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November 7, 2010

Abstract: Embodying Authority

Cassell, Joan. 1998. *The Woman in the Surgeon's Body*. Cambridge, MA: Harvard University Press.

Blumhagen, Dan W. 1979. "The Doctor's White Coat: The Image of the Physician in Modern America." *American College of Physicians* 91: 111-116.

Both Cassell and Blumhagen's works concern the general concept of the physicians' embodiment of authority. Cassell, an anthropologist, is concerned with the differences between female and male surgeons, when and how such differences are displayed, and the internal and external forces that drive such differences and in some cases, similarities. She observes and interviews female surgeons to better understand how they negotiate within a male dominated profession, and concludes that gender is "something profound, nonlogical, and nonverbal;" gender is embodied. Similarly, Cassell is concerned with physicians' embodiment of authority, but turns to the symbolic system of medicine and the history and meaning of the white coat. He defines three major origins of the white coat, as well as its meanings of purity and superhuman power.

Cassell's first two chapters from *The Woman in the Surgeon's Body* provide justification for her work and its theoretical framework. Cassell ethnographic work focuses on female surgeons—how and why they differ or are similar to male surgeons, if they are changed by entering the "macho, male-identified profession", or conversely change surgery. I was initially struck by Cassell's use of performance analogies or metaphors for medicine (i.e. choreography, music, etc.). It was also interesting to see her tendency in emphasizing, at times even over emphasizing, the paraprofessional role of nurses. Nevertheless, Cassell successfully discovers differences between male and female surgeons—perhaps her best example is of the two female pediatric surgeons and their maternal interactions with patients. Cassell evaluates a number of theoretical explanations for such

differences, considering at first biological and social constructivist approaches. The biological approach strictly defines two categories: women and men. The essential differences that distinguish the two groups were too hard and fast lines that failed to incorporate the contradictions Cassell observed. The social constructivist approach was helpful, reasoning that gender is negotiated and constructed, however, Cassell found it limiting and not in favor of women being discussed as “disembodied ‘discourses,’ ‘behaviors,’ ‘attitudes,’ ‘values,’ ‘processes,’ and ‘categories.’” Inevitably she relies on the theory of embodiment to both complicate and supplement the former theories. Cassell makes use of Bourdieu’s concept of habitus—“the embodied social structure which is passed on from generation to generation . . . [shaping] the body; at the same time, the body expresses the habitus.”

Cassell’s research question was informed by her previous work studying male surgeons. For this project she observed female physicians for five days, typically spread across two weeks, and interviewed each participant. She acknowledges the tendency for anthropologist to study “primitive” and “exotic” people, whereas she was “studying up,” creating a unique dynamic with her participants. She also contrasts the overall experience with studying men and women; the latter she was much more at ease, found it to be even “delightful.” Cassell found that just as gender is embodied, physicians possess “‘embodied’ knowledge—knowledge sensed though and with the body.” This concept is also relevant to Blumhagen’s piece, and it was the Flexner Report that emphasized the importance of combining book learning with clinical practice.

Blumhagen’s article analyzes the symbolic significance and meaning of the physicians’ white coat, nevertheless, both Blumhagen’s article and Cassell’s selected chapters relate to physician’s ability to embody authority. Blumhagen begins by establishing that symbols communicate messages between people—by looking at doctor-patient interactions as well as historical evidence he evaluates the white coat as one of the more pertinent symbols of physicians’ authority. He first locates the use

of white coats in operating rooms—the coat was used as both protection for the patient and doctor from contamination. However, it was really the white lab coat and the transition from the scientific laboratory to the clinical setting, which he is concerned with. This transition aligns with the representation of the physician as a scientist, largely achieved by the Flexner Report (1910). The transition from doctors seen as quacks to physician-scientists, granted them “tremendous authority.”

Another important transition was in home patient care to hospitals. Hospitals changed from “being a place where social outcasts died to being the only place where the sick could be healed” (113). White became associated with this institution of healing and life. Blumhagen continues by uncovering further meanings of white; including its representation of purity (i.e. innocence as well as unaroused sexuality) and superhuman power. The white coat is significant for it influences patient-doctor interactions; patients trust the authority of their physicians, granting access to their bodies, and in effect, shifting the “locus of the sick role from the home to an institution.” (114).

- Embodiment/Habitus: The embodied social structure, which is passed on from generation to generation, shaping the body, but also the body expresses habitus. In Cassell’s case she is looking specifically at the embodied nature of gender.
- Biological/difference theory: Divides humans into two categories: male and female. Attributing characteristics such as nurturing, caring, cooperative to women, and men as more detached, independent, and hierarchical.
- Social Constructivist Approach: Analyzes gender as negotiated and constructed, stressing the performativity aspect of gender.
- Symbolic significance: Symbols often communicate and are used to express and reaffirm the fundamental belief systems that a society holds