2013) and these patterns are still very much alive.

Strives have been made to address the gender gap in leadership positions and family friendly policies were introduced in the recent decades. But this reality is disproportionate compared to the responsibilities and pressures put on the shoulders of many ambitious and high potential female employees who need to prove themselves in an alien context that continues to ignore their fundamental needs and reproductive rights.

Latest report from *Women in S&P 500 Companies* (Catalyst, 2020) indicates that women CEOs make only 5,8% of the list, 21,2% hold Board positions, while 26,5% are in executive/senior levels. These data are far from the promised land of the UN 2030 gender parity goals (UNWomen, n.d.), meaning that less opportunities are available to women, lack of diversity and role models on the top to inspire change, as well as a sense of discrimination that impacts female employees well-being (Agarwal, 2018).

Infertility is nowhere acknowledged as an inequality factor for women. There are merely four references of infertility in the UN Global Sustainability Goals in the context of Sexual and Reproductive Health Fact Sheet (WHO Europe, 2017) made in the broader context of women rights.

On the contrary, gender biases and labels are used often as weapons against world's most powerful female leaders. Five State Heads from the G-7 inter-governmental political forum in 2017 were childless, and some spoke openly in the past about infertility struggles (Martin, 2017), however, only women were attacked openly for their childlessness.

Contemporary example illustrated below provide evidence of such biases, prejudices, and social defenses.

From 2015 edition of the New Statesman publication that sparked online outrage. It shows Nicola Sturgeon, Angela Merkel, Theresa May and Liz Kendall looking into a crib that contains a ballot box. The headline is The Motherhood Trap, and the magazine asks: "Why are so many successful women childless?"

The underpinning messages conveyed about issues of infertility/childlessness, stereotypes constructed, as well as biases promoted may be based on ill-intentions. Although research shows that infertility affects leadership opportunities for all genders, women are affected the most (Tabong & Adongo, 2013) as the roles of gender or leadership values set defense mechanisms (Vaillant, 1994).

The many faces of Infertility - Experiences, Relationships & Behaviors

Infertility investigation and treatments bring a "*wide range of socio-cultural, emotional, physical and financial problems*" (Hasanpoor-Azghdy, Simbar, & Vedadhir, 2014), including clinical depression that often hits women trying to conceive at rates similar to women who have heart disease or cancer (Deka & Sarma, 2010), and avoiding child-centered leisure "*activities that remind them of their inability to conceive*" (Parry & Shinew, 2004).

Across the world motherhood is seen as an integral part of women's identity (Greil et al., 2010); in developed countries with pro-natalist stance some governments subsidize free IVF, while in developing world failure to access infertility treatments may impoverish women, who otherwise won't be able to engage with their society in normative identity formation and gain acceptance in their community, achieve adult status, or share husband's property and wealth, conditions that put women's power and prosperity under risk. The data suggest that many women in developed countries "experience infertility as a secret stigma" (Greil et al., 2010), whereas infertility stigma and distress are "*likely to be higher in developing countries*" (Greil et al., 2010).

There is evidence from many studies that levels of distress in women are connected closely to the outcomes of infertility treatments. Access to support from partner, family or social context may help lessen stress; a determinant factor is own negative capabilities, e.g. perception of infertility as a challenge vs. loss - depending on the links between future happiness goals and motherhood, escaping or avoiding reality vs. plan-oriented problem-solving and positive reappraisal (Greil et al., 2010).

Paradoxes observed (Greil et al., 2010) suggest that treatments magnify the loss of control, invade women's' bodies, and degrade identity of "*whole person*". Although infertility may stir communication problems in couples it can also bring them closer, depending on their sociocultural context. Counseling is highly regarded but less patients are referred or seek services than those interested and online resources and programs designed to provide patient support have positive effects but can increase depression if used as the only outlet for infertility support.

Social Defenses reflecting unconscious dynamics

From the early 1960s when Isabel Menzies Lyth first talked about social defenses in organizations until today, the same principles remain for their existence which is to protect

people and the system from the primitive anxieties in the workplace. Sophistication of 21st century practices in the corporate environment requires "*a more realistic appreciation of human functioning and of the unconscious, non-rational dimension of economic and organizational life than exists today in the minds of policy makers and institutional architects*" (Krantz, 2010).

An important dimension of social defenses is "*Career stagnation*" (Abele, Volmer, & Spurk, 2011), a phenomenon that describes involuntary progression halt in career laddering, hindering person from reaching executive level positions. From the beginning of the 21st century in many workplaces, women are affected by career stagnation and despite research efforts that investigate workplace inequalities, little has been done to understand its root causes. Literature replicates the bias "*that work–family conflict was primarily a women's problem*" (Padavic, Ely, & Reid, 2019), although this hypothesis does not stand.

In their research Padavic (2019) and colleagues used systems-psychodynamic theory to reveal how social defenses used by organizations and male leaders perpetuate work inequalities and brush off responsibilities and anxieties for the 24/7 work culture, using "*work–family explanation as a "hegemonic narrative"—a pervasive, status-quo-preserving story that prevails despite countervailing evidence*" (Padavic et al., 2019). This is the very same reason why corporate initiatives to address workplace inequalities and women's progression are set to fail.

Social Identities and Inequity

Gender, nationality, race, religion, profession, education, social status are some of the visible attributes of peoples' social identities, born with or assigned to by environment and system, that influence cognitive processes, including thoughts, emotions and behaviors (Kinias, 2020), and shape social categorizations, including stereotypes, prejudices and even discrimination.

Personality is shaped by "*the environment, behavior, and one's psychological processes*" (Bandura, 1969), colored by multiple emotional and psychological dimensions of lived experiences (Merleau-Ponty, 2012). The "*structures of inequality are also designed, decorated, and reinforced with cultural traditions, linguistic tropes, political interpretations, and shared understandings of identity*" (Callero, 2017). Moreover, "*self-views, group esteem, and ingroup investment*" (De Marco & Newheiser, 2019) of women are directly affected by their attachment to the group they are part of.

A stereotype is *"...a fixed, over generalized belief about a particular group or class of people"* (Cardwell, 1999). And while this construct enables people at times to rapidly connect with past similar experiences, stereotyping might also drive to false conclusions (McLeod, 2017). Whether being an individual or a group, in a minority or majority setting, research suggests that everyone can experience identity threat in some context (Kinias, 2020). For women who experience infertility their social identity adds more pressure, anxiety, and discomfort. Discrimination effects in their social and professional realm, can lead towards a disengagement state, resulting in burnout, reduced performance, low morale and self-doubts.

Is Change Possible? Psychological Safety, Fair Process & Post-Traumatic Growth

In recent change theories the emotions, threats and dysfunctional routines are central in organizational change (Jarrett, 2020), but very few examine phenomena with a systems psychodynamic lens (Jarrett & Vince, 2017) and what can happen when introducing change at both the rational and unconscious levels.

For any change to happen in the organizational level, adaptive leadership style is a prerequisite; *"the leader of today may need to be a person who is making meaning with a self-transforming mind"* (Kegan & Laskow-Lahey, 2009) and is at a more sophisticated stage of mental development to deal with complex world demands. In times of crisis, psychological safety and mutual trust are valuable leadership traits (Javed, Naqvi, Khan, Arjoon, & Tayyeb, 2019).

