

COMMENTARY

Experience, empathy, and emotions: What our academic systems need to support (not just) women professors

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The arguments in the focal article go like this: “Women professors during pregnancy, postpartum, and caregiving phases face real struggles in their academic career and we have a moral obligation to help them succeed; otherwise, it could be very costly to our institutions. Department heads and other faculty members, take actions to support female caregivers. We will give you some suggestions.” While I resonate with this message both on a personal and a professional level, I could not help but notice a fundamental assumption underlying this argument: that faculty members *actively* want to be good moral agents and want to help their colleagues and institutions. Supporting colleagues is not explicitly spelled out in faculty job descriptions, thus it would not be surprising if faculty members are indifferent to this ask, or even worse, push back when asked to do so. This is especially true if they do not sympathize with their colleagues’ experience or if they are simply struggling with their own issues and needing help themselves. The authors essentially asked those that received their message to perform positive duties (“do good”) in addition to their negative duties (“do no harm”). Given how the former is much more controversial than the latter (Lichtenberg, 2010), I found myself questioning how likely it is that the authors’ excellent recommendations would be turned into actions. To be honest, I was not optimistic. In this commentary, I present an experiential learning case to supplement the recommendations laid out by the authors and argue that academia needs more empathy and emotions to support (not just) women professors.

The experiential learning case

“There are biological differences (e.g., pregnancy, nursing) associated with early childrearing” (Gabriel et al., 2023, p. 3)—I found this to be one of the most important yet underdeveloped points in the article. It was important to me because I had recently had a conversation with a male colleague who disagreed that the experience of having babies was different for men and women, remarking that he also cared for his sons and lost sleep just like his wife did. “Well, good for you, but you also did not go through the biological changes that your wife did,” I responded. The experiences of being pregnant, giving birth, then dealing with all the consequences thereafter make it a completely different story—or in William James’s terms, “knowledge by acquaintance” and “knowledge by description” are two different things. The authors were too gentle with the audience. They saved their readers from all of the experiential details of motherhood and instead presented a rational, coherent, intellectual line of arguments. This composure almost makes it seem like we, the women, are okay and need only a little help from our colleagues. But what if our women academics are not okay? What if we are *actually desperate* and just pretending like

everything is fine because social expectations and the norms of professionalism in our fields dictate that we cannot cry for help?

The experience of child birth changed my life. To be clear, I had a very supportive husband, department head, and colleagues. I was lucky and had a comfortable pregnancy and a regular child birth without medical complications. Things simply happened beyond my control. I suffered from postpartum depression and various infections. My son failed to thrive and had to undergo a frenotomy to treat ankyloglossia. Both of us took way more than the six weeks of my maternity leave to heal and recover. Needless to say, in addition to the sleepless nights (and days), I was a hormonal mess. I cried nonstop in the first week, terrified about having created a whole new human being. I wailed in the bath tub multiple times thinking what a horrible mother I was when I could not even do the basic things that every mother seems able to do. I got into a car accident because I was not thinking straight. I am forever grateful for the journal editors who granted me R&R extensions and for my co-authors who covered for me in that first six months.

I am not saying this to complain or distract. In fact, I wrote about how having a baby as a tenure-track professor made me a better scholar (Trinh, 2020). The point here is that the experiential learning process and its affective components are crucial for perspective taking and empathy—the ingredients needed to motivate people to contribute to a cause. Organizational scholars know the power of qualitative storytelling and narratives in creating emotional resonance. As we have learned from businesses, celebrities, and political candidates, this emotional resonance is what gets people to act, and this is what I found missing in the focal article. Maybe it is okay to share fewer of the facts and a little more of the passion that brought all of these wonderful, smart, caring scholars together to write this piece. I imagine a raw, passionate punchline would look something like this: “Academia is in deep trouble. Every year we answer so many questions from young female scholars about their career and family planning but the responsibilities should not lie within our small group of women. Everyone, do something, darn it!” I think women academics have a right to be angry, especially if their repeated calls for action have resulted in so few actions. Perhaps we need to address this problem differently and utilize the skills that women are typically good at—relating, storytelling, and empathizing—rather than resorting to publications and conforming to the publishing norms in academia that typically favor males (Knobloch-Westerwick & Glynn, 2013). We could even make a video!

