

## WOMEN IN AUTHORITY: A SOCIOPSYCHOLOGICAL ANALYSIS

*Marjorie Bayes and Peter M. Newton*

Recent studies of the role of women in work settings outside the home typically emphasize the inequality of opportunity for women in work organizations and advocate increasing high-level positions for women (e.g., Ginzberg & Yohalem, 1973; Huber, 1973; Willett, 1971). Only a few studies (e.g., Hennig & Jardim, 1977) consider the problems that arise for organizations and individuals when women actually secure positions of authority. While women are now more often considered for leadership positions, there is little evidence of careful thought being given to the social psychological repercussions of this type of social change. We will discuss here several issues related to authority and sex roles, using as case material a woman unit chief and her staff working within a mental health center.

Discrimination against women in work organizations is being reduced first at lower levels, but much more slowly at higher levels of authority. Although women represent about 40 percent of the labor force, only 20 percent of persons classified as managers and administrators are women (U.S. Bureau of the Census, 1976), and only 2.3 percent of high-level administrators, earning over \$25,000 per year, are women (Women's Bureau, U.S. Department of Labor, 1975).

Why is there such vast inequality at management levels? The first level of explanation must emphasize economic competition for precious resources and the monopolization of privilege by white males. In addition, however, there are psychological barriers. Women are often perceived, and perceive themselves, as unsuited for positions of authority; many capable women do not aspire to high-level management positions. The supposed reluctance of both men and women to be subordinate to a woman manager has often been cited (e.g., Special Task Force, HEW, 1972; Women's Bureau, U.S. Dept. of Labor, 1974), although many people have never actually been subordinate to a woman in an adult work setting. When a woman does reach a management position, she and her staff may behave in ways that deskill her, deny her authority, and sabotage the work task.

Men and women are socialized in a culture that both explicitly and implicitly defines sex roles as total roles and that trains individuals in these roles. A total role is one that defines a sense of self and a set of appropriate

behavior, including the level and kind of authoritativeness; it permeates all aspects of life and takes precedence over other more situation-specific work or social roles if they are incompatible. Dominance and independence are linked with the masculine role, while submissiveness, passivity and nurturance are linked with the feminine (Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel, 1970). These sex-linked role conceptions are learned through socialization, primarily within the nuclear family.

The view, pervasive in the culture, that women should be powerless, nurturant, and submissive, co-exists with, and is perhaps a response to, the fantasy that women are potentially more powerful and dangerous than men. Neumann (1955) presents substantial anthropological evidence that representations of female goddesses preceded representations of male gods. He discusses various artistic and mythological representations of the archetype of femininity. This archetype, portrayed for thousands of years, has three forms: the Good Mother who is giving, nurturing, caretaking; the Terrible Mother who is aggressive, devouring, ensnaring; the Great Mother who combines all of these attributes.

Currently the essence of desirable femininity, culturally defined, emphasizes the Good Mother image, and the avoidance of the Terrible or Great Mother, requiring that women repress or suppress anger and aggressiveness. It seems important to society to keep women in a nurturing but otherwise powerless role; this role becomes established as a social fact (Lerner, 1974; Neumann, 1954), perpetuated in the basic social structure and process of the nuclear family.

A woman given primary authority for a work group (e.g., project team, treatment ward, consultation unit) or for an organization faces a basic incongruity between role requirements of the position and the sex-linked role conception she and her staff have learned. Subordinates will respond to her partly as an individual and partly according to the cultural stereotype of woman. *Our concern is for those instances in which the responses of the woman manager and her staff, based upon the sex-role stereotype, interfere with the work of the group.* When these social influences are not recognized, difficulties arise that are easily blamed upon individuals, who then become victims or casualties.

We will present our observation and analysis of the functioning of one woman manager, her staff, and their organization, as it was affected by the fact of female leadership. Our analysis draws upon the social system model of Miller and Rice (1967), concepts of work group functioning (Newton & Levinson, 1973), their extension to sex-role socialization in the family (Newton, 1973), and psychoanalytic theories of group behavior (Bion, 1961). As a basis for our discussion, we will first briefly consider the nuclear family as the prototype of sex-linked authority roles.

