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An Exploration of Being Childfree at Work: Challenges and Opportunities

Stuck in the Waiting Room: An Analytical Essay Exploring Infertility at Work

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ABSTRACT

In this analytical essay, we use our embodied career experiences to explore infertility at work, placing our "infertile body" at the center of analysis. We consider the ways in which infertility has impacted our identities, careers, and timelines. By laying bare our experiences of battling infertility while trying to maintain a career in academia, we illustrate how infertility introduces a liminality that "leaks" across domains: shaping identity, distorting temporality, and ultimately reshaping how we engage with our careers. After years of infertility, we found ourselves in a state of "career liminality," where our agency and sense of self became so eroded that proactively managing our careers was no longer possible. We highlight infertility as a major, yet under-recognized, contextual factor shaping women's career progression, and suggest that this area demands urgent scholarly attention. In breaking our silence, we aim to open a conversation and encourage other scholars to develop this conversation further.

> *It is not only the children that women have that affect their work lives, but also the children that they do not have, [the children] that they have desired.*
>
> (Hazen 2006, 246)

1 | Author's Note

We, Nicola and Rose have been colleagues in the same department for 3 years. However, through a chance conversation in the Summer of 2024, we learned we had something deeply personal in common, which brought us closer together—our infertility. Our journeys are different; Rose birth in 2022, following 10 years of infertility and fertility treatment, whereas Nicola has been undergoing fertility treatments for the last 2 years. However, as we learned through further conversations, infertility has shaped how we perceive ourselves, which in turn, has shaped how we have managed our careers over time. We write this essay together to draw out what might otherwise remain unspoken, the ways infertility restructures career progression, distorts temporal experience, and disrupts professional identity. Writing together allowed us to bring to surface connections between identity, infertility, and our future careers. We feel passionately that we need to share our experience, to give voice to something that is largely ignored, stigmatized, and kept secret, despite its prevalence.

In this analytical essay, we share our story through a blend of individual and collective voices ("I"/"we"). The prologue is written from Nicola first-person perspective, reflecting on her embodied experiences during this project while currently going through fertility treatment. However, the rest of the essay is written as "we," reflecting the collaborative nature of our dialog. We offer this contribution to feminist organizational scholarship as an attempt to give voice to a common yet rarely discussed issue: how infertility shapes women's careers.

2 | Prologue

As I, Nicola, write this, I am coming to terms with the fact that my embryo transfer failed last month. I am counting out how many weeks remain until I restart hormone therapy for another embryo transfer, and how many weeks remain until we submit this revision—two parts of my identity bidding for attention. The month of an embryo transfer is characterized by liminality, a period of "betwixt and between," where my old identity no longer fits, but nor does my new identity (Ibarra 2005; Turner 1967). This is an uncomfortable middle stage where I embody multiple identities. In this identity liminality, my sense of self is fluid. I am both mother (hoping and caring) and nonmother (grieving and distancing). I am moving forward, backward, and staying still.

In the eyes of the law, once an embryo is transferred, I am legally pregnant. I am entitled to maternity and pregnancy rights, including protection from discrimination. I can feel my identity shift in response to my new legal status. Before the embryo transfer, I feel hopeful, tentative, and anxious. After the embryo transfer, a new identity begins to emerge—mother. I map out the due date—March 20th! I ponder the consequences of this pregnancy for my career progression. I regret taking a new leadership role at work. I consider which work commitments I will have to recuse myself from.

That identity abruptly ends.

The pregnancy test is negative. I experience a "lingering self" (Basir et al. 2026), but I am not a mother. I feel grateful for my new leadership role. I consider which work commitments I can focus on once I process this grief. I want to keep progressing my career at the pace I originally planned. Which papers do I want to prioritize? Which grants can I apply for?

And so the cycle continues. Existential in nature. Embodied. Temporal. Subjective. Mother. Non-mother. Pregnant. Not pregnant. Lacking agency.

This oscillation is shaping my sense of self, rapidly changing where I see my career heading from 1 day to the next. Even my best-laid career plans are beginning to unravel. Time has a different feeling. The cadence of others' lives and careers feels alien to me. My life and career are lived one round of IVF at a time. My sense of time is being altered, and my career is in limbo.

We know that women's careers are profoundly impacted by reproduction (Correll et al. 2007). Mothering often requires women to structure their careers in different ways, perhaps self-selecting out of leadership roles or pursuing part-time roles to balance work and family demands (Kreiner et al. 2009; Kossek et al. 2021). However, as the opening quote suggests, it is not only the children women have but also the children women are *trying* to have that uniquely shape their careers (Hazen 2006).

Last year, as I was trying to come to terms with my changing identity, I found comfort in speaking with my colleague Rose, who had been through infertility herself. Together, we sought answers in career theory. What do career scholars suggest I do to maintain career progression when my identity and career is betwixt and between? We found very few answers in the literature, particularly in work on women's careers and maternal transitions, which largely assumes a completed transition to motherhood. In particular, recent debates on women's careers and career complexity tend to focus on how women adapt to motherhood, career interruptions, or flexible work arrangements, leaving experiences that precede or unsettle the maternal transition itself largely unexamined (Basir et al. 2026). Perhaps this is not surprising, considering that career theories have emerged and evolved against the backdrop of traditional masculine organizations and careers (Acker 1990; Z. King 2004), meaning that tabooed reproductive experiences are yet to be well examined in the context of work. In other words, existing career theory does not adequately contextualize women's careers (Kossek et al. 2021). Specifically, we lack a thorough understanding of the impact of infertility on women's embodied temporal experiences at work. Important emerging research has begun to explore how fertility treatment disrupts women's identities at work (Basir et al. 2026), but the way that infertility shapes women's identity and careers over time remains largely overlooked in career research (Archetti 2024).

As a result, we are yet to fully acknowledge the way infertility and IVF profoundly impact women's work identity and working life (Mumford et al. 2023). However, infertility represents a distinct challenge for women's career management. The substantial demands on their time and energy challenge the notion that we are all equally capable of proactive and agentic planning for our future careers (Wilkinson and Mumford 2024). How can we plan for an unknown future?