The term psychological safety (Edmondson, 2002) explains the perception of a conducive working environment that people can take interpersonal risks without being afraid that they will be punished or lose face in case mistakes happen or if they ask for support/feedback.

Psychological safety is also a key condition for post-traumatic growth, *"the transformative positive change that can occur as a result of a struggle with great adversity"* (Maitlis, 2020). Infertility is a traumatic experience in a person's life and psychological safety for female leaders is paramount inside and outside the organizational system, fostering relationships that are rooted in trust, empathy and vulnerability to open up about personal challenges such as the ones that infertility poses.

Fair process is a powerful psychodynamic factor and a building block in establishing psychological safety that it consists of three principles (Kim & Mauborgne, 2003): engagement, explanation and clarity. By engaging members in a dialectic process to share

inputs, providing rationalle upon decision-making and giving heads up about performance standards and set of responsibilities, people in charge "*can address effectively our basic human need to be valued and respected*" (Kim & Mauborgne, 2003).

However reasonable this process might seem, those in authority often fall in the trap of diverting from these principles due to own fears and anxieties, using instead "*system justification, the motivation to defend and justify existing social, economic, and political institutions, and to derogate or dismiss alternatives to the status quo*" (Gaucher & Jost, 2011).

The results of such inactions open a vicious circle where fair process and psychological safety are always sought but never materialized. These experiences, topped by identity threats, lead individual's perception of membership status in a large group to shift (Turquet, 1994). Hence we often see women who experience infertility disenfranchised at and disengaged from their systems.

METHODOLOGY

Observing social systems and reflecting on the basic drivers of human behavior and hidden dynamics in organizations is a complex and delicate process. It acts as a bridge of connecting personal conscious and unconscious experiences with professional and social activities. To investigate participants' lived experiences with infertility and the impact on their career aspirations, Interpretative Phenomenological Analysis (IPA) method was selected for this study as the most appropriate, given the research question, and based on the triple axis of examining how participants perceived events, translating the messages conveyed, and accepting the premise of a unique context for each case. IPA pairs analysis of participants' experiential themes with researcher's sense-making and interpretation of the phenomena observed (Pietkiewicz & Smith, 2012).

Reflexive Bracketing (Tufford & Newman, 2010) interventions were integrated, including journaling and writing memos throughout data collection and analysis, as well as interviews with Thesis Advisor and outside sources. Given my personal experience with the topic and the emotional connections, attention was paid to incidents of transference or countertransference and the transmission of unconscious material, aiming to decrease its influence and hold a neutral stance (McTighe, 2011).

Self as instrument is an intersection of "*self-awareness, perceptions, choices and actions as the fundamental building blocks of our capacities to be effective agents of change*" (Seashore, Shawver, Thompson, & Mattare, 2004), supporting exploration of a wide range of emotional experiences and deep self-awareness (McTighe, 2011). With curiosity and a receptive mindset, I used experience as a sensory tool to collect information and step on the balcony (INSEAD, 2019).

Vulnerability (Brown, 2012) was also indispensable in the process of getting under the experiences' surface and understanding the drivers, containing emotions at times uncomfortable (Gould, 2001), using clinical meta-competencies of deep listening, mentalizing, and intuition (Van De Loo, 2016) and bridging experiences with hypotheses based on observation. Vulnerability emerges during times of uncertainty, risk or emotional exposure (Brown, 2013); it is also "the birthplace of love, belonging, joy courage, empathy, and creativity" and the center of meaningful human experiences (Brown, 2012).

DESCRIPTION OF THE RESEARCH SETTING

Sample

This research is based on the stories of seven women, who are high-profiled leaders in their respective fields (see Table 1 below), representing different industries and business environments. The rationale for concentrating in such profiles stems from homogeneity requirements in IPA method, but also sits in the belief that organizational leaders are more likely to influence decisions and policies' changes after this thesis becomes public.

To protect participants' privacy and because of the sensitivity of the research topic, tabulated information were categorized based on their region of origin, age group, level of education, broad leadership level[2], marital status etc., and confirmed with them prior to their release.

Table 1

Research Participants' Qualitative Information										
Participants	Region of Origin	Age	Level of Education	Leadership Position at the beginning of IVF	Relocated to more than 1 country	Current Residence	Change of industry/ careers	Current Marital Status	Travel time during IVF	Children
1	Europe	40s	Master	Junior Executive	YES	Home	YES	Partnership	NO	Active IVF
2	Europe	30s	Master	Junior Executive	YES	Abroad	YES	Engaged	YES	Active IVF
3	South America	40s	Master	Top Executive	YES	Abroad	YES	Divorced	NO	IVF On-hold
4	Europe	50s	Bachelor	Senior Executive	NO	Home	YES	Married	NO	Yes
5	Europe	50s	Master	Senior Executive	YES	Abroad	YES	Married	YES	Yes
6	Europe	50s	Master	Senior Executive	YES	Home	YES	Married	YES	No
7	Europe	40s	Master	Junior Executive	NO	Home	YES	Married	YES	No

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[2] **Top Executive**~ C-suite, **Senior Executive**~ VP/ Executive Director/Partner, **Junior Executive**~ Senior Manager/Manager/Lead

Outreach efforts

Initially, the intention was to recruit a diverse group of female leaders, with representation from all six continents, including women of color and from various ethnic and religious affiliations, aiming to gain a broader perspective on how infertility impacts career aspirations of women leaders in various social and cultural contexts. As part of the outreach strategy, I capitalized on personal, professional and EMC networks, sending an informal call for participation (see Appendix 1) using INSEAD email account -to ensure understanding of an academic endeavor is established, LinkedIn and WhatsApp platforms, phone calls, as well as IVF supporting groups located in various countries. In formal communications a letter of support from INSEAD EMC was attached to emphasize the connection of this research with the Programme principles, the aim to contribute to the field and existing body of literature, as well as reassure anonymity of participation.

Responses varied; a few responded immediately and accepted to participate or support spreading the message in their circles.

"Happy to speak – I know you will bring good out of this thesis"

"I will think about the topic and your request and connect with a few trusted friends in my network to try to put you in contact with someone who may be able to help"

"So happy to help you or any aspiring female leaders who go through this"

Most responses revealed that defenses were activated.

"I do not personally know of colleagues with infertility and of course would never ask"

"If I come across someone who has undergone such an experience, I will forward the information. Out of the top of my head, I cannot think of anyone. As you say, it's very personal and not something people share very often".

"I'm not able to help~ I don't know anyone in my not-so-far-circle who faced the same experiences"

A lot remained unanswered.

The first 45-days, the outcomes of the outreach efforts were disheartening, hitting one roadblock after the other, and giving the impression that the research will end up with a minimal 2-3 interviews. Some of the candidates would set an interview date and then cancel last minute of simply disappear.

