

Misogyny in Health Professions? An Analysis of the Dalhousie Dentistry Scandal

COMMENTAIRE / COMMENTARY

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Résumé

Ce commentaire explique comment et pourquoi un scandale, tel que celui de la Faculté de dentisterie de l'Université Dalhousie, peut se produire dans une société et une époque où les rôles traditionnels assignés aux femmes et aux hommes ont apparemment disparu. Nous nous référerons aux modes d'objectivation de Foucault, appliqué à une analyse de l'utilisation des « actes de virilité », en relation avec le curriculum dissimulé, pour faire valoir que, lorsque les femmes menacent l'autorité des hommes dans les professions de santé, les hommes peuvent inconsciemment chercher des moyens de ré-exercer une partition binaire sujet-objet, inégale et genrée.

Mots clés

Dentisterie de Dalhousie, misogynie, professions de la santé, objectivation sexuelle, Foucault, actes de virilité, curriculum dissimulé

Summary

This commentary offers an explanation for how and why the Dalhousie Dentistry scandal could occur in a society and time where traditional gender roles are seemingly being eradicated. We use Foucault's modes of objectification, applied to an analysis of the use of "manhood acts" and in relation to the hidden curriculum, to argue that when women threaten the authority of men in health professions, men may subconsciously look for ways to re-exert an unequal and gendered subject-object binary.

Keywords

Dalhousie Dentistry, misogyny, health professions, sexual objectification, Foucault, manhood acts, hidden curriculum

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Conflicts of Interest

None declared

Introduction

In December 2014, the School of Dentistry at Dalhousie University in Halifax, Nova Scotia, received a significant amount of negative attention when a private Facebook group created by fourth year male dentistry students was leaked to the public. The Facebook group, referred to as "Class of DDS 2015 Gentlemen," had apparently originally been intended for discussions about schoolwork and the Dentistry program. The site became destructive when posts containing sexual harassment, sexual objectification, and the degradation of women classmates started to appear [1]. The long list of offenses included the thirteen men "joking" about chloroforming and raping their female classmates, taking a poll about which woman in the class they wanted to have "hate sex" with, and making generally sexist comments [1-2].

The story captured the attention of the local and national media. Community members and students called for the expulsion of the men responsible. Across the nation, health professionals expressed their horror over the level of unprofessionalism displayed by the students [3]; and Canada's provincial dentistry organizations demanded that the names of the students be made public [3-4]. Dalhousie University chose to take a restorative justice approach, allowing the thirteen accused students back in class just weeks after the disclosure of the Facebook group, with the only consequence being that they were placed in a classroom separate from their classmates [2]. The public was outraged at what they perceived to be an insufficient response [2,4]. The story went viral, and the public shaming of the students that resulted – including still-to-be-determined potential blacklisting at the licensing and practice stages – had far more of an impact than the disciplinary measures imposed.

Here, we offer a commentary on how and why gender based harassment can continue to exist – and even flourish – within the health professions at this time. Our analysis is framed by Michel Foucault's modes of objectification [5], which we apply to the analysis of "manhood acts" [6], considered in relation to the "hidden curriculum" [7] in health professional schools.

Foucault's Modes of Objectification

Foucault examines the process and power dynamics by which subject-object relations are structured. He outlines three modes of objectification: scientific classification, dividing practices, and subjectification. This analytic framework is useful for examining the process by which men are continually being (re)constructed as the "subject" and women the "object" in the health professions [5]. Foucault describes scientific classification as "the modes of inquiry which try to give themselves the status of sciences" [5, p777]. This classification contributes to the socially engrained dividing practices that allow for people to occupy "positions of truth" when connected to institutions, like universities or hospitals, which impose these identities [8]. Institutions possess knowledge that exaggerates the differences between groups and reinforces the superiority and power of the dominant group; this is the basis of scientific classification [8].

Dividing practices are the categorizations of people based on their differences [5]. These are the practices that encourage people with power and their subordinates to remain separate from one another, which establish one group as the subject and another as the object [8]. Dividing practices are usually performed non-consciously, but the consequences are significant and enduring, as seen in the harmful persistence of racial, gender, and classist oppression [8]. These divisions are so normalized that they become evident in one group's treatment of another, legitimizing the differences and reinforcing the dividing practices [8].

Subjectification is "the way a human being turns himself into a subject" and, as a result, turns the oppressed into an object [5, p778]. It is how individuals interpret, internalize, and represent social power relations and thus are actively engaged as participants in their own subjectification or objectification [8]. The patriarchal structure of society allows for the non-conscious subjectification and objectification of men and women respectively by reinforcing underlying unequal power dynamics.

When applying the modes of objectification to health professions, scientific classification is evident in how health professional institutions reinforce patriarchal ideals of gender inequality by initially (that is, historically) placing men in positions of power and making women their subordinates. Dividing practices continue to be seen in the traditional socially constructed perception that men are better suited to be doctors and women are better suited to be nurses [9]. Subjectification is the internalization by men that they are the subject, and by women that they are the object, as personal agency for both genders is limited in a society founded in patriarchal ideals and the gender binary. All three of these modes of objectification explain how the patriarchy and gender inequality have been perpetuated in health professions.

The disruption of conventional subject-object relations of power, with increasing numbers of women entering the health professions once dominated by men, can be posited to be responsible for the misogynistic behaviour displayed at Dalhousie: men adhering to traditional gender roles increasingly feel threatened as women become their peers and no longer have a feminized career role clearly demarcating them as “object”.