Infertility is unique in that it represents an identity change that has not evolved organically; rather, it is forced on people, stripping them of their agency. People experiencing infertility, therefore, may struggle to build identity (Alamin et al. 2020). Women undergoing fertility treatment experience an erosion of self, which permanently shapes their professional and personal identities (Basir et al. 2026). In *waiting*, people question who they are and what makes them, them (Alamin et al. 2020; Beech 2011). Career development requires a stable sense of self and a coherent projection of a future self (Z. King 2004). Infertility muddies this projection, destabilizing the identity continuity required to agentically "manage" and plan our careers.

Developing a better understanding of how infertility affects women's identities, and subsequently their career development, is both significant and urgent. Infertility is not rare. It affects approximately 17% of working-age people worldwide (World Health Organization (WHO) 2024), equating to approximately 3.5 million people in the UK alone (National Institute for Health and Care Excellence (NICE) 2017). However, despite its prevalence, infertility remains largely hidden at work (Van den Akker et al. 2017; Wilkinson et al. 2023). Women are discouraged from having open discussions about infertility, which perpetuates a culture of taboo and silence (Archetti 2024). Through this paper, we attempt to break this silence and shift the taboo surrounding infertility.

We structure the remainder of our essay around a series of autoethnographic vignettes that illustrate our experiences of

infertility and IVF treatment, and the ways in which they have fundamentally shaped our lives and careers (Humphreys 2005). Our aim is to explore how infertility has impacted our identities, our sense of time, and our ability to plan and sustain careers in academia. In writing together, we discover what we have come to call "career liminality"—a suspended state in which career planning becomes difficult because identity continuity has been eroded. We also bring to light how infertility disrupts the expected rhythm of academic careers, challenging chrononormative ideas about progress, timing, and what counts as a "productive" trajectory. In doing so, we build on feminist calls to center emotion, silence, and embodied experience in how we understand work (Katila et al. 2023).

3 | Writing Together From the Waiting Room

Given the deeply personal nature of infertility and our apprehensions about making these experiences public, we chose purposefully to write this analytical essay together, drawing strength from one another and the writing process itself (e.g., Boncori and Smith 2019; Pérezts and Mandalaki 2024). We worked in collaboration to gather, reflect on, and make sense of our autobiographical material and to explore meaningfully how infertility has shaped our identity and influenced our career management (Chang et al. 2013). Such a collaborative, reflective approach helped us to "write differently" (e.g., Ridgway et al. 2024; Suzanne and Reiss 2024), offering the reader unique access to our embodied experiences of infertility—experiences that would have been otherwise edited, suppressed, or rationalized (Ellis 2004).

We acknowledge that personal storytelling in analytical essays like ours departs from dominant methodological norms within management and organization studies, such as objectivity and statistical analysis (Fernando et al. 2020). In line with others (e.g., Boncori and Smith 2019; Tekeste et al. 2024), we reject the dominant masculine perspective within academia, which determines what is acceptable and considered "proper" academic writing. Following in the footsteps of feminist scholars, we use our complex emotions as a source of information, writing both about them and with them (Dorion 2021). We found this process to be reparative, offering space to make sense of our own emotional and temporal disruption (Weaver-Hightower 2012). However, we also write without emotional self-censoring to invite readers into the embodied grief, ambivalence, and identity liminality that infertility brings. Following feminist traditions that treat emotion as epistemologically and politically meaningful (Ahmed 2014), we use our stories not just to narrate but to connect with our readers.

We resist the urge to edit the emotion out of our vignettes, instead allowing ourselves to "leak" (Pullen 2018, 125), mindful that "honest, embodied, fragile narratives can provide more kaleidoscopic and insightful understandings of life in organizations" (Boncori and Smith 2019, 75). This process did not come naturally, like those who have gone before us (e.g., Huopalainen and Satama 2019; Porschitz and Siler 2017), we struggled with the vulnerabilities of laying bare our most personal stories for public viewing. We argue that it is precisely these vulnerabilities, these otherwise hidden experiences, which are likely to lead to the most profound insights for theoretical development (Ellis 2004) and, ultimately, for others struggling with infertility. By writing in this way, we are seeking to "change the world by writing from the heart" (Denzin 2006, 422). We see our embodied experiences of infertility as important. Feminist scholars place the body at the center of feminist analysis (Kuhlmann and Babitsch 2002), disrupting the disembodied lens typically applied within organization theory (Acker 1990).

Practically, our reflections began with weekly conversations about our experiences of infertility and navigating our academic careers while undergoing fertility treatment. Over the course of 5 months, we spoke at length about what we had been through (and were still going through, in Nicola's case), talking about the impact our years of "trying" and treatment had on our lives at work and home live. We reflected specifically on our experiences within the workplace, thinking about the ways in which our identities as academics and careers in academia had been significantly impacted, with us having little agency to manage them effectively. We spoke, for instance, about our sense of "limbo" due to continual waiting and "not knowing," our inability to make career plans or having to change plans last minute due to ongoing treatment, our reluctance to disclose to line managers and colleagues for fear of stigma and negative repercussions, our lack of career progression, and our ever-changing identities.

We began to formalize our reflections by writing our vignettes. Vignettes are powerful, inviting the reader to relive the writer's experience through their eyes (Denzin 2000). We write in the first person deliberately, to illustrate nuances and tensions that only become apparent when written in this mode (D. King and Learmonth 2015). Based on our reflective conversations and guided by our knowledge of the gaps in existing literature, we decided to draft three vignettes each, focused on the themes/areas of career progression, oscillating identity, and disclosure and stigma.

Writing alone to begin with, we each drafted one vignette per week. These were deliberately free-flowing and completely unedited, simply an outpouring of our experiences and emotions (Dorion 2021). As we wrote our vignettes, we returned to our notes and other autobiographical materials from this period, including our personal journals, emails, text messages, fertility treatment notes, and informal conversations. We used these not as a dataset to be analyzed, but as prompts to help us strengthen the fidelity of the experiences we were narrating.