## THE FAMILY AS A SOCIAL SYSTEM

Newton (1973) has adumbrated the social structure and process of the nuclear family in its traditional form. The family, like other social systems, has boundaries, major tasks, and social structural arrangements that include

the definition and distribution of positions and roles. It is within the nuclear family that females and males learn socially generated, sex-typed role conceptions that permeate thought and action in adult life. Children observe the division of authority between their parents and begin to build assumptions, definitions, and models of authority, which tend later to be unconsciously and inappropriately applied to other groups. It is the linkage between sex roles and authority that concerns us.

Families are small groups whose primary societal function is childrearing. Parents form a leadership coalition to take responsibility for the family with father and mother typically in No. 1 and No. 2 levels of authority. The father's greater authority is related to his primacy in the economic system, derived from the monopolization by males of higher-paying jobs (c.f., Horkheimer, 1972). The father, as No. 1, traditionally has a position on the external boundary. As the executive of the enterprise he obtains resources, provides protection, and generally represents the family to the external world. An indication of the father's authority is the fact that all other members of the family take on his surname. Within the marriage and the family, the title of "Mrs." conveys the difference in authority between the man and the woman, and identifies the woman.

The mother, as No. 2, manages the internal boundary between parents and children in carrying out the internal work—the care and socialization of children—and the internal maintenance of the system. She has primary authority *only* over children, and interacts with them constantly. She is experienced as the earliest and most immediate authority. As the primary caretaker of a helpless infant, she has great power to destroy. To the child the mother seems to be highly powerful, the key to survival as well as the creator of life.

The mother enters into strongly erotic relationships with her children, engaging in contacts of great physical intimacy. At the same time, she is required to act as the agent of their frustration, depriving them of gratifications in order to socialize them appropriately (Parsons, 1954). Freud (1932) and Horney (1967) wrote that this role of women as primary socializers, controlling satisfactions and frustrations and thereby becoming a target for the earliest sadistic impulses, is a major factor in bringing about in males a "dread of women." Lerner (1974) agrees that our definitions of "masculine" and "feminine" behavior and the devaluation of women stem in large part from a defensive handling of the persistent affects of the early infant-mother relationship.

An important developmental step for children is to resist maternal authority. Prolonged subordination to maternal authority, particularly for males, is regarded with scorn and derision. This has special significance in adult life in men's reactions to being subordinate to a woman. Female responses to a woman in authority seem more complex and confused, probably because of the added factor of identification.

## **THEMES FROM A CASE EXAMPLE**

We have chosen major themes from a case example of a professional woman, Dr. A., newly promoted to a position as chief of a community consultation unit within a mental health center. The case, we believe, involves a particular combination of organization, work group, and leadership characteristics in which issues of gender were highlighted. We will present a brief background as well as our understanding of the difficulties that arose for the work group and its female leader within the following categories: (a) the generation and use of power; (b) the leader's relationship to a subordinate No. 2, and (c) dependency in the staff group.

### **Background of the Case**

The Consultation Unit (CU), a unit of the community mental health center, was created to provide program consultation to groups and agencies. The CU contained nine staff positions—a psychologist, two psychiatric nurses, two social workers, and four paraprofessionals.

Following the tenure and resignation of two successive male unit chiefs, a CU staff member, Dr. A., a female psychologist in her mid-30s, was proposed by staff as unit chief. The Director of the Center appointed Dr. A. as Unit Chief and combined the unit with another, creating the superordinate structure of the Community Division. Each unit within the division essentially maintained its own previous form. The leader of the second unit, Dr. S., a male psychologist, became Division Head.

Dr. A. inherited a group that had certain strongly marked characteristics. There was a continuing, confused struggle for task definition. The group described itself as a democratic, liberal, victimized group with no formal or philosophical connection to the organization of which it was in fact a part. It was a group, then, in which the ties to the real world of work had always been somewhat tenuous.

