
LANGUAGE AS SOCIAL STRATEGY:

THE NEGOTIATION OF SEX-LINKED BARRIERS

FOR BECOMING A MEDICAL STUDENT

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All words and phrases in quotes in the text are the words and phrases of students, unless noted otherwise.

Structural Barriers

In this paper I shall take the position that the barriers which women must negotiate as they enter male occupations and professions are largely structural, and that, as more and more women and other minorities underrepresented in American institutions enter these institutions, the structures which assist or hinder their opportunities will become more visible. I shall also argue that, as women become aware of these sex-linked barriers to their participation in male professions, they seek acceptable strategies for negotiating these barriers.

Kanter (1977) has compellingly illustrated the importance of the increase in the proportions of women in formerly male domains for women's participation. Such increase in numbers heightens the sometimes subtle and taken-for-personal barriers, which are actually structural in origin. By encountering the organization of the work and the attitudes of their male counterparts about such work and women's participation in it, the women, and the men, who make up organizational memberships, must come to terms with what is happening as the numbers of heretofore excluded people increase.

The interactions between men and increasingly larger proportions of women highlight the sex-linked barriers to women's work in ways never before. For as more women enter the professions, such as law, medicine, the clergy and the military, the power struggle between those who are new and those who like it the way it always has been, becomes seen as such by the participants and the society around them in a way that the relation-

ship between the membership and token women never brought to light. I shall focus on this interaction -- the strategies used by women in the power struggle to get their more powerful male counterparts to accept them on an equal basis in the medical profession, and I shall begin at the beginning, where the great influx of women entering the profession begin their training as first year students.

The process of the development of the relationship between the men and the women in the first trimesters of the the school year highlights, also, the failures and successes of the women's strategies for acceptance. Study of such processes can suggest the potential viability of strategies used to get men to accept women as equals, when men have the power and often, the will not to accept them as credible candidates for professional membership. Such study can also make more clear to us how the organization of work and the attitudes about such work are arbitrarily sex-linked.

Much of the data was provided by medical students in a northeastern medical school in 1974-1975. They participated in a study which focused sociological attention of a major change in American society -- the entrance of large numbers of women into formerly male frofessions. Forty-eight students from a class of 120 participated in over 100 hours of interviewing. In the class 30 percent were women, 28 of whom participated in the interviews. A random sample of men drawn from the class complete the group.

The Women's Language Strategies

In understanding language strategies we must look for cues in the situation that specify an appropriate vocabulary of motives. Vocabularies

of motive (Mills, 1940) are the language strategies people use in common situations to assist them in getting other people to accept and support their actions. When the situation is uncommon for the people involved they may or may not want or be able to honor the cues given them or respond to questions asked of them. Where the parties involved are establishing a new relationship, they must first negotiate what are the questions and answers important to them in that relationship. In other words they must determine what kind of relationship it will be and under what conditions they will maintain that relationship. People do this by casting other people into particular identities and conferring upon them the necessity of honoring a particular kind of language strategy and assuming for themselves identities suitable to the language offered.

Thus, a woman medical student, when requested by a male medical student to explain to him, "Why would a girl want to go into medicine?" refuses to respond as a "girl-in-medical school" and uses a language strategy in which she assumes the identity of "a medical student like every other medical student" and casts the classmate into the identity of student relating to student.[1] If she wants to be a colleague, she will insist that he take on the identity of one and she will assume that identity for herself. "It's definitely a professional type of air, about them," Izzy said about this part of the women's strategy. "And that's definitely the kind of person that a doctor should be, you know? Very professional in everything. Everything! . . . You know, so that, as far as other men in the class are concerned, they are professional colleagues. I mean . . . anything else beyond that they turn off to . . . . I know of a few [men] who wish that the female medical students were more responsive to them as women . . . . But I don't know of any girls who wished

the men would be more responsive as men . . . . I think they just want to be treated as equals." Medical students of either sex want credibility as good students and one criterion they use is how willing other students are to consider them "serious students" and to share in work and study. They want to "be colleagues," and sex is a barrier to one's acceptance into a male collegual system (c.f., Campbell, 1973; Epstein, 1970; Hughes, 1945; Perucci, 1969; Oritz, 1975; Simon, Clark and Galway, 1970; White, 1970).

