

# Tender Gender Issues

David A. Shapiro

**7** or 40 years, I have been a male on this planet. Nearly half of those years I have proudly worked as a speech-language pathologist. Some say that I don't seem like other men, whatever that means. I am told that I am sensitive, caring, even loving. Why do some believe that women corner those markets? Once I was invited to participate in a men's group, a collection of men from throughout the community who talk about issues that relate to men. What fun, I thought. It wasn't long before I realized that I did not belong in that group. Discussions turned to bashing—women, work, life. The other group members wanted me to continue to participate because they indicated that I represented another side—a happy side. You see, I love my wife. I love my kids, too. What's more, I enjoy my work and sincerely believe that it is important. I value the opportunity to work with student, faculty, and administrative colleagues I respect. I guess my views were not too popular with the men's group.

Why in the world have I begun with such a personal statement? Because what I say here must be interpreted, in part, from the context of who I am. I believe that I am like most other men and women in our professions—I care deeply for my family and strive to do the best that I can in my profession. Balancing those two commitments is a constant challenge.

In preparation for writing this article, I reread 10 years' worth of letters, dialogues, and articles from our professional forums. Reflecting on the comments my professional colleagues made in these vehicles, I find myself increasingly concerned about the polarizing of the genders within our professions. The publications attest to discrimination directed toward female professionals (e.g., Lee, Pannbacker, & Van Sloten, 1993); less frequently they attest to discrimination directed toward male professionals (e.g., Boone, 1993). Gender

issues are receiving increasing attention from informed, reflective, and inviting commentators (Carey, 1992; Davis, 1993; Ellison, 1992; Gavett, 1987; McCready, Shapiro, & Kennedy, 1987; Pickering, 1992). For the most part, those addressing gender issues have been women; men have been reluctant, if not loath, to enter this arena.

With respect to gender-related issues within our professions, I write as a man who wishes to share a few thoughts, offer some challenges, and recommend a context for facilitating understanding and change. Such issues must be addressed with sensitivity, objectivity, and shared respect by both female and male professionals. For the sake of this discussion, gender issues should be understood to refer to any or all of the following: status, power, hierarchy, pay equity and comparable worth, career and employment advancement, recruitment and retention, sexual harassment, family care, health issues, career development, professional image, or empowerment.

My intention puts me immediately at risk for several reasons. First, gender issues evoke an initial emotional response, often a reflection of strongly held opinions. Second, I

am a man offering observations and comments about our professions, the majority of whose members are women—93.1% in speech-language pathology and 76.3% in audiology (ASHA, 1992). Third, suspect my views may depart from the mainstream and be generally unpopular. (A greater risk, however, is not speaking when a message must be heard.)

As I prepared to share my thoughts here, I immersed myself in a variety of literature—on feminism, multiculturalism, affirmative action, philosophy, psychology, religion, business, interpersonal communication, among others. Marisue Pickering (1992) presented one of the clearest descriptions of feminism and feminist thinking:

Being a feminist means attempting to define one's self as a woman, rather than to accept definitions imposed from others. A woman's way of being in the world, whether the domestic, public, or professional world, is likely to be different from that of a man's. Feminism means looking into one's self, identifying what is there, and nurturing and sharing it. It means struggling to recognize and to speak, as a woman, one's own experiences, convictions, and interpretations. Unfortunately, it is often the case that women are not listened to when they speak. Rather, their statements, and they themselves, often are viewed as marginal, hyperbolic, or invalid. Being a feminist means believing that a woman's statements are as worthy of being respected as those of a man's (p.41)

I always have felt an affinity for some of the feminist thinkers, and experienced no small measure of concern when my loyalty was dismissed and my very presence considered invisible, because of my anatomy. Pickering (1992) cited Elizabeth Minnich as noting that a deep hurt goes with always being on the margin, always being labeled in some way. Furthermore, she noted that a deep lie goes with believing one's self to be part of a universal set that is not universal at all, merely a particular set. Pickering stated that a feminist vision not only must respond to that which hurts and name the lies, but must provide perspectives for restructuring environment and reconciling individuals. Such thinking has direct implications for clinical and academic preparation in speech-language pathology and audiology.