Because Dr. A. felt that the unit had a need for outside consultation about its social structure and process she approached one of the authors (PMN) who had consulted to other work groups in the Center. He agreed to serve as a consultant to the unit, and did so for a 2-year period. He attended the weekly staff meetings and met weekly with the unit chief alone. He also met with other staff members for individual consultation when they requested it.

After the conclusion of the consultation the authors of this paper collaborated in analyzing the consultation data. These consisted of minutes from staff meetings and the consultant's memoranda describing the ongoing process of the consultation. We began to notice the recurring importance of the unit leader's gender. We now present the emergent themes that we believe to be most closely related to the fact of female leadership.

### **THE GENERATION AND USE OF POWER**

Levinson & Klerman (1967) wrote that an executive needs to be concerned with gathering and using power in order to meet organizational

responsibilities. We will focus on two major aspects of this executive function: (a) management of the external boundary, and (b) locus of power within the work group to accomplish tasks.

### Management of the External Boundary

An important aspect of the executive function is to maintain a position on the external boundary of the work group, importing supplies, exporting products or services, relating the group to the external world, and protecting the group from environmental stresses. Many aspects of the nuclear family's structure and process create for a woman an identity incompatible with functioning in a position with primary responsibility for managing the external boundary of a group. The position of mother, prototype of a woman in authority, is not located on the external boundary. Her traditional responsibility and authority are for people and events internal to the family group and for supporting the No. 1 position of the father.

The two aspects of boundary management most troublesome for Dr. A. were the tasks of sustaining ties with the total organization and protecting the group from intrusion.

Throughout most of her tenure, Dr. A. was the only woman Unit Chief in the Center; there were no women Division Heads, no women in Central Administration. Therefore, many meetings of Center leadership were all-male groups, with the exception of Dr. A. and perhaps a female secretary to take minutes. Such meetings often opened with a discussion of current male sports events—the "locker room" kind in which Dr. A. was out of place. Her femaleness was a covert group issue. In one meeting, the joking comment was made that since Dr. A. was seated in a chair occupied the day before by the male Governor of the State perhaps she might be "impregnated by his aura." On another occasion, when she commented that it was too warm in the room, she was jokingly asked if she were having "hot flashes."

Linkages between male managers were often made informally, the men meeting socially or engaging in athletic pursuits together. Occasionally, committee meetings or dinners for visiting dignitaries were held at a social club that did not allow women members. Since a female manager was a rarity in this organization, she experienced an alienation directly attributable to her gender.

Dr. A. had particular difficulty in relating the unit to this total organization. Ties to other units were tenuous, and took the form of Dr. A.'s friendly but distant relationships with other Unit Chiefs and Division Heads, with little actual collaborative work. She accepted the fact of the organization's male dominance without question and regarded herself as appropriately dealt with when she was being subtly derogated or isolated on the

basis of gender. Fabian (1972) has suggested that this is a typical response of professional women to such a situation.

Although not openly discussing this situation, Dr. A.'s staff behaved in various ways that indicated anxiety that her gender would lead to further isolation of their unit, already suffering from lack of ties. Staff frequently complained of feeling isolated, lacking coordination with the broader system. Subordinate male staff members who had no authority to take on external boundary functions anxiously displayed the need to do so. They often took a consulting role to Dr. A. around such issues. At one point, one male staff member began conducting some negotiations with another unit chief to plan interunit cooperation. No one noticed the inappropriateness of this action.

Finding it difficult to address the external boundary issues, Dr. A. spent a major portion of her time with internal issues, particularly her staff's interpersonal relations. She interacted with them in a kindly and supportive manner, and felt puzzled by the tenacity of their discontent.

As a second important boundary function, an executive protects the group by monitoring the forces that intrude upon it. In the traditional family the father is in charge of the physical safety of the group. With a woman group leader, incongruity arises between the need of the group to have its leader protect the external boundary, and the traditional cultural concept of a woman as object or possession, won and protected by a powerful male, and biologically vulnerable to bodily intrusion through rape, seduction, or pregnancy.