Once all vignettes were drafted, we began our collaborative refinement process, working together to make sense of our lived experience as academics undergoing fertility treatment (Chang et al. 2013). We shared our vignettes during our weekly catch-ups, reflecting on one theme (i.e., one vignette each) at a time. Mindful of the focus of our paper, we discussed and probed the meaning behind each other's experiences from an "outside" perspective, asking questions such as "Tell me more about that" and "How did that make you feel?" We sought clarification where meaning was masked beneath emotions, and further explanation where the impact of our infertility and fertility treatment on our careers and identities was not overly

evident. We also considered the focus of each vignette and whether the underlying theme would be clear to the reader. Where we felt one had drifted slightly off topic, we reflected together about ways to refocus. This collaborative, reflective process enabled us to bring to the fore elements of each other's stories, which may otherwise remain hidden, resulting in richer reflections and a deeper level of learning about oneself and those around us (Chang et al. 2013).

We refined each vignette in turn, emphasizing the most pertinent elements from our discussions. For example, two of Rose's vignettes initially reflected her stagnating career intertwined with her loss of professional identity. Following her discussions with Nicola, Rose refined and refocused these vignettes, moving small sections of material between the two pieces to make one more clearly about identity and the other more clearly about career progression—but without losing the meaning and emotion. Indeed, our aim throughout this collaborative refinement process was not to edit or sanitize or remove our emotions from our vignettes (Pullen 2018), but simply to reflect on and make sense of our autobiographical material together and to illustrate to our readers our embodied experiences of infertility. We continued with this iterative and collaborative process of writing, reflecting and refining until we felt our vignettes reflected our experiences honestly, giving a real insight into what we had been through.

Although we initially developed three vignettes each—about career progression, oscillating identity, and disclosure and stigma, as described above—following constructive feedback, both informally from our colleagues and formally in response to peer review, we removed our third vignette about disclosure and stigma, with the intention of writing about this theme at another time. This decision was based on our assessment of which vignettes offered the strongest analytic leverage for developing our core theoretical arguments around identity continuity, temporality, and career liminality. Instead, we decided to focus on the first two vignettes each, and to focus our paper on exploring the ways infertility restructures career progression, distorts temporal experience, and disrupts professional identity.

3.1 | Vignettes

Who am I now?—Rose

> *OMG! Wow! I can't believe it worked the first time! OMG! I'm going to have a baby! I'm going to be a Mum! Whoop!*

> I can remember it as if it were yesterday, that feeling of pure elation. For the first time ever, I had a positive pregnancy test. My first round of IVF had been successful. My dream of becoming a Mum was finally going to come true after years of trying and waiting. I was ridiculously excited.

> But sadly, this was short-lived. Only weeks later, I received the utterly devastating news that my pregnancy was no longer viable—a missed miscarriage. My whole world collapsed in an instant. I went from the highest high to the lowest low and found myself waiting once more.

> I had nipped out of the office to visit the fertility clinic for a scan, full of hope and excitement at seeing my baby for the very first time. I had every intention of going back to work afterwards and continuing with my day, juggling both aspects of my identity just as I had been doing throughout my treatment. But, after hearing the dreaded "*I'm so sorry Rose …*", I simply returned to my office to collect my things, desperately hoping I didn't see anyone, not wanting to explain the tears streaming down my face and why I was leaving early.

> After all, I had to be professional at work. I was Rose, the lecturer—the happy, smiling lecturer, with the well-rehearsed "*I'm fine, thanks, how are you?*" When, in reality, it couldn't be further from the truth. "*Actually, I'm not fine, I'm at rock bottom. I've been waiting to have a baby for years. All I want is to be a Mum, and it's just not happening. And now I've just had the most dreadful news…*"

> But nobody at work knew I was having treatment, it just felt wrong to tell my colleagues and my line manager. Why is that?[1] This ingrained need to be seen as the "ideal worker", progressing my career, working long hours, writing papers, bringing in grants–just as I had done when my career started.

> So, who am I then? I'm not a Mum or even a Mum-to-be. And I'm not the ideal worker anymore, I haven't been for a long time. I'm strapped tightly onto the emotional and physical rollercoaster that is infertility and fertility treatment, and have been for years. I'm paralyzed, unable to progress my career while I'm on board, but equally unable to get off in case my treatment is successful one day. And so I find myself in limbo, in a grey space. I'm a desperate-to-be-Mum, just waiting—and it's exhausting.

Rose's vignette captures the slow unraveling of a self once anchored in certainty: the ideal worker, the future mother, someone becoming. However, what happens when that *becoming* is continually interrupted? What happens when the future dissolves in your hands? Identity deals with the big questions, seeking answers to the existential question of "Who

am I?" (Erikson 1959). Our identity is an internalized and evolving set of stories of self, which explains how we came to be the person we are becoming and who we hope to be in the future (McAdams and McLean 2013). Having a stable sense of self, called self-continuity (Leon 2010), has many important benefits like improving mental health and providing clarity when planning our future lives (Sokol and Serper 2019). Having a strong narrative identity—a clear story or narrative that makes sense of our past, perceptions of the present, and notions of an imagined future—confers a sense of temporal continuity and coherence that calms us (Adler 2019; McLean and Syed 2015).

In contrast to this calming coherence and continuity, as Rose highlighted in her vignette, infertility introduces disruptions. Damage to one's identity is a main challenge of infertility, eroding one's sense of self and feeling of self-continuity (Alamin et al. 2020). Recent research has begun to examine how these disruptions unfold in the context of work. Basir et al. (2026) evidence how fertility treatment interrupts an initiated transition to motherhood, leaving women suspended in what they describe as a state of perpetual liminality in which the desired maternal identity remains uncertain and unresolved. In this state, individuals struggle to engage in identity play or to imagine future possible selves because each treatment cycle reopens the question of whether the transition to motherhood will occur. Rose experience illustrates how these disruptions placed her in this state of liminality, where her sense of self was challenged and a new self was impossible to envision.