> *"I apologize for opting-out, but I don't feel comfortable without the GDPR accreditation provided. All the best with your research"*

An important parameter to consider for the outcomes of the outreach strategy was the implications of the ongoing pandemic and the unarticulated grief experienced across the world -loss of normalcy, income, job security, and human lives, with little opportunities to process the kind of impact these changes brought to psyche. "*We are not used to this kind of collective grief in the air*" (Berinato, 2020).

Activating negative capabilities was crucial to deal with the emerging ambivalence and uncertainty during this period. After January 2021 an avalanche of requests came through, and in one instance I held two interviews in one day. After surpassing the initial sample goal, candidates were thanked and informed that their interest is recorded.

The interest of participation came mostly from European candidates; 72% were EMC alumni or connected to the Programme somehow and proved to be more comfortable sharing their stories. This hypothesis is based on the existing psychological safety established early onwards among EMC participants and the shared values Programme promotes.

Another hypothesis emerging is that gender, cultural values, and context has a major role in the way people perceive and make sense of this research and its impact. Although initially interest was recorded from Asia and Middle East regions, greater resistance and social defenses surfaced compared to the West, as disclosure of such sensitive information is considered a deviant act by the society.

In addition, higher defense was observed among men during networking who seemed uncomfortable even with the discussions around the topic of infertility. Surprisingly this included the IVF experts I approached in an effort to build a bridge with conclusions based on accounts and views from Assisted Reproductive Technology (ART) medical expertise.

Pre-, During and Post-Interviews setting

The interviews took place during the COVID-19 pandemic peak over a period of three months; hence all interviews were conducted online through Zoom. Open ended questions were addressed during the interviews (see Appendix 3), to elicit participants' experiences and perceptions of the events.

Follow-up, thanking emails and further communication took place right up until the completion of this work. The purpose of the research, voluntary participation and anonymity conditions were communicated and reiterated. Participants granted their permission to record the interview for transcripts and validation purposes, while information disclosed were approved before made public.

Injecting counseling and coaching skills supported building rapport and cultivate empathy, while during the interviews, space and time was provided to participants to reflect and respond to questions. Efforts were invested in crafting a psychologically safe space, from the first contact until well after the interviews; this was evident during all Zoom videocalls, as participants opted to use their natural camera background and not virtual, signaling a sincere welcome into their houses and lives. Interviews lasted from 50 minutes to 2 hours and 9 minutes, covering all needed topics and many more, with honesty, courage, and vulnerability.

At the end of each interview, I provided a brief account of my own infertility journey, the impact on my career trajectory, as well as reflections relevant to the setting of the specific interview context. This approach proved extremely helpful for two reasons: (i) supported question-response process without priming the answers, and (ii) it forged a sense of sameness based on shared experiences and enhanced further psychological safety and emotional connections in the post-interview communication.

Participants were provided with a copy of the Zoom recording to review, edit or omit certain parts of the discussions if they wished. As a gesture of appreciation, they will receive a copy of the thesis once this is published.

Data Processing

For each interview, Zoom recordings were processed through Otter platform to produce transcripts, while notes were taken in the forms of memos. After the interviews, separate reflections were journaled recording important qualitative information, coloring the interview

setting and the emotions stirred both in the interviewee and the interviewer. Most of the interviews were emotionally charged for both parties -some with tears, others with laughter, covering the full spectrum of emotions.

Data processing was equally challenging as well as rewarding. Reflexivity principles supported mindfulness of my own perceptions and biases, challenging assumptions throughout the duration of this research, including reviewing journal, memos and discussions' summaries with key trusted allies. Emotional triggers were activated within throughout this process. The stories shared resurfaced personal traumas or elevated anxiety levels, feeling at times guilt for bringing back painful memories to participants, a countertransference position that was expressed psychosomatically and dealt through counseling and supervision. A sense of gratitude and higher purpose was also reaffirmed for participants' trust with their life stories, which refueled my commitment to research's aim and objectives.

DATA ANALYSIS

Thematic analysis was based on IPA principles (Pietkiewicz & Smith, 2012) using a qualitative approach and affinity diagrams (White, 2021) to cluster data based on their relationship. I aimed at stepping into participant's shoes, moving between the emic and etic perspectives. The process was overwhelming due to the abundance of data received while trying to honor these stories, requiring extensive investment of time and effort to draw the line between my position and participants' experiences. Discussions with Thesis Advisor and peers from the Virtual Support Thesis Group were valuable to exchange views on research structure, identify potential bias and provide a holding milieu.

The anxiety and confusion generated from immersing in the data, the complexity of frameworks, theories and levels of analysis can be associated with the "*difficulties of conception*" that the research investigates. This reflection helped me gain clarity; giving voice to this largely invisible group has helped me own my voice; investigating systemic dynamics enabled identification of my own unconscious blockers and defense mechanisms projected by others.

Zoom recordings and interview transcripts were checked and edited by me to protect privacy and create a flow; they were analyzed multiple times to get a better feeling of the research setting, gain new insights and look at various themes.

Notes were taken with observations and reflections focusing on the actual content, language used (e.g. metaphors, symbols, repetitions), and narrative context, highlighting key phrases and emotions. These notes were the basis of the emerging themes, seeking relationships and grouping them according to conceptual similarities with a descriptive label.

Operationalizing Night Vision

To get a deeper understanding on the emerging themes and explore infertility complexities below the surface, *Night Vision Stance* (Van De Loo & Lehman, 2016), the individual capacity and state of mind, allowed approaching issues in a non-judgmental way with genuine curiosity, deploying self as an instrument "*to get access to, explore and make sense of the unconscious*", thus unearth out-of-awareness factors and processes (Van De Loo & Lehman, 2016), in the present or in the past (levels 1 & 2).

To operationalize *Night Vision*, the *Night Vision Cycle* (Van De Loo & Lehman, 2020) (see Appendix 4) was used in the analysis, bringing a new dimension to examine infertility vis-à-vis female leaders' experiences and career aspirations.

The collusion of a female leader's career aspirations with infertility

NASA/JPL-Caltech[3]

What happens to a woman's leader career aspirations when infertility hits? This question was placed in the heart of the analysis. Reflexive bracketing was consistently active throughout the process to ensure the emerging themes were indeed data-driven and not a projection of my own experience. I applied reversed engineering principles, looking at the current status of participants' careers vs. at the beginning of the IVF process. To ensure validity of findings I confirmed my hypothesis with participants.

Data analysis suggested that it has multiple effects, the first of which is the reproductive trauma and its repercussions on individual identity and career anchors. This condition triggers defenses at different levels, that threaten psychological safety. The impact of this collusion has created new opportunities for the person to emerge into a new world of possibilities for growth, as all of them changed roles and/or industries.