Dr. A. had difficulties in conceptualizing and carrying out the protective function. Some of these difficulties were symbolized by boundary problems of the weekly staff meetings.

At first, Dr. A. allowed various persons—the Chaplain, the Public Relations Officer—to attend unit staff meetings for indeterminate lengths of time. At times they were present at discussions of sensitive unit issues, better handled within the confines of unit boundaries. Dr. A.'s closing of this boundary by disinviting extraneous personnel was the first step in recognizing her protective responsibilities. On several occasions, however, the Division Head showed up at unit staff meetings unannounced, without first conferring with Dr. A. about attending. This was accurately perceived by staff as a startling and threatening intrusion that Dr. A. was not able to prevent.

On these and other occasions, the staff seemed to feel that there existed an unalterable breach in the boundary that could not be adequately protected and that was constantly vulnerable to penetration.

### Locus of Power and Authority to Accomplish Work

In our case example—and we believe it to be common—both the female leader and her subordinates acted in ways that kept her from using her

authority. In the family the mother's power derives from her coalition with male authority, and is understood to be power to nurture and train. A family without a male leader is perceived as damaged, a "broken home," and incomplete. A woman achieves a No. 1 position in the family by default, by abdication of the male leader.

When a woman holds a position of authority the group may doubt if she can really use it. A primary, although never articulated or acknowledged, theme in the Consultation Unit was that only men can really use authority. Because the theme was never openly examined, it led to the expenditure of time and energy in what we term a *search for male authority*, a search for a male equal or superior in status to Dr. A. who would be the real leader and with whom Dr. A. might pair, but as a No. 2.

Following Dr. A.'s appointment as Unit Chief, work within the unit all but ceased. Staff members were comfortable with their inactivity, believing that the major work of the unit was to be done by the male Division Head, with Dr. A.'s assistance. One staff member, Ms C., commented in a staff meeting that the group had "an absent leader" and was "run by remote control." Ms C. was referring to the Division Head who, it became clear, was not to be closely involved in unit work. Over time, staff alternated between hostility toward his remoteness and a wish to be closer to him. They sought contact by requesting that he attend all staff meetings, or by challenging him in ways that engaged his time and attention. When Dr. A. began to exercise more authority, the staff felt cut off from Dr. S. and sought him out even more. In general the staff put pressure on Dr. S. and Dr. A. to assume the traditional positions and roles of No. 1 and No. 2 for the unit, and tried to bring Dr. S. in to head the unit as well as the division.

Dr. S. was not the only male potentially available for unit leadership; the consultant was also male.

The C.U. staff began to behave as if Dr. A. had brought in a potential male leader, and strongly tended to pair Dr. A. with the consultant. Initially he was welcomed with great respect and his comments went unchallenged. When his comments seemed critical, staff members asked for his advice and direction to rectify matters. Before long, however, as he maintained his consultant role and declined a leadership role, the staff, particularly the two senior male members, began to attack him.

Male staff members did not openly compete with Dr. A. for leadership, but seemed to display both a wish for external male leadership and competitiveness with the potential candidates. Although male staff challenged Dr. A.'s authority over them and their work (as will be discussed later)

they did not usually compete with her for unit leadership and control of the work of others.

What was Dr. A.'s stance in regard to the search for male authority? At times she affirmed her own authority as unit chief. At other times she colluded with the group in their belief in male authority, and participated enough in the collective search to help keep it alive. Only gradually did she become aware of her own predilection for and readiness to take the supportive role of No. 2 to a powerful male.

When the search for a male leader failed, and Dr. A. became more successful at actualizing her authority, she was confronted with recurrent challenges. These seemed to take a different form than challenges to male authority, which are more often open confrontations. Challenges to Dr. A.'s authority were usually unacknowledged, subtle, and masked, occurring as instances of covert defiance, denial of subordinancy, or attempts to seduce her out of her role. The most direct challenges came from women.

Dr. A.'s response to these challenges was weak and uncertain, partly because she had difficulty recognizing and defining them as challenges. She was not able to mobilize her own aggression in the service of managing the enterprise. Her approach to staff was often as a supportive, helpful teacher. She attempted to be "nice," to make people feel comfortable and secure and discouraged conflict. Her responses seemed to reflect discomfort in taking an authoritative role vis-a-vis other adults without the support of a male superior.