Rose highlighted how constant identity shifts (pregnant/not-pregnant and ideal worker/less-than-ideal-worker) make it difficult to sustain a coherent sense of the future self that career development typically assumes (Basir et al. 2026). Rather than progressing toward a stable identity, these repeated disruptions fractured Rose's sense of self-continuity and destabilized the permanence that career management typically relies on. This acts as a stressor, frequently resulting in what Erikson (1959) terms an "identity crisis"—a period of instability where individuals struggle to reconcile who they are with who they are becoming. Rose summed this up when she asked, "So, who am I then?"

Rose's experience therefore reflects the stalled identity transition (Basir et al. 2026), where the anticipated transition to motherhood remains unresolved and identity stability becomes difficult to sustain. In this sense, Rose experience reflects a form of identity liminality, where identity itself becomes unstable, making forward planning impossible. Important research has examined identity transition during the liminal period of pregnancy, showing how women begin to construct and integrate multiple possible selves as professionals and mothers (Ladge et al. 2012). Within this literature, liminality is conceptualized as a temporary and transitional phase oriented toward identity integration (Basir et al. 2026). However, Rose's experience highlights an omission within this framework—in the context of infertility, the identity of "mother" remains beyond reach, making identity integration impossible rather than incomplete. As a result, identity continuity becomes fractured rather than reconfigured, undermining the coherent future self that career management typically assumes. This positions infertility as an under-theorized form of women's career complexity. Specifically, infertility constitutes a prolonged liminal state without a guaranteed endpoint, in which future-oriented career planning becomes difficult to sustain.

Rose's experience reflects identity liminality, where identity itself becomes unstable, making forward planning impossible. When identity continuity is fractured in this way, the foundational assumptions of career management, namely, a coherent future self to plan toward, are undermined. Rose illustrates this in her vignette: she details how she grappled with disruptions to her self-continuity. She notes that her identity as an ideal worker shifted as a result of her infertility, paralyzed and unable to plan or advance her career in the ways she had before infertility. She highlights how the embodied experiences of women going through infertility—experiences more deeply accessed through auto-ethnography (Spry 2001)—disrupt the fiction of separable professional and personal lives (Fotaki 2013).

Extending Gatrell's (2013) metaphor of the "leaky body," we suggest that in addition to the ways that pregnant and post-partum bodies "leak" (Gatrell 2013), women experiencing infertility are also "leaky" at work. They leak grief, uncertainty, time, and identity, which spill into their professional roles and seep into their work self, thereby shaping their careers and career management, and can no longer be contained within life "outside" of work.

This identity leak disrupted Rose's capacity for proactive career management (Wilkinson and Mumford 2024), as she described when she said, "I'm paralyzed, unable to progress my career." Her experience with infertility leaked into the process of proactively planning her future career (Bakkensen et al. 2023), trapping her in a state of "limbo." This highlights how women going through infertility must navigate ongoing uncertain decision-making processes, where energy and resources are leaking between domains. The boundaries between work and treatment are malleable; career momentum leaked as Rose perceived her chances of becoming a mother dwindle.

How should I plan for the future?—Nicola

> Recently, I was discussing with a PhD student about how to manage writing and publishing in your early career as an academic. They had recently returned from maternity leave and said, "*You are so lucky to have had this much time in your career to write without distractions!*". Maybe she thought I planned it this way, prioritizing my academic career above all other "distractions". But I didn't plan it this way.

> I could not anticipate the way that infertility would impact my career and how I would manage it. Sometimes it makes me appreciate my academic identity so much more, offering a reprieve from the sadness and confusion. Offering validation, meaning, something other than loss and aimlessness. But other times, infertility makes my academic career much more grueling—holding me back, complicating decisions, making me unable to concentrate or plan when one

> treatment or another fails. I went into academia as a profoundly driven person: ambitious and aiming for the top. I painstakingly planned when I would finish my PhD, start a post-doc, start a lectureship, pass probation, and start putting together my promotion paperwork. But sometimes now I can't even make sense of my life. Losing perspective on what matters to me. I don't even know when I will start my next frozen embryo transfer, let alone when I will become a professor.
>
> Infertility feels so deeply intertwined with my academic identity—almost impossible to tease apart. I feel like I face constant barriers and obstacles. A series of *if-then* questions plays on a loop.
>
> *If I pursue this grant, then what if I'm pregnant next year? We have to travel for workshops; how will I do that if I am in the middle of IVF?*
> *But if I hold off on applying for funding, then what if I'm not pregnant? I will have sacrificed all of this for nothing.*
> *If I move forward as though nothing will change, what if everything does?*
> *If I pause my career, will it be in vain?*
>
> Each path forks off, revealing a bumpy road that offers different types of uncertainty. But uncertainty doesn't seem to suit academia. Reasonable certainty of the future feels like a prerequisite, because reporting which conferences I plan on attending a year in advance requires certainty about what my life will look like next year. Certainty I do not have.
>
> To pass my probation, I've had to map out plans and goals spanning three years. *Which paper will I submit where, and when? Which grants do I plan to apply for in 2–5 years? What is my paper pipeline in the coming years?*
>
> These questions feel designed for a different type of person. Much of this career simply does not feel possible with such a looming question mark. My reality is messy and complex, filled with broken plans and broken promises. I fear I look flaky and uncommitted.
>
> Every plan I've made has changed. I have two disparate jobs: one as an academic and the other as a person trying to become a mother. The second is even more demanding than the first, with budget restraints, endless scheduling conflicts, scans, deadlines, and difficult emotions.

Throughout Nicola's vignette, she draws attention to how her subjective experience of time has shifted as a result of infertility. Compared to the normative career path and timelines that dictate academia (e.g., laying out her plans for the next 3–5 years), Nicola experienced a shift in temporality. She moved from a linear, future-oriented perspective to a bumpy, wonky, suspended experience of time. Seminal career theorists depict career trajectories as normative, linear, predictable and ordered stages that people move through (e.g., Super's Life-Span, Life-Space Theory; Super 1980). This scripted linear perception of time and life course establishes social expectations about how time should unfold in a "normal" academic career: complete a PhD, secure a lectureship, publish, pass probation/tenure, secure funding, and get promoted. Each step should happen in the right order, at the right time (Freeman 2010). Freeman (2010) calls this chrononormativity—the way time becomes a force of discipline, pushing us to align our lives with socially sanctioned/expected rhythms.

