





COMMENTARY

# It takes a [helpful] village: Recognizing and minimizing unhelpful help to better support female caregivers in academia

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The aim of the present commentary is to address what is helpful versus unhelpful when supporting women scholars as they navigate the complexities of pregnancy, postpartum, and caregiving demands of their children. Gabriel et al. (2023) provide real-world accounts which suggest that well-intentioned department heads and faculty may engage in “unhelpful workplace social support” (UWSS) or poorly executed support that is perceived negatively (Gray et al., 2020). By examining experiences reported in Gabriel et al. through the lens of unhelpful social support, we identify three pitfalls that may occur when trying to support female caregivers in academia: (a) providing imposing support, (b) providing uncomfoting support, and (c) providing critical support. The pitfalls inform three helpful allyship behaviors that complement those provided in Gabriel et al.: (a) provide autonomy and involve women in decision making, (b) use the Imago method to provide emotional support, and (c) frame support as a human right rather than something that is earned.

## ***Pitfall #1: Providing imposing support***

The first pitfall that may occur when trying to support women caregivers in academia is providing imposing support. Gray et al. (2020) define imposing support as “social support that is unwanted and forced on the recipient” (p. 364). Lee et al. (2022) refer to such support as nonempowering help whereby the recipient of the help is less participative and often has a significantly more negative effect on women than men. An example of imposing support from Gabriel et al. states:

I asked the dean in front of the committee, “Am I still supposed to be serving on this committee?” The dean replied, “No, I took you off the committee because you are pregnant, and I thought you might like the extra time.” (p. 11)

The dean was presumably well-intentioned. However, given the recipient’s reaction to being dismissed from the committee, she was likely unaware that such a change was being considered irrespective of her preference. In other instances, women are sometimes warned against starting a family until they obtain their advanced degree and establish themselves in their career. Imposing support may raise anxiety by reinforcing stereotypes that pregnant women are less productive or that working mothers are not able to balance responsibilities. These actions may elicit fears of being pushed out and potentially replaced.

### **Pitfall #2: Providing uncomfortable support**

Uncomforting support, a second pitfall that may occur when trying to support women caregivers in academia, is attempted emotional support by the provider whereby the recipient does not feel comforted or “seen” (Gray et al., 2020). In an example from Gabriel et al., a woman with a young child recently had a miscarriage and was trying to communicate the situation to her direct supervisor. Unfortunately, the supervisor’s feelings of uncomfortability overshadowed their ability to be emotionally supportive to the woman. Rather than requesting the teaching assistance she needed, the caregiver was worried about making her supervisor more comfortable (Gabriel et al.). With the loss of a child through miscarriage or otherwise, feelings of anxiety and depression may follow. Without an outlet to freely ask for help (and feel seen) from one’s manager or supervisor, these feelings of anxiety and depression could escalate and lead to further isolation.

### **Pitfall #3: Providing critical support**

Critical support, a third unhelpful pitfall identified by Gray et al. (2020), may lead to feeling insulted, criticized, attacked, or a combination of similar emotions. Gabriel et al. shed light on an example where a pregnant female employee was congratulated on a recent work accomplishment and told that she had “earned . . . all the maternity leave she may need” (p. 13). The recipient may infer that the statement was insulting on many levels. Particularly, maternity leave is often misunderstood by non-caregiving colleagues as a vacation. Conversely, maternity leave is a labor-intensive period of time for a family to bond and care for not only the child but also themselves. Lack of sleep, new routine, and numerous doctor’s appointments are all par for the course. Maternity leave is not vacation and, therefore, is not “earned,” but is a right.

### **Moving forward**

The good news is that once supervisors and other faculty become self-aware that they are providing unhelpful help, they can change course and become better allies. Well-intentioned colleagues and supervisors can engage in more helpful allyship behaviors to see lasting change when it comes to supporting female academics who are also caregivers.

#### ***Solution #1: Autonomy and decision making***

The first suggestion entails providing autonomy and involving women caregivers in the decision-making process. As was the case in Gabriel et al., the female academic was removed from a committee without her consent merely because of her pregnancy. Autonomy is heavily influenced by workplace culture and, more specifically, direct leadership approaches (Gottlieb et al., 2021). If the dean had asked their employee whether she would like the opportunity to leave the committee, the female caregiver may have perceived more autonomy and a sense of ownership over her transition. The dean would be a more helpful ally by providing the space for autonomy, engaging in clear communication, and empowering personal decision making. Female caregivers should not feel blindsided or slighted in decisions, particularly in a situation where it involves their overall health and well-being.

#### ***Solution #2: Imago method***

Another approach to making help more helpful is to utilize the three-step Imago method (Hendrix, 2007) in order to provide emotional support. Step 1 is to mirror or repeat back, which indicates that you understand the situation and leaves room for clarification. Step 2 is to validate any emotions expressed verbally, physically (i.e., arms crossed in defense, looking away, etc.), or emotionally. Doing so helps to put the person in need of the support at ease and makes them feel

recognized. The final step is to empathize by asking about other ways they may be feeling. This not only shows interest in the person's well-being but also provides an opportunity to learn more about their situation in a judgment free environment. The interaction between the woman and her supervisor about her miscarriage from Gabriel et al. may have gone differently had the supervisor initially replied with, "I hear that you're going through a particularly difficult time right now, understandably so. Although I can't imagine the range of emotions you must be feeling, I would like to support you through this time. Is there anything you'd like to share with me?" A reaction along these lines from the supervisor would let the employee know that she was heard, understood, and in a place to ask and receive the support she needed.

### **Solution #3: Human rights**

The third approach requires society as well as managers to shift their thinking. In Gabriel et al., the female caregiver was told she "earned" all the maternity leave she needs. We echo Gabriel et al.'s call for society to reframe support for female caregivers from something that is "earned" to a human right. A 1978 amendment to Title VII of the Civil Rights Act of 1964, known as the Pregnancy Discrimination Act (PDA), made it illegal to discriminate based on pregnancy, as a form of gender discrimination (Eaton, 2019). Even so, many organizational decision makers view pregnancy as a choice and believe pregnant women should not be accommodated the same way as other disabled employees (Eaton, 2019). Although family-friendly policies may be in place (e.g., paid sick days, flexible working hours; Trask, 2017), it falls to managers to embrace them (Thompson et al., 1999). We encourage self-aware department heads and faculty to implement family-friendly policies in the spirit of providing basic rights without any subtext of female caregivers receiving special treatment or being a burden.

### **Conclusion**

Women in academia are faced with receiving well-intentioned unhelpful help from department heads and other faculty. Jones et al. (2020) state that "the effect of help on women's work self-efficacy during pregnancy will depend on its perceived impact" (p. 433) and may result in negative outcomes such as declined work performance and turnover. Industrial and organizational psychologists in academia are in a strong position to "practice what they preach" and lead the way in change by increasing self-awareness of unhelpful helpful behaviors. In response to Gabriel et al., this paper identifies three approaches to kick start conversations around reducing unhelpful help practices and becoming better allies to female caregivers in academia: (a) providing autonomy and including women in decision making processes; (b) referencing the Imago method when having sensitive conversations; and (c) reframing support for female caregivers as a human right instead of a luxury.

**Conflicts of interest.** We have no known conflicts of interest to disclose.

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