On several occasions Dr. A. delegated responsibility for work to various staff members, who would then decide that the work should be done differently or by different people. Dr. A. was greatly displeased, but did not respond angrily. There was then a very soft-spoken struggle, with no direct confrontation of this critical challenge to her authority. She was hesitant to exercise the legitimate power of her position, behaving in ways that obscured her authority and made for continued struggle.

When open conflict did occur, members of the group seemed to deny Dr. A.'s authority to bring weighty sanctions to bear.

Ms C. at one point engaged in prolonged open resistance to Dr. A.'s delegation of tasks to her. Dr. A. told Ms C. that she might therefore be transferred or terminated. Ms C. expressed great surprise that such a thing might happen, as if it were inconceivable that Dr. A. would have the right to invoke such sanctions.

Male subordinates occasionally attempted to seduce Dr. A. out of her role, thereby negating her authority over them. For example, in the midst of an encounter with a male paraprofessional staff member whose work Dr. A. was criticizing, he began to compliment her on her style of dress and figure. Confused by his unexpected and inappropriate shift, she at-



tempted to reinstate the work roles without directly confronting the violation, and was not entirely successful in doing so.

Male staff were inclined to by-pass Dr. A. and to flout the organizational structure. When senior male staff spoke with her about their work, it was in the spirit of obtaining her consultation to them, thereby obfuscating their subordinacy. They struggled to be independent of her, to distance themselves from her authority. They had difficulties in accepting criticism from Dr. A. and would go to great lengths to defend their work. For her part, Dr. A. found herself being excessively cautious in offering a negative assessment of male staff members' work.

The important point is that a woman leader and her staff have no important previous social experience that enables them to perceive a woman as having legitimate power to control and protect the external boundary of an adult group, to stand alone as a figure of authority, to delegate authority, and to evaluate output of other adults.

## **THE FEMALE LEADER'S RELATIONSHIP TO A SUBORDINATE NO. 2**

The most important internal boundary for a work group is typically that which separates the leader from its other members. A No. 2 level position of authority can have a crucial place in the structural space between leader and subordinates.

In a work group the responsibility is typically divided (as in the nuclear family) so that the No. 1 devotes primary attention to the external boundary and the No. 2 devotes attention to the internal boundaries. The latter manages not only many of the concrete details of the work task, but also the socio-emotional functions. Without this No. 2 position the leader is compelled to attend to all task and maintenance functions, and priorities may conflict (Newton & Levinson, 1973).

The No. 2 may protect the No. 1 from attack by the staff members. If such protection is available, the leader does not need to exert energy in maintaining defense against attack from subordinates and can concentrate energy on task functions. If there is no internal protection, the leader must continually seek out or verify the support of subordinates, or operate without a clear sense of unified support from staff members.

In contemporary society a male is typically No. 1, and a female may work comfortably as No. 2 to him, as in the prototype of the family. Special problems arise, we believe, in creating a leadership coalition in a unit led by a female.

The male Director of the Center had a male Associate Director, setting a model of a male No. 1 and also a male No. 2. Some of the male Division Heads and Unit Chiefs employed women to function in No. 2 level positions, but usually without a clear title of second-in-command; that is, women performed many important day-to-day functions but without commensurate authority, salary, or recognition, and without being in line for promotion.

## Attempts to Establish a No. 2 Role

In the Consultation Unit Dr. A. wished to establish a No. 2 position; however, none of the senior staff members was able to develop a satisfactory No. 2 role relationship with her.

Mr. Y., a senior professional staff member, seemed the most appropriate candidate for the No. 2 role. Despite the fact that he had held a strongly supportive No. 2 role in relation to the former male Chief, and had not himself wished to take the No. 1 position, he never developed such a coalition with Dr. A. He and Dr. A. had had a comfortable working relationship as peers; upon her promotion, however, he became much less active in unit work and within a short time left the unit.