Nicola's vignette shows the angst that occurs when ambiguity made her violate the chrononormative expectations ("Much of this career simply does not feel possible with such a looming question mark. My reality is messy and complex, filled with broken plans and broken promises"). Nicola highlights how infertility has disrupted the assumed chrononormativity present in managing her academic career; her career trajectory is no longer linear, normative, and predictable. Infertility itself is a violation of chrononormativity, delaying plans and goals, perhaps canceling them altogether. Further, there are many experiences of women reproducing (such as hyperemesis gravidarum, miscarriage, and complications in pregnancy requiring bed rest) that violate the notions of predictable and linear progression for women. Hence, chrononormativity has implications for women's careers specifically. By comparison, even when men become fathers, if they take paternity leave, it is typically very short (2 weeks in the UK and no statutory paternity leave in the United States). This means that even with children, men are more capable of following the normative and linear steps needed to succeed in developing their careers as they do not typically take time out of the labor market or delay their careers.

Normative views on career progression rarely adopt an embodied perspective (Weatherall and Ahuja 2021); they do not account for the body or depict how bodies can be pushed to conform to temporal expectations. Hughes (2021, 1726) exemplifies this in her paper as she explains she was told to "wait for a permanent contract before trying to conceive a child," highlighting how women's bodies are expected to conform to the cadence of an academic career, regardless of the fact that fertility and reproduction cannot be guaranteed. Academic motherhood, including pregnancy, childbirth, and caregiving, disrupts normative academic timelines and career expectations (e.g., Ward and Wolf-Wendel 2012; Gabriel et al. 2023; Chawla et al. 2023). Specifically, academic careers are organized around assumptions of linear productivity that sit uneasily alongside embodied demands of care, recovery, and relational labor (Gabriel et al. 2023). However, literature on academic motherhood typically focuses on a completed or ongoing maternal

transition: the identity of "mother" is present, even if difficult to integrate, and temporal disruption occurs after a child arrives. Nicola's experience reveals a different, and under-theorized, form of career complexity in academia. In the context of infertility and IVF, the maternal identity remains unresolved, perpetually deferred and potentially never realized (Basir et al. 2026), leaving women to plan academic careers in the absence of a stable future self. Rather than navigating competing roles, Nicola is forced to manage her career amid radical indeterminacy, where neither professional nor reproductive timelines can be anchored. This highlights how infertility introduces a distinct form of career complexity that current scholarship on academic motherhood is not equipped to fully explain.

In her vignette, Nicola shows how her body has become a site of labor in itself ("I have two disparate jobs: one as an academic, and the other as a person trying to become a mother."). Her body's unpredictability—when she might be in treatment or when she might get pregnant—makes her unable to conform to the expected academic tempo needed to succeed. Career progression in these environments assumes a form of temporal compliance: one must be able to lay out multi-year plans, meet annual performance targets, and time personal milestones around professional ones. Managing our careers, then, depends on conforming to these normative assumptions of predictability and forward motion. However, such planning also relies on internal stability. Stability in how we make sense of the world, what motivates us, and how we form and act on intentions (Sveningsson and Alvesson 2003).

Infertility undermines the foundation of chrononormativity. It unsettles the basic building blocks of career progression: What job should I apply for? How should I plan my promotion? What does my 5–10 years career plan look like? The "straight line" through which careers are imagined, aligned with dominant social norms, is no longer accessible (Ahmed 2006). Instead, women navigating infertility face fractured timelines and suspended futures. The liminal identity between "mother" and "nonmother" introduces complexity into career management, a complexity that remains unaddressed in career theory.

I was planning to have it all—Rose

> I was always a high-flyer, even from a young age. I consistently came top of my class, I got first-class grades, and I won awards and scholarships. I was incredibly driven and conscientious, a self-proclaimed perfectionist. When I began my career as a Research Assistant in 2007, I was definitely on an upward trajectory. My CV was flourishing, as I published papers, presented at conferences across the world, won grants, worked on interdisciplinary projects with high-profile organizations, delivered high-quality teaching, and engaged with the media, all while working towards my PhD (part-time). I was full of confidence and loved my work. I was becoming a bona fide academic, ambitious to create a name for myself and, eventually, become a highly regarded Professor.
>
> And then, in 2012, I started trying for a baby. I honestly don't think it ever occurred to me that I might not be able to conceive. I was planning to have it all, a successful career and a family, just like others around me. Super-Mum and Super-Academic rolled into one.
>
> But as the years passed and I failed to get pregnant, everything began to change. It became increasingly difficult to concentrate on my work. All I wanted, all I ever wanted since I was little, was to be a Mum. And each month that passed, with another negative test, I felt myself disappear a little bit more. I struggled with my mental health; my confidence disintegrated. My career mattered less and less; all those plans I'd made were fading into the background. Having a baby was the only important thing.
>
> And when I began my fertility treatment, it was all-consuming, night and day—baby, baby, baby. Countless treatments and hormones and drugs and scans and operations, not to mention the heartbreak...how on earth was I meant to juggle that with an academic career?
>
> Well, it turns out I wasn't—or, at least, I wasn't able to. Something had to give, and that something was my career. I remember becoming aware that I had fallen behind my peers. Once on an equal par, their careers continued to progress while mine flatlined and, arguably, took a downward turn. The papers stopped, the grants stopped, the interdisciplinary projects stopped. I withdrew from my part-time PhD. I was no longer a high-flyer, a perfectionist. I was a failure, both at work and at having a baby. I no longer had a career—I had a job, to earn money to pay for treatment. So much for my plan of becoming a Professor!
>
> I tried to maintain some level of professionalism but failed miserably, feeling like I was letting my colleagues down at every turn with my lack of productivity and engagement. I missed meetings, teaching, and conferences because of treatment, often with very little notice. I stopped volunteering to lead activities within my research group because I couldn't guarantee I would be available. I was unable to commit to any plans firmly, particularly anything long-term, just in case I needed treatment or had to face the heartbreak of treatment not working or—hope against hope—actually got pregnant.