Manhood Acts

For men who feel threatened by the success of women, “manhood acts” may be performed as a means of re-exerting dominance; this occurs across the spectrum of social situations, including in the workplace [6]. The misogynistic and objectifying comments made by the male dentistry students at Dalhousie University are examples of manhood acts.

Judith Butler’s [10] concept of gender performativity is useful for understanding manhood acts, as these acts are not demonstrations of the true self, but rather performances of cultural interpretations of masculinity. Manhood acts, regardless of purpose or intent, contribute to the perpetuation of the patriarchy and gender inequality, as men use manhood acts for demonstrating dominance, “claiming privilege, eliciting deference, and resisting exploitation” [6, p281].

Masculinity is often used as an excuse for men’s oppressive behaviour and neglects the role of men’s agency [6]. One of the ways that manhood is performed is by signifying heterosexuality [6]. It is not uncommon for boys and men to display their heterosexuality, and therefore masculinity, by sexually objectifying and harassing girls and women [11]. When in groups, men may feel more pressure to exhibit manhood acts, including participating in the objectification of women [12-13]; they assert their collective dominance over women and challenge women’s authority [6]. The case of the Dalhousie Dentistry scandal can be viewed as an example of manhood acts used to exert male dominance through the objectification of women.

The Act of Sexual Objectification

Objectification refers to the treatment of another individual as an object. The concept of objectification and its examination in relation to the status of women dates back to Immanuel Kant, who argued that with the changing sexual tendencies of his time, women were being reduced to objects of men’s sexual appetites [14]. Radical feminists Catherine MacKinnon and Andrea Dworkin take Kant’s account of objectification and link it to patriarchal social structures, arguing that objectification is inextricably connected to inequality between men and women. In their perspective, men are predominantly the objectifiers, while women are objectified [14]. They argue that this objectification of women has become so engrained within our society that people have been conditioned to assume women to be submissive by nature, making it difficult, if not nearly impossible, to change this social construction. Thus the gender binary of the submissive women and dominant man is continually perpetuated and the reduction of women to an object-like status is justified [14].

Martha Nussbaum [15] outlines seven characteristics of the treatment of another individual as an object. These features outline the ways in which a person is manipulated by the objectifier, detracting their autonomy, independence, and humanity [15]. Feminist Rae Langton later expanded on Nussbaum’s list and included three additional characteristics, two of which are applicable to the Dalhousie Dentistry scandal. Firstly, reduction to the body is the characteristic that involves relegating a person to their body or body parts, thus treating them as though these aspects are their only value. The second characteristic of objectification, reduction to appearance, entails treating a person in terms of how they physically look [14]. These two aspects of objectification are the two most relevant characteristics with regard to the Dalhousie Dentistry scandal. In that example, the male students used social media to reduce their female counterparts to object-like status by suggesting their value and significance was solely based on the women’s physical appearance and sexuality.

The Hidden Curriculum

Despite the changing demographics within medical and professional education, with the student population becoming more diverse and heterogeneous in terms of gender, sexuality, race, and class, students who do not fit the criteria of being the typical heterosexual, white male from a middle class background still experience instances of inequities within their education [16]. Discrimination, including sexual harassment, in higher education is not a new phenomenon; rather discrimination is something that minorities have constantly had to confront, despite institutional policies having been developed to formally address these issues [16]. However, discrimination is not only perpetuated through deliberate actions; it can also be manifested through more subtle “micro-inequities” that perpetuate the marginalization of minorities through everyday, taken for granted actions.

These micro inequities and everyday inequalities appear both in the classroom and in the social lives of the students, creating a “hidden curriculum” in which students are taught that it is socially acceptable to behave in this manner [16]. The hidden curriculum is the “set of influences that function at the level of organizational structure and culture” [7]. It is the learning that occurs outside of the classroom, manifested through the educational institution’s informal culture and interactions between and among students and faculty. It is in this hidden curriculum that values, ethics, and beliefs are perpetuated [7].

Because of the hidden curriculum, gender based inequalities can be perpetuated, even in a social climate that has increasing numbers of women entering what once were male-dominated professions (and vice versa), where the public largely abhors gender-based inequality (as evidenced by the media reaction to this story) and where institutions have formal policies promoting equality [17]. Oftentimes, actions or behaviours that are considered to be normal or acceptable in fact re-establish gender inequalities by – whether intentionally or not – reinforcing women’s subordinate position. This can be exemplified through the use of sexualized humour and interactions, the gendered division of roles within medical professions, expectations about what is appropriate with regard to women’s appearance, and so on. These sometimes-imperceptible actions work together to foster a gendered climate, which results in women feeling less confident, less accepted, and, ultimately, more marginalized, [16] while the men participating in such discriminatory acts are left feeling more powerful, re-assuming their “rightful” role as the dominant gender.

Conclusion

This commentary offered an explanation for how and why the Dalhousie Dentistry scandal could occur in a society and time where traditional gender roles are apparently disappearing within the health professions. We used Foucault’s modes of objectification, applied to an analysis of the use of “manhood acts” and in relation to the hidden curriculum, to argue that when women threaten the authority of men in health professions, men may subconsciously look for ways to re-exert an unequal and gendered subject-object binary. It may be that what happens within the educational system, shaped in part by the hidden curriculum, does not extend to misogyny within the health professions themselves. Students are not necessarily held accountable to the same standards and codes of ethics as are professionals; and students may not have the same judgment and maturity as working professionals. Nonetheless, situations such as the Dalhousie Dentistry scandal should not go unexamined by social scientists and bioethicists, as there is a social justice element that demands they be examined.

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