Males tend to have difficulty in accepting the No. 2 position with a female No. 1, particularly if it is a unique situation within the organization. There is some evidence that a male No. 2 on the Consultation Unit would have felt particular discomfort in the presence of the Division Head and Dr. A.

During a week in which Mr. Y. and Dr. A. were privately discussing the possibility of Mr. Y. taking a No. 2 position, a staff meeting was held at which Dr. S. was present. Throughout most of the meeting Mr. Y. remained silent. When Dr. A. asked him about his unaccustomed silence, he declared that he was taking the role of an observer. Dr. A. and Dr. S. had been seated at opposite ends of a table; when Dr. S. left the meeting early, Mr. Y. moved to sit in his chair and began to participate.

There were several instances in which male staff members specifically rejected the possibility of a coalition with Dr. A. and reaffirmed their membership in the staff group. They seemed to feel a sense of discomfort, possibly danger, in a coalition with her. We speculate that it seemed to present the threat of a return to maternal ties, and to the Oedipal situation of perilous competition with Dr. A.'s male superordinate.

Socialized to take the No. 2 position with a male No. 1, women find the situation very different in taking a secondary leadership role with another woman as leader. Women have been trained to compete with other women for favored positions with powerful men. It seems difficult for women to join in supporting or protecting another woman.

It may also be that males in the group are fearful of female coalition and act to prevent it.

The next senior ranking woman, Ms C., not only did not attempt to take the No. 2 role, but engaged in a covertly competitive struggle with Dr. A. When Ms F. was hired in a senior position, she and Dr. A. agreed on major issues

and had similar work styles, but they had difficulty in defining a No. 2 role for Ms F., finding it confusing, uncomfortable, seemingly without substance. Both women had difficulty with open communication and collaboration with each other. An angry frustration and competition developed that was very difficult for them to acknowledge.

When they began to address these issues in a staff workshop, male staff members became highly anxious, changed the direction of the discussion, insisted that the two women were really already in coalition, and interchanged their names several times. The men effectively prevented the examination of feelings or fantasies about what might happen if the two women either formed a real leadership coalition or became openly competitive, and reduced the possibility of their working toward real collaboration. Shortly thereafter, Ms F. left the unit to accept a No. 1 position in another section of the Center.

Neither men nor women seem to feel comfortable in a No. 2 role under a female leader. In the absence of No. 2 a woman leader may either be isolated from staff or immersed in all the details and squabbles of the personnel, with profound effects on her ability to manage the overall enterprise.

## **DEPENDENCY IN THE STAFF GROUP**

Bion (1961) theorized that members of a work group operate on two levels: one level involves the work task, and the other involves a basic assumption that the group has made about itself, but that remains largely outside of awareness. Bion identified three basic assumptions—dependency, pairing, and fight-flight. A group may behave as if it meant to depend upon its leader for all forms of nourishment and security, or to accomplish work only through the pairing of two members, or to fight or run away from somebody or something. When the group's behavior is primarily determined by basic assumptions, members may behave in ways that are inappropriate for the work task.

The individual's original experience with a woman in authority, the mother, teaches that her role is to supply nurturance and training; it is in these areas that her authority lies. The presence of a female leader in a work group appears to stimulate unusually strong dependency needs within the group and to lead directly to the formation of a basic assumption of dependency. That is, the staff is likely unconsciously to perceive the female leader's task as feeding and training, no matter what task has been designated to her in reality. Members of the group thereupon present themselves as though they were helpless children eager to be fed and taught.

When Dr. A. assumed leadership of the Consultation Unit, staff members almost automatically asked for further training whenever she made a demand for work. During the

consultant's first session with the group, he noted that it had become unclear whether individuals were staff members or trainees. He cited the staff's demands for more in-service training, and asked why they did not attempt to obtain it in other ways, since they had access to a large number of training seminars. He noted that they were behaving as if there were no external source of supplies, as if all resources must somehow be obtained from the unit leader.