> I was convinced my research group must regret hiring me because all that promise I once showed had vanished. Another year, another annual review meeting with a very sparse form to discuss. I did my teaching—well, most of it. But there were no successful—or even unsuccessful—papers or grants to report on, no outputs that a proper academic should be producing. And there were none in the pipeline either. How could I think about my 2-year and 5-year plans? Even if I was in the right headspace, I had no idea where I'd be treatment-wise in the next few months, let alone the next few years. Plus, setting objectives that I most likely wouldn't be able to meet just compounded my status as a failure.

> My life, and unofficially my career, was effectively on pause—for 10 years. My plans to have a family and become a Professor—my dreams of being both Super-Mum and Super-Academic—nowhere in sight.

As Rose highlights in her vignette, she began her career with a strong identity—a *self-proclaimed perfectionist*—her life course was chartered, and she was following a normative path. Consequently, her career identity was stable, she was self-assured and knew who she was. However, as the years passed without getting pregnant, Rose experienced a disruption to the timing and order of events in her life. Rose's experience illustrates the cumulative impact of what Payne et al. (2024) term as a "temporal squeeze": the collision of reproductive and career timelines, where success in one domain often comes at the expense of the other (Ladge et al. 2012). This temporal squeezing meant that the important years of Rose's career development (e.g., when she was working toward her PhD) were pitted against the important years in her fertility journey. Although existing scholarship on academic motherhood documents how women renegotiate careers following the arrival of a child (e.g., Ward and Wolf-Wendel 2012; Gabriel et al. 2023), Rose's experience reflects a prolonged absence of such a transition, where the anticipated maternal identity never stabilizes and career trajectories erode rather than reconfigure. This reflects a violation of chrononormativity, as Rose felt her career stopped being a linear journey of forward momentum (Freeman 2010). The competition, the juggling of priorities, was particularly disruptive to her identity. As Rose illustrated, for women experiencing complex fertility journeys, the period of disruption can span decades as women may attempt pregnancy through many interventions over many years (Payne et al. 2024).

Throughout this long trajectory, Rose felt herself disappearing—a once steadfast identity was squeezed and vanishing. The labor of disciplining her mind and body to conform to the masculine norms needed to manage her career and succeed in academia became too much (Trethewey 1999). While her reproductive labor continued, her career became a job to foot the bill, and her work identity was on pause. Rose's "failure" to keep up was not about a lack of motivation. Rather, it was about the embodied toll of infertility treatment and the impossible task of disciplining her body to meet the demands of the disembodied ever-productive worker (Gatrell 2013; Pullen and Rhodes 2021). These demands require women to suppress or hide bodily disruption, maintaining an image of stability, presence, and linear progress, even as they are "squeezed," dealing with a slowing career, treatment cycles, exhaustion, and grief (Trethewey 1999).

Rose highlights how the complexity of reproductive labor and the structural constraints placed on women's careers and bodies reshape the resources available to women as they approach career development (e.g., Wilkinson and Mumford 2024). As Powell and Graves write (Powell and Graves 2003, 201), "women's careers are more complex than those of men and involve a wide panorama of choices, as well as constraints. Issues of balance, connectedness, and interdependence, in addition to issues of achievement and individuality, permeate women's lives." Rose describes how the complexities of hormones, scans, and treatment exacerbate these issues of balance. Strategies commonly suggested in career development literature, such as long-term planning (Hirschi and Koen 2021) and self-promotion (Abele and Wiese 2008), become impossible to enact when caught in a state of temporal liminality—a phase of suspended progress in which individuals are trapped between two states, unable to fully move forward or return to a previous state (Beech 2011).

Further, the timing of fertility treatment, particularly for those in professional careers, intersects with career transitions in a way that makes career development all the more difficult (Payne et al. 2024). As Rose illustrated—"My career mattered less and less; all those plans I'd made were fading into the background."—how can one proactively manage their career when their very sense of self is being squeezed into the periphery. As Rose illustrates, not all goals can be achieved with sufficient planning and effort (Seibert et al. 2013). We suggest that infertility can lead to a prolonged erosion of one's identity, and violation of chrononormativity, disrupting women's careers.

The waiting room—Nicola

> They say that infertility is the worst club in the world, with the best members. We are all seasoned at waiting, because the only thing promised in infertility is that you will have to wait. You could be waiting months, years, or your whole life. But no matter what, infertility takes time.

> Insensitive onlookers concerned at my lack of offspring like to remind me, "Don't wait too long, your clock is ticking!". The clock ticks louder after 35–so they say, but I am only 32. I hate that the clock feels ever-present.

> But then I'm at work, and the conversation changes. They call it the probation clock. It's all over after 3 years—or so they say, and I am almost 3 years in. I hate that the clock feels ever-present. My last probation review document read:

> *Where Nicola's efforts are not fully paying off yet is in the domain of research outputs. She continues to do all of the right things in this area, it is just a reality that publishing, especially at the highest levels, takes time. It would be more comfortable if Nicola had already achieved the necessary publication for her probation period.*

> The constant ticking makes me feel like life is just one big waiting room, and I am running out of time. I am waiting for my luck to change, waiting for my efforts to pay off. Waiting for my *life* to change. I want to respond by changing a few words, to share the only report card that truly matters to me:
> Where Nicola's efforts are not fully paying off yet is in the domain of **reproduction**. She continues to do all of the right things in this area, it is just a reality that **having a child**, can take time. It would be more comfortable if Nicola had already **become pregnant**.

> I want to explain that, actually, the ambiguity of how this will all work out is impacting me. The hormones I've been injecting—which temporarily put me into medical menopause—give me brain fog. The *unknowns* of how this will all pan out are greater than the *knowns*. The waiting is giving me paralysis. Right now, I do not know how to take action. Which path do I take? What do I prioritize?

> I don't share any of that. So I just say "*I'll keep trying*". I am walking a tightrope, but only I can see the rope, and everyone can see I am a little off balance. It feels like whatever it takes to "make it" in academia has been placed on a shelf, almost beyond grasp, but I can reach it if I am on my tippy toes. I am *waiting*, waiting for it to improve. Waiting to feel like "myself" again. And I will keep *trying*.