R. Roosevelt Thomas, Jr. (1990) has done some eloquent writing on affirmative action and managing diversity. I believe his thoughts have import for all of us in ASHA, particularly as we attempt both to promote the opportunity and status of women within our association and to recruit males into the professions at the undergraduate level (ASHA, 1990; Council of Graduate

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grams in Communication Sciences and Disorders, 1994). Thomas wrote: When we ask how we're doing on race relations, we inadvertently put our finger on what's wrong with the question and with the attitude that underlies affirmative action. So long as racial and gender equality is something we grant to minorities and women, there will be no racial and gender equality. What we must do is create an environment where no one is advantaged or disadvantaged, an environment where "we" is everyone (p. 109).

He also indicated that:

The correct question today is not "How are we doing on race relations?" or "Are we promoting enough minority people and women?" but rather "Given the diverse work force I've got, am I getting the productivity, does it work as smoothly, is morale as high, as if every person in the company was the same sex and race and nationality?" Most answers will be, "Well, no, of course not!" But why shouldn't the answer be, "You bet!"? (p. 109).

## Thoughts and Challenges

Before discussing a context for understanding and change, I want to highlight a few observations:

**At least two ASHA Reports provide historical documentation for patterns of sex discrimination within the workforce and the changes, albeit slow, to eradicate such patterns.** Unfortunately, these outstanding reports did not get the attention they deserve. Discrimination is wrong, whether based on gender, race, creed, ethnicity, age, background, education, function, or personal differences. From 1971 to 1990, the ASHA Committee on Equality of the Sexes in the Professions studied attitudes toward and circumstances affecting women and developed plans for reducing sex discrimination in ASHA and the professions (LC 57-71). With the reorganization of ASHA's governance structure (LC 25-88), the outgoing standing committee identified 10 issues for attention by ASHA. These issues were grouped into six areas by the ASHA staff (empowerment, compensation, career development, multiple roles, science and research, and health), and recommendations were developed (ASHA, 1991). Two issues received special attention (compensation and gender, and career development), and the remaining topics were updated (ASHA, 1992). The issues are real, undeniable, and must be addressed by all of us.

**Men who choose speech-language pathology and/or audiology as careers are risk-takers.** In other words, they are willing to enter professions that have been dominated historically by female professionals. The nature of the discipline seems to require service providers who are nurturing and sensitive, qualities traditionally attributed to women. Just like women in the field, the men who enter these fields must possess or acquire these characteristics. If possessing or acquiring a patient, nurturing nature is a characteristic of this profession, men in our professions stand apart from the stereotypical male. In any case, as we attempt to increase the shrinking number of males entering our fields (ASHA, 1990), perhaps we should establish methods to identify and nurture those qualities that predict success among prospective practitioners—both male and female.

**A double standard occasionally is observed within our professions.** Women occasionally make comments about men and male stereotypes and engage in sexual innuendo in the presence of males. Were men to make like comments about women, they would be accused of sexual harassment. Efforts to eliminate discrimination and sexist language in the workplace will be ongoing; they require the attention and sensitivities of all.

**As we become increasingly diversified as a society and as professions, we also**

## Some Findings on Women and Compensation\*

- Women form the vast majority of the workforce in numerous professional fields, including speech-language pathology (93.1%), audiology (76.3%), physical therapy (74.6%), occupational therapy (94.3%), nursing, social work, and preschool and elementary school teaching.
- Occupations in which women constitute the majority of the workforce are generally less well compensated than comparable occupations in which men constitute the majority of the workforce.
- Women are paid less than men in the same occupations.
- Generally, 60% to 66% of the earnings gap between men and women is attributed to "human capital" variables, such as work experience, schooling, marital status, children, type of work, race, employer, and union contracts. The remaining 34% to 40% is attributed to gender-based discrimination.
- The earnings gap between men and women is smallest in fields where women form the majority of the workforce, but the gap is still evident. For example, women in clerical jobs earn 70% as much as their male counterparts.
- Thirty-one percent of full-time working women are in lower-paying administrative support jobs, compared to 6% of men.
- In 1990, full-time women workers earned an average of 71 cents for every dollar that men earned. This reflects an increase of 4.4% over the 1989 ratio of 68 cents.
- Only 3% of full-time working women have incomes of \$50,000 or more, compared with 15% of men.
- A 1990 Bureau of Labor Statistics study found that only 37% of all female workers in companies of 100 or more were covered for unpaid maternity leave.
- According to a study conducted by the Older Women's League, women receive only 73% of the amount of retirement benefits that men receive. Some 70% of elderly women depend on Social Security for their sole support.
- About half of all working women are without a pension, and 80% of female retirees are not eligible for a pension.
- Seven out of 10 baby boom women will outlive their husbands and can expect to be widows for at least 15 years.
- Three demographic and sociological factors conspire to leave retirement age women at an economic disadvantage: women are the primary caretakers of children, elders, and people with disabilities; women earn significantly less than men; and women live longer than men.
- Women tend to participate intermittently in the paid labor force, spending an average of 11.5 years out of the workforce and averaging only 3.7 years with the same employer. Women are also more likely to work part-time or under flexible work arrangements. This greatly diminishes women's retirement income, because Social Security and pension policies depend on long-term employment and consistent long-term wage growth.