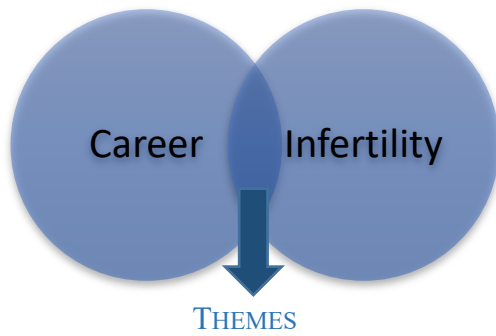[3] https://www.nasa.gov/multimedia/imagegallery/image_feature_1454.html

Career   Infertility

Figure 1: The collusion of Career with Infertility

THEMES	SUB-THEMES
Reproductive Trauma & its effects	(Grief, loss, ambivalence, Impostor Syndrome)
Defenses in motion	(Taboo, bias, projection, splitting, denial, Singleton)
Psychological Safety	(Supporting mechanisms, fair process)
Agency of Change	(Reflective space, resilience, altruism)

Theme 1: Reproductive Trauma and its effects. Infertility hits first the inner theater and reproductive trauma "*disrupts a person's parental identity, the unconscious narrative that people develop from early childhood*" (Diamond & Diamond, 2005), experiencing different levels of anxiety, grief, and loss. IVF treatments also have strong effects in the physical, mental, and cognitive well-being of the person, affecting personal, social and work domains.

Theme 2: Defenses in motion. Implicit or explicit biases and taboos play a great role in the way a person or a system responds to the notion of infertility. Defenses exist to help people manage primitive anxieties. Systems are reflections of their member's dynamics; while structures, practices, policies, technologies etc. exist to regulate systems (Krantz, 2010), they are indeed expressions of social defenses.

Theme 3: Psychological Safety. Support mechanisms at different levels influence greatly and have a strong impact in the way the person affected connects with significant others, including partner, family, and friends. Psychological safety (Edmondson, Psychological safety and learning behavior in work teams, 1999) or the lack thereof, also impacts the way female leaders connect with their organization and their teams, their willingness to disclose sensitive information, as the outcomes are ambivalent, and they can possibly harm their image. What makes people trust the system are fair processes that create and execute decisions, helping members engage, understand, feel valued and respected (Kim & Mauborgne, 2003).

Theme 4: Agency of Change

Infertility is not a one-time event, but it has lasting impact on a person's identity with long-term effects on career and professional development. Research suggests that significant life crises can lead to profound personal growth, change, and appreciation of life (Collier, 2016).

Theme 1: Reproductive Trauma and its effects

Career oriented people start contemplating having children when they hit some basic work milestones. This was also true for research participants, who met their partners in mid-30s; When trying to conceive, infertility was not the first thing that came to mind. The trauma occurs when the dream of having children is not materialized in a "*natural*" way or at time considered "*reasonable*", shaking woman's equal standing as an adult and contradicting the cultural context she's born and raised.

> *"So, I arrived probably at the idea of conceiving after my 30s, that I wouldn't consider extremely late. And discovered that the couple basically had the problem of infertility" (P5)*

> *"For me, it was always clear that I wanted to have kids, no question at all. I got married when I was 34 and we basically immediately started trying to have kids. It didn't work out, which did not worry us a lot in the beginning, because it can take time" (P6)*

> *"I met my husband when I was 34. And I remember quite clearly that my doctor told me "get started on getting children because you're 34". And I thought, well, it'll be fine. I no need to worry" (P7)*

Infertility treatments have a lot of side effects on the physical, mental and cognitive health of the person.

> *"It impacted everything, every aspect of my life; it impacted my professional life, my personal life, my character my relationship with other people. Everything you can imagine as an aspect of life was impacted" (P1)*

> *"There was a great deal of anxiety in doing things wrong. I had to carry everything with me and I had to do everything on my own…. I felt physically and emotionally in a completely different way and had a cognitive impact on myself. So, I couldn't work exactly the same way, let's say with the same strength or focus" (P5)*

> *"It's a rollercoaster; a lot of hope, a lot of anxiety, the treatment is not nice. You feel bloated, very emotional" (P6)*

"I found it very tough and I got a lot of side effects from the hormones" (P7)

Adverse reproductive events, such as invasive procedures, miscarriage or medical abortion, even stillbirth are all part of the price women had to pay to become parents, leading to sense of grief and loss.

"Of course, it's a feeling of loss; probably for life" (P6)

"The first time in 2017, I got pregnant and I had a miscarriage when the embryo was 11 weeks old. Then in 2019, I got pregnant again and it seemed that this time everything was going well. At 32 weeks the doctor found an unreasonable mark in the baby's brain and it was a matter of time that baby's heart would stop. And I had to give birth" (P1)

"After the first 14 days, doctors were afraid that there was a pregnancy outside the uterus, and they had me have a medical abortion. And it felt really strange that I had tried to prevent getting pregnant" (P7)

"I had two miscarriages within two years, and then I surrendered to fate" (P4)

At critical life junctures – such as marriage, work and children, women tend to compare their roles with their mothers'. Feelings of self-doubt emerge (Kets de Vries M. , 2005), and the Impostor Phenomenon develops, a paradox situation considering these women have achieved so much in both their personal and professional lives.

"I thought that is my task to have children… for a long period I felt as a failure because my body cannot produce children. And then I felt even more like a failure, which is so irrational, that at least I should be able to be skinny and in good form. Because if I can't have children, at least I should be able to do that" (P7)

"My body was failing me, and I felt I betrayed my husband who wanted a child" (P4)

"If I'm not happy in my job, I will not be a good mom, and I will not be a good wife" (P2)

Infertility affects interaction with friends.

"When we were going through the fertility treatments, the normal social interaction I had was limited a lot, my energy was much less" (P7)

Theme 2: Defenses in motion

Infertility sets in motion a spectrum of defense mechanisms (Vaillant, 1994) such as denial, splitting, biases and others.

> *"With friends is a little bit strange, I had only a few friends that I felt comfortable talking about it. There are still only a few friends that I see, I talk to and I am myself. And I don't know why. Honestly, there are some people in my environment that, for some reason, I don't want to see them. (P1)*

> *"It's a lot of pressure on me. It's a quiet lonely journey. The word infertility feels so definite, for me is still difficult to voice. I'm not there yet" (P2)*

> *"I was not open about what I was going through" (P6)*

As coping mechanism to deal with infertility anxieties and seek comfort, career was used by women as a transitional object:

> *"It takes your mind off. It would be my bubble. It would be my safe. My escape room" (P1)*

> *"For a long while I have worked even more because there has never been anybody who's been dragging me by my sleeve and saying, "mommy come here. Now you need to be with me." (P7)*

Infertility experience can have adverse effects, as family system projects own issues.

> *My parents could not understand why we would opt for adoption instead of trying harder to get a "biological" child that would have real connections with the family DNA (P4)*

> *"My grandmother, who I was very close to, also found difficult to understand why we just didn't adopt, which we actually cannot with the legislation we have here" (P7)*

Implicit or explicit biases and taboos play a great role in the way work system responds to the notion of infertility. All participants confirmed that their organizations did not have any infertility related policies or insurance coverage in house.

> *"We have no such internal policies in my organization, and nowhere else that at least I am aware of" (P1)*

"I've heard that some companies in the US have some kind of provision, but it's not explicitly as part of the insurance policy; is just a retainer that you can use it towards treatments" (P3)

"I've witnessed friends that had successful embryo transfer, but lost the child and they were not considered for proper medical breaks (from work), because they were so early in the pregnancy that was not justified" (P5)

"In my organization I did not dare to open conversation about infertility provisions and to my knowledge corporate insurances do not cover the costs because they are so expensive" (P4)

In the executive suite, not having children is often misinterpreted as a choice of childfree status for female leaders, and not as a complication of competing commitments with male-driven workforce values, reflecting unconscious dynamics.