Similar to the temporal squeeze illustrated in Rose's vignette, Nicola highlights how at this time in her life, timelines in both her work life and professional life are being squeezed. She highlights a tension between competing timelines, where her biological and career clocks are fundamentally in competition. The extended periods of waiting have disrupted her ability to plan her career effectively and placed her in a state of temporal liminality (Beech 2011). In this liminal phase, personal and professional timelines became fragmented and misaligned, making forward planning feel futile. Nicola's probation review highlights this tension, as rigid organizational timelines demanded career milestones that conflicted with the unpredictable demands of fertility treatment.

This temporal liminality impacts her identity, with liminality and uncertainty leaking from work and reproductive timelines into her sense of self, eroding self-continuity (Alamin et al. 2020). For Nicola, both timelines are in flux, obfuscating a clear path forward: "The waiting is giving me paralysis—right now, I do not know how to take action. Which path do I take?"

We both detail this change in temporality. We have both experienced a prolonged sense of uncertainty that has spanned half a decade (or more). This led to what we term a "career liminality." We propose that "career liminality" is a state of suspended agency, where individuals are unable to effectively enact career management strategies to make progress in their careers due to situations beyond their control. This career liminality is particularly difficult in infertility, as it is often misunderstood or hidden. This created friction for us when we were unable to proactively manage our careers and work, leading to a misunderstanding of why we are struggling or why we need accommodations (e.g., "I am walking a tightrope, but only I can see the rope, and everyone can see I am a little off balance.").

Temporal liminality was a defining feature of our experiences, introducing prolonged uncertainty about when—or even if—family-building goals would be achieved. Nicola's reflection—"if I pursue this grant, then what if I'm pregnant next year? If I hold off, then what if I'm not?"—captures the paralysis this uncertainty imposes on career planning. Similarly, Rose stopped pursuing leadership roles and professional development opportunities, unsure whether personal commitments would disrupt her ability to follow through professionally. These dilemmas left us unable to commit to long-term career goals, forcing reactive rather than proactive decision-making. We propose that the inability to make definitive plans is a hallmark of "career liminality," where women experience a temporal squeeze, facing competing personal and professional timelines that become irreconcilable.

Furthermore, the ambiguity of how this journey would end compounded career management challenges by eroding our sense of identity, leaving us unable to act decisively. The unpredictable outcomes of fertility treatment depleted our identity, giving us whiplash between mother and nonmother. Be it a failed embryo transfer or a miscarriage, our identity of "mother" was ripped away from us, and with it our ability to effectively understand how to progress our careers amongst the uncertainty. Nicola's description of navigating endless loops of "what-ifs" reflects the emotional and cognitive toll of being stuck in this prolonged state of limbo. For Rose, every failed cycle reinforced feelings of defeat, making it harder to envision a future where both professional and personal identities could coexist. This continual state of inaction and uncertainty left us oscillating between competing identities and priorities, unable to regain the sense of control essential for moving out of career limbo.

4 | Epilogue

Our vignettes highlight the immense toll of infertility on our career management and progression. Throughout our narratives, three core, interlinked themes emerged: our identity, experiences of liminality, and challenges to temporal compliance and temporal expectations in academia.

As our narratives show, infertility called into question our very sense of self, who we perceived ourselves to be, and who we were becoming (Leon 2010). We felt our sense of self begin to unravel, disrupting our self-continuity. This rupture profoundly affected our careers. We propose that "leaky" infertile identities seep from the personal into the professional (Van Amsterdam 2015), placing one's career into a state of liminality. Hence, in this analytical essay we make two contributions to contemporary debates on women's careers and identity. First, we theorize infertility as a prolonged state of liminality that challenges identity continuity and career agency. Fertility treatment disrupts women's identities at work, highlighting the emotional and relational challenges of navigating treatment alongside professional life (Basir et al. 2026). We extend Basir et al. (2026) argument by theorizing infertility not only as an identity disruption but as a prolonged state of career liminality that constrains women's ability to enact future-oriented career planning. Second, we show how competing reproductive and organizational temporalities produce a form of career complexity that is not captured by existing theories at the intersection of pregnancy and work (Basir et al. 2026).

Therefore, we offer *career liminality* as a concept to capture this experience. We define career liminality as a state of suspended career progression, not marked by career transitions, exits, or deliberate pauses, but by the erosion of identity continuity and the inability to act with future-oriented clarity. Scholars in organization studies have explored the concept of liminality, defined as a temporary condition when organization structures and systems are suspended (Bamber et al. 2017), finding that liminality can encourage productivity and creativity (Basir et al. 2026), as people are provisionally liberated from responsibility (Johnsen and Sørensen 2015). However, we argue that the inability to conceive, fractures the coherence of one's narrative identity, making it difficult to envision, plan, or invest in a future self, marking career liminality by a sense of diminished opportunity, not enhanced freedom (Basir et al. 2026). This liminal state differs from established concepts such as career plateaus (Yang et al. 2019), career breaks (Kanstrén 2021), or career transitions (Greer and Kirk 2022). Plateaus reflect perceptions of stalled advancements due to limited opportunity or challenge (Chao 1990). In contrast, infertility induced career liminality constrains women's careers. Namely, women in this state do not struggle to advance their careers because of liminality in organizational structures or working environments (Bamber et al. 2017) but because infertility is unsettling—and progressing one's careers amidst an unstable identity feels impossible.

Unlike career breaks or transitions, which assume an intact agent navigating change, career liminality reflects a paralysis of identity and intention. The future is not paused. It is cloudy. Like recent work in this domain, we argue that undergoing fertility treatments disrupts identity transition, creating a complex state of liminality (Basir et al. 2026). The dual uncertainty of work and reproductive futures muddles one's identity and renders a forward movement fraught, undermining the linear agentic assumptions embedded in dominant models of career development (e.g., Z. King 2004; Seibert et al. 2013). Our narratives illustrate how this liminality is lived: self-selecting out of leadership roles, deferring goals, and hesitating to commit. These were not strategic pauses but symptoms of fractured self-continuity, where reproductive disruption leaks into professional identity. We call on career theorists and identity scholars to attend more closely to identity liminality as a structural constraint in women's career development, particularly when shaped by embodied and invisible experiences like infertility.