\*ASHA, 1992.

are becoming increasingly segregated. In an era where expectations increase more rapidly than available resources, our time is increasingly challenged and our energy increasingly scarce. We run the real risk of talking less with our valued colleagues about fewer critical issues. One issue, I maintain, that both deserves and requires open, nonjudgmental exchange in a nonthreatening environment is that of gender relations in the workplace. How many of us have experienced the irony of being in closer contact with our colleagues on the other side of this country or abroad than with our colleagues whose offices are two doors from our own? I am concerned also that within a pluralistic society, support groups (e.g., men's groups, women's groups) and special interest groups (e.g., multicultural groups, ethnic organizations) are becoming so focused in their respective purposes that their boundaries are solidifying, thus excluding, rather than including, a more potentially diversified membership.

**ASHA may be viewed as a microcosm, and as such should serve as a model for global and interpersonal understanding, communication, and change.** My reading of our professions is that we are a first-class organization. We have the numbers (over 77,000 speech-language pathologists and audiologists who hold certification and/or membership in ASHA) (ASHA, 1994a), we have the financial resources (ASHA, 1994b), we have the visibility (publications, national and regional conferences, workshops, telecommunication programs, etc.), and we have the talent. When I hear global accusations and stereotypes bantered about, some discreetly, some not, I worry that we are not appreciating our good fortune. Perhaps we are taking one another for granted. You might say, "What's the big deal? A family of 77,000 is sometimes hard to manage." Yes, but energy directed at one another reduces our finite resources to address important issues, together.

**The pendulum swings, and we all are left to question, "What does it mean?"**

Consider the following:

- Males form the minority membership in ASHA. Yet we don't have a committee studying men's status and the issues that are unique to men in today's changing society and professions. I am reminded of Thomas' (1990) Special Consideration Test. He says, "Does this program or policy give special consideration to one group? If so, it won't solve your problem—and may have caused it" (p. 117). Are we led by the golden rule or "an eye for an eye"?
- An invited female speaker at a national conference presents a limited characterization of men based upon her own husband only. The speaker referred to the audience as "girls," although three

men were present. The men felt ignored and invisible, and that their individuality had been dismissed. Women present referred to the talk as "male bashing." The presentation, although entertaining, seemed at best unscholarly (i.e., based upon inadequate data), at worst dangerous (i.e., promoting a stereotype). What are the limits of appropriateness for content included within a professional presentation?

- "Sexual harassment" has become a frequently used phrase, and with it has come heightened awareness and sensitivities but also communication-stifling fear and reluctance. So as to prevent any potential accusation, the following seem common: Male professors keep their office doors open during conferencing. Males receive compliments regarding their attire from female students and faculty, but are reluctant to return the favor. A male professor notices the seductive attire of a female student who has come to his office to discuss her unsatisfactory grade. He is reluctant to share his concern regarding the professional appropriateness of the student's clothing with her or with his female faculty colleagues. A male supervisor is reluctant to receive the embrace of a young child who is a client. Reluctance. Fear. Concern. Are we sacrificing human warmth (i.e., openness, givingness, lovingness)—valuable qualities in a clinical science—at the cost of fairness, equality, and hyperprofessionalism?
- A male candidate is repeatedly paired with equally qualified female finalists for the same position. Each time, the female gets the job. When the man questioned the appropriateness of the decision's hinging upon the gender of the candidates, he was told, "This has been going on for years for women. Now maybe you will understand what it has been like for us." Isn't discrimination in one direction just as wrong as discrimination in the other? How can a precedent for loathsome behavior justify its existence and perpetuation? Have two wrongs ever made a right? "When will they ever learn?"
- A group of female teachers talking about women's rights laughed at a male teacher's inquiry regarding paternity leave.

A father was traveling with his infant daughter and could not find a changing table in the airport. When resourcefulness all but failed, he changed her diaper in the baggage area, whereupon an airline official criticized his choice of locations for such an activity. The father appealed to the official, and

indicated that there are no changing tables in the men's restroom. The airline official countered with, "You mean you are traveling with her *alone*?"