"Well, I think most of the people were shocked, because they just assumed I didn't want to have any kids. And the firm was rather happy to have a woman that was so much dedicated to work and not busy with other goals; it is not unseen, to see women that simply decide not to have family because of career choices." (P5)

Adopting a child is a tedious process, with a lot of twists and turns, that is often frowned upon critically by society or even family. Adoption or fostering process is lengthy and strict in the West, and there are no guarantees for the couple they will end successfully.

"The system is very difficult; in the best-case scenario it takes more than 4-5 years to adopt and you are scrutinized. There are so many abandoned children that need love and a proper home. While waiting for the adoption, we decided to volunteer in a foster care program. We were selected after trainings, to foster a young girl. Five years later, we only have the papers of hosting the child, while we are still waiting for the court ruling to change her school closer to home" (P4).

Theme 3: Psychological Safety

These experiences and emotions shape women's relationships with significant others, such as partner, family, friends, and work.

Infertility can bring partners closer or tear them apart.

> "My husband and I were clear that the couple is number one, so that we would be together with or without kids. I don't think that's the case in every marriage, but for me that was a very important decision we made" (P6)

> "At that time, he made me feel responsible for all the problems that were happening in our lives" (P3)

> "We just looked each other in the eyes, we knew this moment that was the right path for us" (P4)

Relationships with parents and the extended family can have positive effects

> "My family has been very supportive, they just give me time and space, a loving place where I can say whatever I want, whenever I want, I can do whatever I feel like doing." (P1)

> "My mom wants to be there, but (due to the pandemic) she cannot really help" (P2)

Fair process enhances psychological safety. Organizations fail to understand that they are totally dependent on the commitment and ideas of employees, who would align voluntarily with organizational goals if fair process was guaranteed.

> "And it's just not fair that we have to take (annual) leave just for these kinds of things" (P2)

> "They (HR) find it very bizarre that you're not feeling okay after a treatment or hormones, they cannot classify it properly. Because I don't think there is any documentation. It's not that they get trained on that, "by the way, if your employee is going for this, this is what it is". And they have no idea., no clue, is all by word of mouth. And, you know, it's not fair." (P5)

> "I didn't trust the environment to treat me fairly and to promote my career" (P6)

Colleagues tend to be more empathetic compared to organizational representatives.

"I'm lucky enough to work with people that are very close to me, and my boss is a person that is first my friend and then my boss. But this is totally personal" (P1)

"I'm super grateful because he (boss) really puts a lot of energy into it. So, he's now even thinking of escalating to the executive leadership team. And there's a whole thing going on in the background. At the beginning, I had a bit of a short thought, you know, like, should I tell him about my IVF?" (P2)

Theme 4: Agency of Change

Out of loss there is gain. The traumatic experience of infertility has changed profoundly the way women connect with the world and other people.

"I see that I got closer to the people. Although I didn't think at the beginning that this was going to be the case, when I share I think it's a little bit relieving. I feel a relief. Like now they know that if for example, I hear a song or I hear a story, and I start crying. They know what is going on in my head and they will not think that they did something wrong and feel bad about it." (P1)

"I think we forget sometimes when we talk about women empowerment, that this also means that they still want to have children. We also need to put that perspective into how we develop women at work and women leaders" (P2)

It has provided female leaders with a new perspective and agency to support others.

"The reason why I'm doing EMC is because I want to help other leaders transform their own companies. My journey has certainly awaking me to have a lot of conversations with my CEO. The first thing, obviously, we transformed the company a lot from the place that it was when I was young, to the place when I was CEO, to the opposite it is today in terms of women in leadership. The next stage that I see is supporting women's journeys of motherhood, which is something that I wasn't aware until I lived it. And that is important to notice. Because as much empathy as you can have it's never the same when you live it." (p3)

> *"There was a traumatic external event that created transformations and the identification of new values… This particular path has forced me to be grounded, express my vulnerability, develop empathy and listening skills (and) made me a better employee" (P5)*

As a result of the infertility trauma, they honed their skills and are in better position to deal with ambivalence.

> *"The whole journey has evolved my skills and ambiguity and being in chaos. I've become better at appreciating small things, the way that I lead, on delivering the goals and creating trust, and I have a lot of trust in people. My team they've blossom really. And they grew a lot. I try to find nurturing relationships in different ways." (P7)*

DISCUSSION

These are the stories of seven cosmopolitan female leaders, who have travelled extensively and most relocated to more than 2 countries during their careers as dictated by their organizations and roles. They have a great exposure to different cultures and systems, and firsthand experience of the complexities diversity brings along.

All of them they had changed career orientation and industries after the experiences encountered with infertility

> *"I always made good money and I was self-reliant, but I was working under pressure, for long hours. My miscarriages happened because of my work-related stress. To safeguard my mental and physical health I had to change course." (P4)*

> *"I would have progressed faster if I stayed in the other job. That was very clear." (P6)*

To decipher infertility's impact holistically, it is useful to adopt a multilevel systemic approach, using a micro (intrapersonal & interpersonal), meso (group & intergroup), and macro (interorganizational) perspective (Wells, 1995).

The Intrapersonal Level

Infertility shakes the person to the core, affecting the internal theater. Except grief, loss, ambivalence, denial or the Impostor Syndrome, leader's perception of omnipotence is challenged:

> *"It was probably the first time that my blessing my dedication, effort, or even financial capability wouldn't be able to automatically solve the problem" (P5).*

But it was also the key for these women to put events into perspective and take the driver's sit in leading their life in a way that is closer to their values.

> *"Up until my diagnosis, I just thought, the house is beautiful. And then after, it was like some somebody just took off the bandage of my eyes. And I started looking at it and I'm like "Oh, my god is dirty and full of unnecessary stuff. And there are new things that haven't been unpacked yet and all the things that need to be replaced". So, I spent all of 2018 and the biggest part of 2019 putting it back together fixing, cleaning and taking out the trash, bring in new stuff. And obviously, the house was my life." (P3)*

"I have chosen the path of living in different countries and having, you know, different lifestyle than most of my friends have, who have children already. And I'm happy I did it." *(P5)*

The Interpersonal Level

In these stories we see examples of defenses arouse in friendships, e.g. women not feeling comfortable to be around specific acquaintances, in the workplace, as well as tensions with partners or family. On the other hand, it was also evident that spousal, family, collegial or social relationships based on empathy and reciprocity had a nurturing and holding effect.