On the one hand, I understand why the focal article glossed over the biological case and presented the realistic, moral, and financial cases. Women’s biological experiences still represent a tabooed topic even in a supposedly inclusive and open-minded place like academia. Women professors struggle with breastfeeding or pumping at work, or even worse, get punished for it (with disguised reasons, of course) (Davidson & Langan, 2006; Doherty, 2021; Holmes, 2012; Smith, 2014). It is like the flip side of what America considers a culture of respecting “privacy”: this is your private matter and we are not inviting ourselves in to discussing it. I definitely am not comfortable sharing about my biological pains in this article—a publication that is supposed to present the intellectual thoughts of a scholar in a professional context. There are norms about professional behaviors in the workplace and (I think) talking about milk blebs is neither appropriate nor welcomed.

On the other hand, I had secretly wished for a more holistic account of the child bearing and rearing experience from the authors—one that is messy and emotional and illogical and vulnerable and uncertain. I was looking for a model example of what is acceptable to say, rather than “I had a child and it was hard.” Why omit such an integral part of our and our colleagues’ lives? By dismissing these experiences, we are developing a culture of apathy within academia. Refraining from sharing our biological experiences stymies the development of empathy and further suppresses the topic. “Respecting privacy” can also serve as a convenient excuse to not try to understand or care about somebody. Did you know that a nursing mother has to pump or breast-feed every two to three hours to maintain her milk supply (La Leche League International, n.d.)? A normal person is not likely to know this unless they are a professional, have direct experience

with breastfeeding, or indirectly know about it from someone else sharing their experience. Yet without knowing that our nursing colleagues have an actual, legitimate, and important biological need to lactate, it is easier to criticize and complain than empathize and relate. Sharing and caring would help us understand why having access to just one lactation room fifteen-minute walk away from their office is not an acceptable solution. Then we can better take actions and *do good*.

Support not just women professors

It is probably obvious that women professors in the pregnancy, postpartum, and caregiving phases are not the only people in academia who need help. What about other disadvantaged groups of people? People of color and other ethnic minorities? Gender non-binary people? International scholars? People with disabilities? People trying to conceive? Academics not on the tenure-track? And intersectionality surely plays some role in there, too. As the authors have noted, there is no one-size-fits-all formula to support individuals with different needs; therefore, we need to empathize and understand their experience and needs to best support them.

At the same time, we cannot and should not build a support system for our colleagues based on pure kindness. My read of the focal article seems to suggest that we have to count on kind department heads and allies to create change, and I wish the authors had clarified this point. If we rely solely on kindness, we are exploiting our kind colleagues and accepting the system's fallacies and incapability. Even with their best intention of helping their colleagues with children, academic women who choose to be childfree have their own issues (França, 2022) and should not be called upon to help out all the time. The phrases “cultural taxation” (Hirshfield & Joseph, 2012; Padilla, 1994) or “minority tax” (Trejo, 2020) have been used to describe the burden of service placed on women and faculty of color in academia—the very people who need more support themselves. Furthermore, despite department heads being in crucial decision-making positions, they are not permanent positions. Any informal, discretionary agreements made by one department head may no longer be honored by the next department head. We need universities, institutions, and their administrators to put top-down interventions in place.

Having firm commitments documented in institutional policies and built-in slack to accommodate for unexpected situations and colleagues in need would help relieve perceptions of distributive injustice when people see any underrepresented group receives any kind of special treatment. It would also help department heads avoid moral dilemmas when, for example, deciding how much to support a pregnant female colleague versus a male colleague who bears the sole caregiving responsibilities to his elderly parents. Setting aside a departmental “rainy day fund” that can be tapped for hiring a faculty associate to fill emergency lectures or additional dependent care support might also be a good idea. Universities can work to create a culture in which professors exhibiting vulnerability and asking for help are common and acceptable, as opposed to being perfect human beings contemplating deep thoughts in their ivory towers.

In my own work, I have advocated for changes in academia's performance evaluation system to be more role congruent and reflect what true academic success means (Trinh & van Esch, 2022). If we value the work that women do in academia, including academic housework (Heijstra et al., 2017), they need to be recognized accordingly. To “shatter the assumption that having a family is not compatible with academic success” (Gabriel et al., 2022, p. 2), we need to redefine academic success, which is another ongoing conversation (e.g., Hoffman, 2021).

Another comment that the authors made about lawmakers' negligence and lack of societal policy supporting women is worth repeating here. With so many other issues facing our societies, legal changes may not come until key decision makers care enough. An example is how senator Rob Portman of Ohio changed his position to support same-sex marriage in 2013 after his son came out as gay (Shesgreen, 2013). We need to make them care. Sometimes an experience is worth more than a thousand words.

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