## Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and

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## From the editor

## SCIENCE AND THE POLITICS OF SEXISM

Over the past several years, I have had the opportunity to speak with groups of nurses on topics related to feminism and nursing. The experience has been stimulating, gratifying, disappointing, and frustrating. With every experience I witnessed firsthand that sexism is alive and well within our own community. I have also seen evidence that there are individuals who are beginning to see the reality of this phenomenon, to understand it, and to conceptualize the necessity of initiating change.

The many ways in which sexism invades the scientific enterprise are subtle, but once seen, the dynamics of sexism in science are painfully blatant. Nursing science is in double jeopardy, both in terms of the inherent sexism that invades science per se, and in terms of the long tradition of sexist oppression of the profession itself.<sup>1</sup>

The phenomenon we call "sexism" is an exquisite example of a phenomenon that is so glaringly apparent that we cannot even see it. Since we are not able to perceive it, as empiricists we can cleverly dismiss it as a serious av-

enue for research and knowledge building. Sexism, if indeed it exists, can be relegated to the social critics, the radicals, the political fanatics, and maybe even the philosophers. If we were to open our minds' eyes to see the glaring reality of sexism, we would find it to be a phenomenon that is critical to the health of our profession and our clients, and an essential consideration for the development of nursing science.

Gender identity is central to human experience as we now know it. The single most important thing that all human beings convey to others about themselves is their gender. The specific social and cultural means of conveying gender identity to others vary among cultures, but the structures that necessitate conveying this information are universal. In all cultures there are specific dress codes for males and females, specific body gestures and movements that are typical of males and females, specific language rules that apply to males and females. It is essential to know the other person's gender in any type of social interaction. Nothing is so distracting, or so powerful in bringing social disapproval, as behavior that violates or challenges the codes—a "feminine" male or a "masculine" female elicits all manner of social disapproval. If men and women were viewed as equally human and were valued equally, the pervasive codes would not be necessary. But the codes are necessary to sustain a basic principle of sexism: males are privileged and dominant; females are submissive and subordinate. Male clothing permits relative freedom of movement, males occupy more physical space, males speak louder, longer, and more frequently. Female clothing restricts movement, females hold their bodies in close and submissive postures, females direct their conversations to reflecting and encouraging the male interest.<sup>2</sup>

Gender markers in our own and most other languages are particularly powerful in perpetuating sexism. Nouns and pronouns are designed to carry a gender message, even when the referent is a "sex-less" object. The most casual of observers recognizes that "earth" and "nature" are associated with femaleness; "technology" and "machinery" are associated with maleness. What is not so readily recognized is the extent to which that which is associated with "femaleness" is derogated. For example, male titles rarely acquire derogative meanings; female titles almost always acquire a derogative meaning, usually with sexually debased meanings. "Lord" still retains its meaning of status and privilege; the female equivalent "Lady" is no longer reserved for women of high rank and in fact is disdained as a "proper" word for a "woman." The word "Master," both as a title and as a descriptive noun, retains positive connotations; the equivalent word "Mistress" has acquired such pervasive negative sexual connotations that it is rarely used in any other context.3

As a serious student of sexism might expect, it is no surprise that the language of science reflects the "maleness" of its originators. The valued concepts of science as we know it and as we practice it are remarkably consistent with masculinity—power, control,

instrumentation, rationality, logic, objectivity, "hard" data. Concepts that are explicitly disdained and derogated in the scientific community are remarkably associated with femininity (and likewise with the concept of nursing)—feeling, emotion, submissiveness, intuition, irrationality, illogic, subjectivity, expressiveness, "soft" data.

Assuming that we recognize the appalling extent to which sexism influences nursing's practice and science, and assuming that we recognize that this influence is not a healthy one, what are we to do? The responses are complex, but clearly a response that advocates becoming more male in quantity or quality will not address nursing's concerns, scientifically or politically. No single response will suffice to shift our own and others1 complicity in sustaining sexism. We can refuse to derogate that which we know to be of value our nursing experience and knowledge. We can generate evidence that contradicts the prevailing view of women—and things associated with "femaleness"—as inferior and subordinate. We can challenge the sine qua non presumption of masculine superiority. We can detect the ways in which sexism creeps into our own thought patterns, and actively remove the damaging effects in thought and action. We can explicitly, actively, and publicly value that which we value in nursing and develop ways of discovering the knowledge that we need to practice nursing—in its fullest and most humane sense.

## REFERENCES

- Ashley, JA: Hospitals, Paternalism and the Role of the Nurse. New York, Teachers College Press, 1976.
- Frye, M: The Politics of Reality. Trumansburg, NY, Crossing Press, 1983.
- Spender, D: Man Made Language. Boston, Routledge, & Kegan Paul, 1980.

—Peggy L. Chinn, PhD, FAAN Editor