Further, throughout this essay we highlight the subjective nature of time. We challenge the idea of temporality and time as gender-neutral constructs (Kennedy 2023). Women learn from a young age that they are in an imaginary race against the clock, racing to establish their careers and reproduce before their time runs out (Yopo Díaz 2021). Adding infertility to this race makes keeping pace all the more difficult. Month after month, year after year, our experience of both self and time shifted. For us, infertility has not been a temporary disruption; it has been a structuring temporal force in our lives, disrupting the normative timelines expected in academia.

The uncertainty of treatment and conception disrupts chrononormativity, making it difficult to maintain the clear linearity often required for career progression. Basir et al. (2026) evidence how fertility treatment repeatedly interrupts and reopens the anticipated transition to motherhood, leaving women suspended between possible identities across successive treatment cycles. This repeated reopening of the transition extends uncertainty across time, making it difficult to stabilize future-oriented identities or trajectories. Such temporal disruption is typical for women undergoing fertility treatment. For instance, the average duration of infertility before pursuing IVF is approximately 4.7 years (Almaslami et al. 2018), and the IVF process often extends this by years more (Lande et al. 2011). Chrononormativity is a fruitful lens in exploring infertility at work, as it distorts the "temporal orders inscribed in organizational life which produce assumed and expected heteronormative trajectories that may include (but are not exclusive to) ideas about the "right" time for particular life stages surrounding partnering, parenting and caring vis-a-vis career progression, promotions and flexible working" (Riach et al. 2014, 1678). In the career of someone experiencing infertility, there is no longer a "right time" or "right order." We are clinging on for dear life, any order (baby first, promotion first, baby second, etc.), would be a miracle, as long as we eventually have a baby. Timelines and milestones clash in a "temporal squeeze" (Payne et al. 2024). Even the journey of writing and revising this paper reflects this squeeze. We began writing while Nicola was preparing for her first IVF cycle, submitted during her egg retrieval, revised through the grief of a failed transfer, and resubmitted during the 2-week wait for her second frozen embryo transfer. This squeeze illustrates the impossibility of maintaining a separation between the "personal" and "professional," with experiences and demands becoming compressed.

Our embodied experiences reveal that while our temporal experiences are altered (e.g., time standing still with a negative pregnancy test or a miscarriage), expectations about our careers and workload keep marching on, permanently misaligned. We argue that this misalignment creates a state of temporal liminality (Beech 2011), where infertile women are caught between two states: unable to fully advance their careers while also unable to set aside the pursuit of motherhood. This prolonged state

of uncertainty fundamentally undermines processes that are central to career management (Akkermans et al. 2024). Infertility often spans years, leaving women in a reactive rather than proactive state and eroding their sense of agency.

By foregrounding temporality as a central but under-theorized construct in career theory (e.g., Hirschi et al. 2022), we suggest that competing and unpredictable timelines fundamentally disrupt the career management processes. In order to champion a more inclusive and feminist understanding of careers, theorists need to account for the unique barriers faced by reproductive-aged women, particularly those dealing with infertility.

Finally, throughout this analytical essay, our writing can be seen as a rejection of the dominant paradigms in academic research, whereby we are not trying to produce unbiased, objective, or rational knowledge on the impact of infertility for women (Rahmouni Elidrissi et al. 2023). Rather, we have taken an embodied, relational approach, placing our bodies at the center of our analysis (Kuhlmann and Babitsch 2002). We present this work as an example of writing differently (Boncori and Smith 2019), with the ultimate aim of thinking differently about the embodied experience of infertility. Through our stories we have told of the immense workload of fertility treatments, a labor that is currently not acknowledged in organizations. We try to give voice to an experience that is largely ignored, stigmatized, and kept secret (Archetti 2022). We hope that this resonates with readers and opens new possibilities for how we think about and research the career experiences of infertile women.

5 | Beyond the Academy

Our desire to write this essay extends beyond a desire to generate theoretical contributions and scholarly outputs. We want to draw real attention to the way that infertility can damage and shape women's working lives. Infertility remains largely invisible in workplace discussions, yet it significantly impacts women's career trajectories. Our experiences highlight the urgent need for organizational policies and cultural shifts that support employees undergoing fertility treatment. Workplaces must take steps to normalize disclosure, provide structured support, and integrate fertility-related challenges into career management frameworks.

Organizations must actively normalize discussions around infertility by fostering open conversations, similar to the progress made in discussing pregnancy and maternity leave. Leadership and HR departments should communicate clearly that infertility is recognized as a legitimate workplace concern and ensure that employees know how to access support without fear of judgment. Developing networks or employee resource groups focused on reproductive health can help create a sense of solidarity, allowing individuals to share experiences and access guidance without the need for formal disclosure.

Workplace policies should explicitly include infertility and fertility treatment as a category warranting reasonable adjustments. Although organizations now recognize the need for provisions related to pregnancy, maternity, and caring responsibilities, very few currently recognize the need for fertility-related support (Wilkinson et al. 2023). Providing clear guidelines on leave entitlements, workload flexibility, and time off for medical appointments would help mitigate the uncertainty and stress that infertile employees face. Flexible working arrangements, including remote work and modified schedules, can be particularly beneficial, allowing employees to attend medical appointments and manage the unpredictable nature of fertility treatment without jeopardizing their professional responsibilities.

Beyond organizational policy adjustments, changes to how managers perceive career management are needed to ensure that employees undergoing fertility treatment are not unfairly disadvantaged. The way probation and other performance management processes are structured fail to accommodate individuals dealing with prolonged uncertainty and fertility treatments. Managers should be trained to recognize the impact of infertility on career progression and be encouraged to provide support that extends beyond performance metrics. Rather than penalizing employees for reduced outputs during treatment, organizations should explore ways to offer support, such as temporary workload redistribution or additional mentoring, to ensure that fertility challenges do not become a hidden career barrier for women seeking fertility treatment.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

Endnotes

[1] Even now, writing about having treatment—during work time, on my work computer—somehow feels wrong, and inappropriate. Even when I'm writing about it for a paper!

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