The second sex-linked barrier the women must negotiate is the organization of the work in male occupations and professions, which results in performance demands on women that are incompatable with marriage, childbearing, and childrearing (c.f., Cummings, 1977; Hoschild, 1974). Thus, women must have appropriate language strategies, for how, as women, they can be successful students and physicians. These two aspects of their language strategy may be outlined as follows:

I. They Have the Appropriate Motive Stories or Language Strategies of Medical Students: Women are "No Different."

1. They assert their credentials and their rights.

2. They assert their motivation and desire for a challenging career.

II. They Have Acceptable Motive Stories or Language Strategies of How They Will Do It, as Women.

1. They assert that going into medicine and certain male specialties is a challenge for them, as women.

2. They point out women's special qualities, now needed in medicine, which they can contribute to health care.

3. They agree that the issue of combining career and marriage is an important question. But medicine is the important part of their life, now.

They Have Appropriate Motive Stories or Language Strategies of Medical Students: Women are "No Different

1. They assert their credentials and rights. Women say they have the credentials, which qualify them for admission. They describe themselves to be as good as anyone else to the challenge of becoming a doctor and that they do not have a "place" or "role" in medicine "as women." In claiming their right to become doctors, women state they are "equal to men" and that their interests and competencies will determine what they do. The women's claim to the right to be a doctor puts them on an equal footing with the men. Morally, it is hard to deny the claim. It is as passé among college educated students to deny women's rights as it is to call blacks "nigras" or "niggers." But the right can only be claimed if it is supported by the requisite academic and experiential credentials. And, the women's credentials were challedged at the beginning of the school year. Thus, the women had to use, as a part of the strategy of "women are no different," presenting like credentials or presenting equivalent credentials to indicate they were alike in ability and skills.

2. They assert their motivation and desire for a challenging career. Women, as any other medical student, must have the motivation for the challenge of getting through the rigors of medical school. And, they must "really want" to become physicians and for the right reason, as does anyone who will "make a good doctor." Medical students, male or female say that they want the skills and knowledge of the physician -- and the authority. They say their personalities are not suited to being subordinates; but, they are humanistic and altruistic and want a challenging, rewarding career. They want to become physicians because it is

"at the top" in service to others, personal rewards, and autonomy. And they are motivated enough to make the sacrifices necessary to get through the rigors of medical school.

Women Have Acceptable Language Strategies of How They Will Do It, As Women

1. They assert that going into medicine and into certain male specialties is also a challenge for them, as women. Women find it a challenge to enter a formerly male domain. Many of them find it challenging to enter specialties which are "opening up to women." As ambitious, achievement oriented people, they say that medicine is, for them, an opportunity to use the ambition and achievement orientation that girls in high school and college develop, but for which they often have found no outlet, when their schooling is over. The challenge is one for which women have had the capabilities but not the supports and opportunities necessary for their continued achievement.

2. They can contribute women's special qualities. I have tried to make clear that medical students, who are women, want to be accepted as medical students and potential physicians, not some category of women-medical students or women-physicians. But, this does not mean that they do not recognize the contributions that women can make in the quality of care they give. Women talk about the contributions that they can make in terms of "understanding," "empathy," and "taking time with their patients." The women's touch is needed, they feel, today in medicine in the doctor-patient relationship. They feel women have the ability to empathize with and to understand certain types of patients (whether or not they personally want to go into these specialties). These are women and

children who make up the majority of patients in obstetrics, gynecology, pediatrics, and family practice.