"A friend of a friend actually reached out to me this week, and he was very open. He said, "You know, people don't talk about it. But if you have any questions, please reach out. I'm happy to share whatever I can share." (P2)

Infertility, as a taboo, is not an issue that is discussed openly unless discussants have the experience and the willingness to get rid of their "*armor*", the thoughts, emotions and behaviors used to protect self from the unknown or the resistance to new ways of acting and being (Brown B. , 2018)

"So, I'm reflecting a bit more about myself and everything, how much I was depending on other people beforehand. And I'm now more and more getting to that point of being more self-sufficient." (P2)4

The Group Level

The identity of a group is shaped under "*the subjective experience of its members… linked by a persistent sense of sameness*" (Volkan, 2009), shifting members from "Singletons" (S) to "*Individual Members*" (IM) (Pointing).

Having a high-powered career trajectory, required women to continue working like their male peers and endure the experience of infertility in silence, as the various defenses threatened their psychological safety. The fact that many of them had to travel during the treatments period or improvise to avoid disclosing their appointments indicates that the desired state of "equilibrium between personal needs and roles vs. group needs and roles", (Turquet, 1994) was not achieved.

"I went through the process (injections) while being on a flight between London and Boston, or New York" (P5)

"It's a lot of planning, because you have to see the doctor several times within a couple of days. And it's not like it's five minutes from the office, but an hour across town. And all this planning around without wanting to tell people why you are not in the office, it's a lot of creativity." (P6)

Infertility challenges triggered emotions on *Individual Members* (IM) such as disarray, bewilderment or annihilation that subsequently forced them to move back to *Singletons* (S), as group interests predominated over self and individual needs, resulting in silence, withdrawal, and alienation.

"HR is pushing back and what I learned from it is that I was too open and vulnerable and honest… I'm getting to a point where I'm beyond angry. So now I'm just, really disappointed, because I have given a lot to that company." (P2)

The notion of infertility itself is enough to trigger anxieties to anyone, regardless of experiencing the phenomenon or not, as it clashes directly with archetypical values; procreation is the *Élan vital* of the group. Such triggers cause regression due to the ambivalence experienced (Gillette & McCollom, 1992).

Interestingly, two of the participants have self-identified as "*involuntarily childless*", while only one preferred to use the infertility terminology about the couple. This indicates that depending on the stage of their individual infertility journey and level of maturity, people can develop or not adaptive coping mechanisms.

Other examples of defenses deployed include splitting for the women; we observe feelings of love and hate, e.g. love for empathetic bosses or subordinates, hate for the HR colleagues who sticks with inflexible internal policies. On the other hand, the group -family or work, is also unable to cope with the issue; the husband's or parents' criticism, as well as the lack of infertility related policies in organization are two different examples of projective identification.

The Intergroup Level

The problematic relationship between individuals and collective social processes is one of the central issues observed in intergroup analysis (Alderfer, 1983). The way society shapes the meaning and concept of infertility affects everyone. The narrative of "*Woman who can have it all*", is an omnipotence primitive mechanism that feminists constructed to cope with the

repression of their gender's position for generations and find an avenue to unleash their potential without the guilt of betraying their nature.

Addressing problems can also evoke threats on the psychological (Edmondson, 1999) safety of both the person and the group, especially when beliefs about the interpersonal context may vary. Below example illustrates also how systems react to issues of infertility, in social circles or in the workplace.

> *"In (former residency country) it's a very open topic. They used to have a lot a lot of kids in the family and you barely know somebody. And they asked "Do you have kids? No, why not?" It doesn't have all this burden that it's sometimes in this part of the world. And having the practice of talking about this for four years, makes it easier to talk. In the workplace. It isn't really a topic. It is in the beginning, when you are starting with a new job or applying for a new job when people ask you "Do you have kids?" And you say no. And then it's over? It's not conversation? It's not part of conversation?" (P6)*

The Interorganizational Level

The infertility compositional dynamics, together with diversity attributes, are activating faultlines (Lau & Murnighan, 1998) among the various systems observed. Invisible barriers and lack of psychological safety create an "*us and them*" mentality with potential implications from silo behavior (Cilliers & Greyvenstein, 2012).

The tensions observed indicate that infertility poses defenses in national or social systems; examples of social defenses like splitting, depersonalization, categorization, "*reducing the weight of responsibility by decision making checks and counterchecks*" (Lees, Meyer, & Rafferty, 2013) were evident throughout the findings, including IVF restrictions in some countries between married and unmarried couples, variation of national financial subsidy for IVF services vs. privately funded treatments, or restrictions in adoption policies that push infertile couples to adoption options overseas (see Table 5).

The paradox of Infertility giving birth to Change

Infertility had a vast impact on the lives and the career aspirations of these women.

> *"I would have progressed faster if I stayed in the other job. That was very clear." (P5)*

"During the process of being in the treatments, I made choices I would probably not have done otherwise. Then I took a sabbatical and traveled a bit just around when we made the decision to stop, which was helpful in actually finding out what is my next step." (P7)

The footprint of their journey and their experiences suggest that infertility created traumas, which triggered defenses. The lack or presence of psychological safety in combination with the post-trauma growth factors, helped these women to reflect and take actions that resulted in becoming agents of change for themselves but also for the systems they are part of.

Below model was inspired in part by Amy Edmonson's work (Edmondson, 2002), specifically on how psychological safety relates to action and reflections. This model engulfs the hypothesis that Infertility can actually "*give birth*" to Change, a paradox when considering the notion of "*infertility, which is the inability to conceive*" (Tabong & Adongo, 2013) and the process of birth.
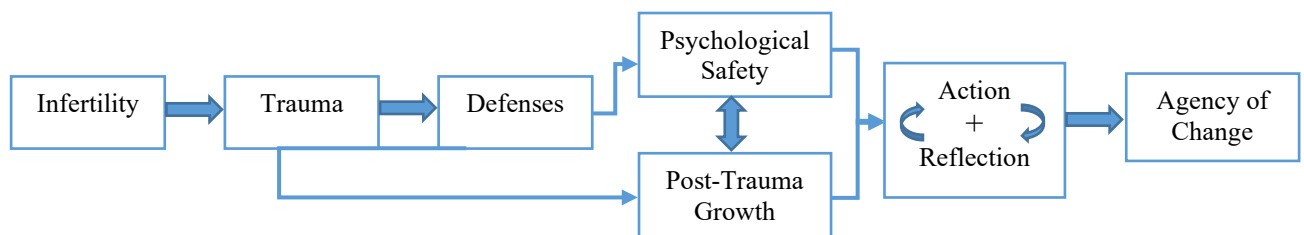
Figure 2: The paradox model of *Infertility giving birth to Change*

Since human groups consist of an open system with symbiotic relations among members, whose individual or collective actions also shape dynamics with other systems (Gillette & McCollom, 1992), I hypothesize that this model is applicable not only to individuals but also in systems dynamics.

The various stakeholders identified in the research indicate that a multiparty collaboration (Vansina & Taillieu, 2010) approach can be adopted to effectively address the infertility perceptions, experiences and repercussions. Key features for consideration are the stakeholders' interdependency, addressing openly and constructively traumatic experiences and defenses, joint ownership of crafting a holding environment during decision-making process or policy-making, collective responsibility and collaboration through action and reflection based on reciprocity, that can support post-traumatic growth of individual stakeholders and drive effectively change for the system as a whole.