If the woman leader consistently directs her attention to the work task instead of to the dependency needs that have been evoked in part by her gender, she may enable the group to learn after a time that she will not play a primarily nurturant role. However, the woman leader, due to her own socialization, may relate to staff in various ways that keep alive and promote the fantasies of the giving, teaching mother.

### Consequences of Failure to Satisfy

When dependent needs were not met, there ensued general feelings of emptiness, personal insufficiency, and covert rage toward the depriving leader. When Dr. A. made demands that staff give out rather than take in, she was confronted with passive-aggressive sabotage. A prototypic example involved an actual feeding of the group.

For several months, Dr. A. provided coffee at staff meetings without requesting that expenses or responsibility be shared. When she ceased to provide the coffee, staff members attempted to provide supplies but in an ineffective way. Some significant part of the supplies (cups, instant coffee, spoons) was always omitted and no one could in fact obtain a cup of coffee. During the first week that she attempted to stop providing oral supplies in concrete form, two staff members brought food to her (homemade fudge, cookies) as a continuation—although a reversal—of the feeding transaction, as if to prime the pump. After resisting for several weeks Dr. A. finally resumed the work of providing, freely and unilaterally, all essential components of the morning coffee enterprise. She had real difficulty, in this situation as well as more generally, in perceiving the staff's dependency as inappropriate, and in trying to reverse the enduring basic assumption of dependency in the group.

Although Dr. A. tended to behave in ways that kept the dependent fantasies alive, in time she became less gratifying. As she attended more exclusively to the work task, she became transmogrified into a profoundly depriving figure. Subordinates responded with anger and hostility. At one point, the group seemed unwittingly to have put forth one staff member to voice its sense of cruel deprivation.

Ms C. clung tenaciously to a demanding, needy stance, expressing the group's dependent insistence that the Unit Chief's emphasis upon more work and less training was oppressive and unreasonable. This spokeswoman seemed to voice the collective appeal to the leader to be the Good Mother. In the name of "unit philosophy"—which was wistfully counter-cultural—she objected to Dr. A.'s attempts to exercise authority.

The fact that it was often impossible to determine who was responsible for a given project, and that numerous projects taken on by the staff actually disappeared forever, was not especially compelling for the staff. A dependent group process had developed so strongly that, in this context, otherwise competent people felt incapable of taking individual responsibility for projects.

In a situation of basic assumption dependency, a leader loses the ability to perform important functions. Through inducing guilt about being a depriving, withholding mother, the staff urge the woman leader to abdicate legitimate leadership. They can overwhelm her with greedy demands—more training, resources, supplies of various kinds. She is vulnerable to being made to feel authoritarian for being authoritative, ungiving and withholding for being realistic, unreasonable for expecting adult behavior and responsibility from staff.

## **SUMMARY AND CONCLUSION**

Dr. A. became much more knowledgeable about her own, the group's, and the organization's contribution to her difficulty in exercising authority. She grew to behave in a more aware fashion over the course of the consultation and of her continuing tenure. Within a year after the conclusion of these observations, for reasons involving other organizational issues, a higher-level reorganization of the Center took place in which the Consultation Unit was terminated. Dr. A. was offered an administrative position in another section of the Center, which she accepted.

We have emphasized the areas of difficulty, which we believe to be gender-related, for this woman and her staff in the hope that we are identifying unrecognized but common problems in ways that will be useful to others, and that we are offering a theoretical view of the specific organizational implications of these problems. We suggest that, because of the fantasy and fear of women's power, both men and women are socialized to accept a strongly held stereotype of women as possessing legitimate authority only to nurture. Therefore a woman is likely to have difficulty exercising authority in those areas that are seen as inappropriate to her sex role, and for which she receives little or no early training: maintenance of a group's external boundary, mobilization of aggression in the service of work, establishment of a No. 2 position with her as No. 1. She is also

likely to stimulate and collude in the maintenance of dependency in her staff.

For these reasons a woman in authority should be prepared to counteract strong social forces in herself and in others that act to preclude competent leadership behavior. An understanding of such potential difficulties helps a work group and its female leaders to mobilize resources in more effective ways.