3. They agree that the issue of combining career and marriage is an important question. But medicine is the important part of their life now. A few will not have children. Others either assert that they can combine wife-motherhood and a career without deleterious results to either and refuse to answer the question of how they are going to manage a time consuming career and family responsibilities.[2]

Most of the women accept that they will likely marry, which is "no problem." The issue of course, is children. The women's explanations must support their being different women -- women who will postpone marrying and having children until after their training and who will not waste their training. "I could never think about getting married, while I was in med school." "It probably would not be until after my residency," are typical ways they talk about it. The basic tactic is to agree that it's an important question for women because being a physician is a major responsibility and being a mother is a major responsibility.

Only one woman, refuses to agree with her classmates that the question is a legitimate one. She will "call the shots" in her personal life.

In reports of medical women, past and present (c.f., Walsh, 1977; Weichert, 1977), women's language strategies have had to support their being both a parent and a physician to be acceptable members of the profession. But at this school there seems to be a difference. Part of their language strategy, as Judy A. stated, is to say that they "see themselves as getting married and having a family . . . I don't know any of them that tell you how they're gonna' do it." Yet they say, "it has been

done," by the women who they are meeting as they go through their first year of school. Their strategy may not include telling male members of the profession how they will manage both career and family, but it does consist of agreeing that this is a legitimate, important, and difficult question to answer, but that right now their primary interest is medicine.

By mid-year most men in the class do not question anymore the women's credibility as medical students. And, by this time the women say, as does Mimi, "I find no differences . . . I find that we're colleagues." But the men distinguish between themselves and "older physicians" who do not readily accept women, who are doctors or students. And they foresee, after the basic sciences curriculum is over, that the women's sex will be a hurdle for them as they have more contact with senior members of the profession.

Conclusions

I have argued that the women have the power to get the men to accept them as equals by the middle of their first year of classroom work. The women's language strategies present them as no different as medical students, yet particularly capable of contributing needed understanding, empathy, and time to their patients, as women. In this class there are enough women to refute old stereotypes men may bring with them to school -- verbally and supported by their work as good students, as well as by the fact that many of the men also are used to being in undergraduate schools with capable women students. It's "better to be more equal [in numbers]," said Darleen of this . . . . There would be less likely to be distinctions made on the basis of sex."

Women's acceptance by male colleagues is also assisted because

the women's language strategies are used to overcome women's threatening potential to the male dominance of the profession. By using the strategy that "women are no different than any other medical student" the women do not, at least, derogate by their presence the image of the medical student, who relys on skills and a high level of motivation to successfully endure the rigors of class work and study.

To use the language strategy, which emphasizes the special qualities women can contribute to patient care, diffuses their threatening potential to the image of the physician. The heroics, the dash, the verve, the charisma -- those qualities which are needed beyond intellect in the rigors of a demanding practice or staff position -- are left to the men. The difference in the way the women and men talk about their careers is an important distinction. Women emphasize patient care more often than men (versus combining care with teaching, research, and/or administration) and they focus on the qualities they can contribute to patient care in certain types of specialties. Women, thus, reinforce the already existing sexual stratification in the medical profession (c.f., Sullivan, 1974; Quadango, 1976), where women are overrepresented in less prestigious specialties, where men have often not been willing to go; and where women are underrepresented in research, teaching, and administration positions where they could have influence in policy-making for the profession.

There is great pressure on the women to adapt to the system as it is; practice, full-time; and, if they can't find husbands, who will be wives, omit children from their lives. Rarely, in the language strategies of the women or the men is there support for changes in the profession and the organizations in which it functions. Such language

strategies would reduce the importance of the challenge, the drama, and the power to which the students are drawn in the first place.

Endnotes

[1]This is called altercasting by Weinstein and Deutschberger in Eugene A. Weinstein and Paul Deutschberger, "Tasks, bargains, and identities in social interaction." Social Forces 42 (May, 1964): 451-452.

[2]Male students feel they, too, face the dilemma of combining career and family responsibilities, when physicians are known to spend so much time at their work that home-life, wives and children are neglected (Hammond, 1977). But as men, they do not have to have an acceptable public explanation as a condition of membership in the profession.

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