RECOMMENDATIONS

> "*There is nothing more difficult and dangerous, or more doubtful of success, than an attempt to introduce a new order of things in any state. For the innovator has for enemies all those who derived advantages from the old order of things while those who expect to be benefited by the new institutions will be but lukewarm defenders…*"

From Niccolò Machiavelli in *The Prince* (1513), Chapter 6

Below recommendations are directly linked to the issues discussed with research participants, who expressed their views on what can be done to improve modern workplaces. I sincerely believe that letting the data "*speak*" was the best approach to provide real and practical examples of interventions needed based on female leaders' experiences with organizational systems complexities and defenses.

Acknowledge Impact

It's time to unravel the silence that dominates infertility and involuntary childlessness and accept that infertility is a real modern crisis that affects not only the individuals, but also organization systems.

"It is so important that somehow we break the taboo" (P7)

Increase Awareness

More needs to be done to increase awareness for leaders and organizations as a whole about the impact of infertility.

Get the pulse

Conduct anonymous surveys, you might be surprised by the numbers of your employees who deal with infertility. Ask your people about their experiences and needs.

"I wish somebody had asked me if I was ok or what I was going through" (P4)

Give voice

Internal communications and discussion boards are not only to post fishing trophies and fun retreats. Real stories from real people are most valuable.

"Be more open about it, have discussions around it and maybe create a safe space to mention to women that even though they might struggle with that at the moment, it's still possible to have a career" (P2)

"I would love to say yes that I would disclose (infertility issues) because that will help other women and men who are in a similar situation" (P6)

Role models

Trust the impact of role models will have in your organization. People can't be what they don't see.

"We are not a failure, but we are beautiful, excellent, different women who excel in what we decide to excel; and we make a great difference in the world as we are" (P7)

Be creative

The Theater Of The Oppressed by Augusto Boal, a Brazilian cultural activist, is a theatrical intervention that explores important social dilemmas and how these affect human lives, with a twist. The protagonist of the drama discusses an important matter and invites on stage one or more "*Spect-Actors*" to intervene in the plot by giving personal views and recommendations to address the dilemmas presented, "*translating these insights into social action*" (Gewertz, 2003).

"Everybody is discussing about inclusion, diversity and equity. Unless you have been through such traumatic events, unfortunately, you cannot fully comprehend what it means diversity, what it means inclusion, what kind of aspects you need to look for" (P5)

Action in Motion

Integrate infertility-related policies and interventions

Based on the experiences of research participants, there is an urgent need to redesign corporate policies that they are informed about the issues at stake and will provide effective solutions.

"What kind of interventions you are designing to make sure you actually implement those in your working space?" (P5)

"My insurance doesn't cover anything. And in (residence country) it costs a fortune." (P2)

Seek professional development for Managers and HR staff

Most HR and Employee Relations staff need to be educated around infertility issues and how best to deal with employees who go through such.

"To enable every single employee to strive at their best. there must be staff that has the sensibility and sensitivity to talk & interact with employees on any matter that is impacting their work performance or the attendance of work. And the other thing that I hope will change as well is the competencies in HR, because unless you have a member of human resources that have gone through the same level of complications, there is quite a lot of superficiality in trying to understand what we're talking about." (P5)

"A proper human resource department, that you can go and consult and explain the situation, get the support that is necessary, feel comfortable that whatever is discussed will stay in that room; and they will not only care about the targets, and the profit and whatever. They will care about the asset, which is the human being, the working person; we are the asset." (P1)

Promote flexible working culture

The recent pandemic has prompted organization to adopt flexible working schemes. Similar approach can be adopted also for infertility related matters to support employees, retain talent, and improve inclusion efforts.

"When you go through this experience, you need to take some time off without disclosing too many details. Having some type of leave - because when you go through a process like that, you need to be at the hospital, after the process you need to lie down for a couple of days, take it easy, not have stress. At the same time, you need to be a professional and you need to keep your job. Your organization needs to be flexible in this kind of situation." (P1)

"I can lie down, I shouldn't move a lot, but my mind is working; I can easily work from home. So that's another type of flexibility." (P1)

"We all tried to cope with COVID and worked from home, right? A four-day week that might be as well a good solution". (P2)

Leverage the support of an expert coach

Last by not least, executive coaching can support organizations' quest to decode deep structures, take a clinical orientation in the development of leaders and teams, and design effective interventions, as well as "create supportive and well-balanced teams" (Kets de Vries, Korotov, Florent-Treacy, & Rook, 2016).

> *For an organization to function well the relationship between the people needs to be healthy. People need to feel that they can talk to the subordinates or their bosses in confidentiality, with an understanding in human needs (P1)*

My decision to focus in organizational change rather national or international policies is based on the belief that it will be likely faster for actions to take place in the organizational level compared to executive power structures, as bureaucracy in governmental agencies is time consuming and far more immune to change.

By mobilizing stakeholders and lobbying with researchers and policy-making influencers, these recommendations can potentially serve as an inspiration for further research and public servants to consider in their respective agendas.

LIMITATIONS & FUTURE RESEARCH

The topic of infertility is difficult in its own merit, is complex and brings a lot of tensions. This is an honest attempt to establish a foundational understanding of infertility implications on female leaders' career aspirations, the various systems they are part of, as well as the emerging dynamics in between.

The limited scope of this research gives a glimpse to their inner theater, their experiences, defenses encountered, and the factors that supported them in becoming agents of change from a system-psychodynamic approach. Additional lenses from the Night Vision paradigm can and must be applied in future research endeavors to cover a broader area of infertility impact.

Another limitation of this research is that all participants were from the West; the conclusions and models suggested are applicable to female leaders who work in developed countries and had roles in the corporate sector. More research needs to be conducted to understand whether these are true for non-executive women who are dealing with infertility, in non-western contexts and cultures, in developing countries or outside the corporate world.

In addition, it will also be important to examine infertility experiences of male leaders', or leaders from minorities and the LGBTQ+ community who face increased pressures, thus to gain a comprehensive understanding of infertility impact on their career trajectory, and compare the dynamics shaped for each gender. Furthermore, there are several interesting parameters to consider for future research purposes, including the intersection of infertility and career transitions' process and how possible selves emerge, as well as the defenses of multiple systems against the notion of infertility.

Systems like family, educational institutions, employers, and governments all have stakes in the career readiness process. With career development acknowledged as critically important for people to navigate the ambivalence and uncertainties of the labor market in the 4th Industrial Revolution, and infertility rising as a global crisis, further research on its' impact would also contribute immensely to diversify career counseling and development theories and models, that could benefit many more in the present or in the future who encounter such.

CONCLUSIONS

The intimate glimpse this research provides into the lives of female leaders who were impacted by infertility is a testament of their vulnerability, empathy and resilience. No one deserves to suffer or hide because of the taboos systems construct; this only perpetuates the trauma.

Pain is part of life, it's a signal to warn and protect us from harm, however we all have the power of choice to acknowledge or repress it. The latter is often the case, as people are trained by the system to respond to stimuli in a reactive way, much to Pavlov's conditional theory. However, when leaders decide to "step on the balcony" and look at their inner theater as well as the action that happens on stage, they can reflect upon and direct their own life story.