A husband and wife are both teachers. When the man returned from an absence to care for his child who was sick, he was greeted with "Why did you have to be out? Couldn't your wife take off yesterday?" Aren't there societal barriers to our understanding and acceptance of males and females as equally qualified professionals and parents?

What do all of these experiences mean? Do we believe that our understanding of gender-related issues within the workplace is evolving. It seems that we move from one extreme to the other. Perhaps having experienced the two extremes we can now find some middle—and higher—ground.

**Context for Understanding and Change**

We might be tempted to view gender issues as personal matters only, rather than as issues involving the workplace as a whole. I found the literature on the human capacity for caring enlightening and a particularly useful context for addressing gender-related and other sensitive issues. For example, Batson (1990) distinguishes between desiring certain outcomes for others because of what the outcomes mean for them (i.e., terminal values) and caring about others because of what the outcomes mean for us (i.e., instrumental values). If the real target of our concern is always exclusively ourselves, then, according to Batson, we are far less social. This distinction has clear implications for how we address gender-related issues and how social, or human-service based, we view ourselves and our professions to be. Rees (1988) addressed why *Asha* readers should care whether or not men are entering and/or remaining in the professions and what effect increasing the number of men would have on the discipline. After reviewing and challenging a number of explanations reflecting instrumental values (e.g., men are needed to serve as role models, to enhance perceived value and increase salaries, to add rigor to science-based research and instruction, etc.), Rees asks, "Is it important to get the young men back from wherever they have gone? To tell the truth, I haven't really decided" (p. 41). It seems that our professions have come a long way in our approach to recruiting male students at the undergraduate level (ASHA, 1990).

In contrast to Rees' view, from a perspective more reflective of terminal values, one might consider both the degree of professional contribution and personal gratification of prospective male

## Suggested Dialogue Partners and Topics

Female and male professionals, holders of PhD/EdD, MA/MS, and BA/BS degrees to conduct dialogue about gender-related issues in the workplace, including status, power, hierarchy, equity in salary, promotion, reappointment, and tenure.

Traditional and nontraditional students and faculty.

Caucasian and culturally diverse supervisors and supervisees.

Academic and clinical faculty.

Audiologists and speech-language pathologists.

University personnel and other professionals in schools, hospitals, private practice, rehabilitation centers, etc.

Authors and editors/publishers.

Producers and consumers of research and publications.

Clinicians and researchers.

Students and faculty.

Supervisees and supervisors.

Faculty and administration.

University training programs and ASHA.

professionals. Furthermore, we might consider the professions' loss should we fail to recruit a qualified candidate, male or female. Other observations of caring from a feminist value perspective include the frustrated speech-language pathologist who becomes ecstatic over a client's discovery of a language rule or the pediatrician who, with a smile on his face, tells a boy's parents that their son has a congenital syndrome. What does this mean? It means that caring is at the heart of all meaningful interaction, and how we care about each other reflects ourselves as devoted, integrated, and respected people and professionals. Also, how we interact with one another is at least as important as the outcomes we achieve together.

Another way to approach sensitive issues beyond those that are gender-related is by dialogue. Dialogue is not just talking, although talking might look like dialogue. Dialogue is interaction involving listening and responding, with all parties identifying the perspectives of each other in addition to their own. Marisue Pickering (1992) spoke

within a feminist vision whereby "listening and hearing others would mean negotiating differences and conflict" (p. 42). Nelson Moses and I spoke of a process of conflict intervention whereby shifting perspective is viewed as "the hallmark of communication." Also, we presented a model of creative problem solving that contains aspects of development, component operations, and specific procedures (Shapiro & Moses, 1989). Although beyond the scope of the present discussion, that process can be applied directly to facilitating understanding and change in gender-related issues. Understanding, accepting, and even nurturing differences are essential to meaningful and real dialogue (Shapiro, 1987). I would like to see the ASHA membership engaged in productive dialogue about sensitive issues that frequently are left unaddressed among ourselves and with others outside of ASHA. Clearly, these include gender-related issues, among many others.

## Conclusion

Gender-related issues and other sensitive topics remind us of the importance of caring and dialogue and provide an opportunity for us to discover and develop our potential as communicators. How we handle such challenging issues reflects our development as an organization, provides a model for interpersonal understanding, and represents our commitment to maximizing diversity and realizing human potential. In this paper, I have presented thoughts, challenges, and questions. The future is in our hands. We are writing history right now. Let us do it openly and together.

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