During the last two years the world was awaken and became sensitized to issues of diversity, inclusion, and equity. From the #MeToo movement to the *#BlackLivesMatter*, the *#WomensMarch, #TimesUp, #MarchForOurLives*, or *#NeverAgain*, a new consciousness emerges around important values for the human race.

This research supports the efforts to shift the perception of infertility from a medical diagnosis and disability to an anthropocentric experience that can be transformative. We are able and we must include in important conversations the issue of infertility because it is a part of peoples' and systems' reality as much as aforementioned topics.

I am privileged to open a new conversation through this research. *"Broad system-level changes may be more readily accomplished through interventions and appeals that do not directly challenge the status quo, but instead garner psychological support through their association with the current system"* (Gaucher & Jost, 2011). It is my hope that the recommendations provided, if embraced, will be the catalysts that the system needs.

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Appendix 1: Invitation (via email)

Dear [Recipient's Name]

As part of my studies at INSEAD I'm conducting research on women leaders who have experienced infertility. One of the hidden inequalities women are dealing with today, is the rise of infertility and the dilemma that fertility creates around career and family choices.

I am writing to you in the hope that you can connect me with female leaders, senior managers and executives that have experienced infertility. I recognize that this is a very personal experience for many and a highly sensitive topic but also universal, and I aspire to include stories from diverse contexts.

What I would need from participants is an hour of their time to conduct an interview over Zoom (or a different platform if preferred) at time and date convenient to them. Participation in the research is anonymous and confidential.

Thank you in advance for taking the time to read my note. I would be grateful if you could share this request where you can. I will be more than happy to answer any questions via email (xxxx.yyyyyyyy@insead.edu) or by phone (+xxx-xxxxxxx).

Warm regards

Sini Parampota

Appendix 2: Letter of Support

INSEAD The Business School for the World®

Singapore, February 11, 2021

To whom it may concern

We hereby certify that *Ms. Sini Parampota* is writing a Master Thesis for the **INSEAD Executive Master in Change.**

This programme is led and directed by INSEAD Professors Roger Lehman and Erik van de Loo. It is an 18-month modular programme that enables participants to delve into the heart of the basic drivers of human behaviour as well as to identify and manage the hidden dynamics of teams and organisations. It offers a qualification in the developing field of intra- and inter-personal development, and integrates clinical and organizational psychology.

This Executive Master prepares participants to assume significant roles in leading organisations, in individual and organisational development and in change management, thereby creating more effective organisations. The programme is composed of eight modules, a 50-hour practicum (supervised consulting and/or coaching practice) and a **Master Thesis.**

This Master Thesis will contribute and add value to the discipline of organizational change practices and its existing body of research.

As part of a qualitative/quantitative research phase, Ms. Parampota would like to conduct interviews and carry out surveys with individual people.

We would be grateful for any help you can give to assist Ms. Parampota. This thesis, like all academic papers, will become a public document. Ms. Parampota will ensure that information gathered and all names remain completely anonymous.

Please do not hesitate to contact me should you have any additional questions.

Thank you for making this thesis research possible.

Kind regards,

Susan TANG
Programme Manager, Executive Master in Change
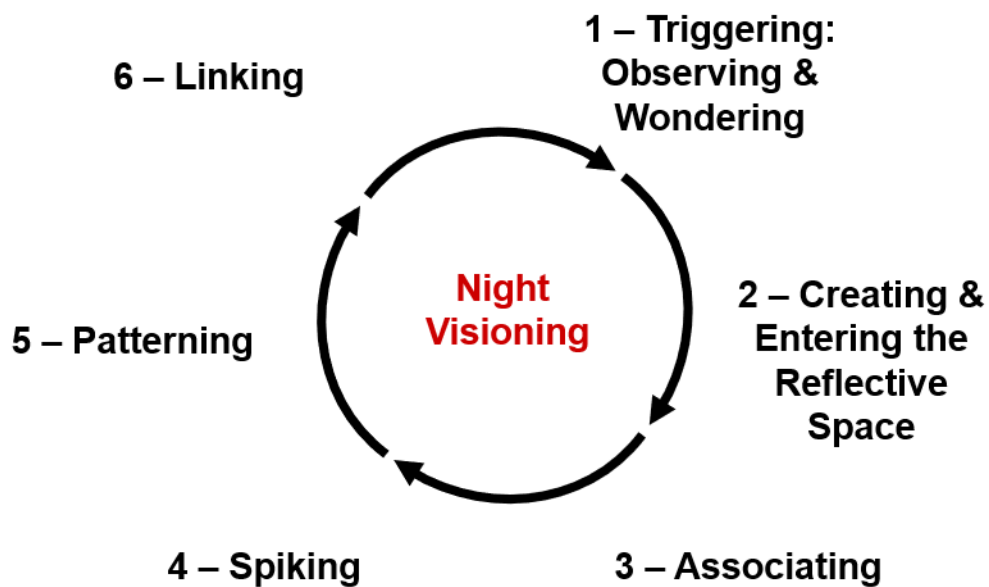Specialised Degree Programmes
t: +65 6799 5357 m: +65 9624 7192 e: susan.tang@insead.edu

Appendix 3: Interview Questions

1. Tell me about your story
2. What was the impact on you as a person? What emotions did you experience before, during and after?
3. How your career aspirations, progress and trajectory were shaped by infertility?
4. Describe your support system
5. What kind of support did your organization/employer provided you with?
6. Ideally speaking, what kind of support would you look for from an organization?
7. What associations emerge?

Appendix 4: Night Vision Cycle

Group Night Vision Cycle

6 – Linking

1 – Triggering: Observing & Wondering

5 – Patterning

Night Visioning

2 – Creating & Entering the Reflective Space

4 – Spiking

3 – Associating

Appendix 5: Table 3 – Infertility Policies (HR, National Health System, Adoption)

Participants	IVF Relevant HR Policy	Government Health Policy (Residence Country)	National Financial Subsidy for Assisted Fertility Services	Privately Funded IVF Treatments	National Adoption Policy	Adoption Status
1	NO	IVF Friendly	YES	YES	N/A	N/A
2	NO	With restrictions	N/A	YES	N/A	N/A
3	NO	IVF Friendly	NO	YES	N/A	N/A
4	NO	IVF Friendly	N/A	N/A	Very Strict	National Foster Program
5	NO	IVF Friendly	YES	YES	Very Strict	Adoption Abroad
6	NO	IVF Friendly	YES	YES	Very Strict	N/A
7	NO	IVF Friendly	YES	YES	Very Strict	N/A

Appendix 6: Table 2 – Support Systems

Support Systems						
Participants	Spouse/ Partner Support	Family Support	Employer Support	Direct Manager Support	Friends Support	Social Support
1	YES	YES	YES	YES	YES	NO
2	Mostly	YES	NO	YES	Mostly	Limited
3	Limited	NO	N/A	N/A	YES	NO
4	YES	Mostly	NO	NO	YES	NO
5	YES	Limited	NO	NO	YES	NO
6	YES	Limited	NO	NO	YES	NO
7	YES	Mostly	NO	NO	YES	NO