Introduction of Judith Lorber

Marcia Texler Segal

Good afternoon. I'm Marcia Texler Segal. With Harry Perlstadt, I'm the co-chair of what is now called the ASA Retirement Network, a much better title than the one we had before because at least it's transparent who and what we are. Now if we could just get more people to know where we are, it would be really great.

I have the great pleasure this afternoon to introduce Judith Lorber, Professor Emerita of Sociology and Women's Studies at the Graduate Center and Brooklyn College of the City University of New York. Judith received her PhD from NYU in 1971. I will briefly review her many publications and contributions to the discipline in just a moment, but first I would like to take the liberty of telling you a little bit about Judith, who has been my colleague, friend, and sometimes traveling companion for many years. It took great forbearance not to bring a Power Point of our travels in China to show you today. Judith and I have deliberately gone many places together. But what I do want to tell you is about the chance meeting we had one day. My husband and I were walking down the street in Brussels, Belgium. We were on our way back from Cameroon, where I had done an evaluation project, just taking a little vacation, when I hear somebody calling my name! And, there's Judith, sitting with a friend of hers, at a bar in the middle of Brussels. No clue how that happened. Totally unplanned. And, one of the best evenings of our lives.

I know you want to hear from Judith, so I won't be too long in giving you just a brief summary of what she has accomplished. Judith is the author of *Breaking the Bowls: Degendering and Feminist Change; Gender Inequality: Feminist Theories and Politics; Paradoxes of Gender; Women Physicians: Careers, Status and Power;* as well as numerous articles on gender, women and healthcare, and on women and patients. She is co-author of *Gender and the Social Construction of Illness* and *Gendered Bodies: Feminist Perspectives,* and co-editor of *Handbook of Gender and Women's Studies, Revisioning Gender,* and *The Social Construction of Gender.*

She's been president of the Eastern Sociological Society, chair of the Sex and Gender section of ASA, and president of Sociologists for Women in Society.

She was the first coordinator of the Graduate Center's women's studies certificate program and the founding editor of the journal *Gender & Society,* an official publication of SWS.

Professor Lorber received the American Sociological Association's Jessie Bernard career award in 1996 for scholarly work that has enlarged the horizons of sociology to encompass the full role of women in society. Still enlarging scholarly work, her talk today is titled "Expanding the Borders of Sociology."

EXPANDING THE BORDERS OF SOCIOLOGY

Judith Lorber

Looking back over my professional life, it seemed to me that it was almost a life *not* in sociology. But thinking further, I realized that what I had done throughout my career was to expand the borders of sociology to encompass the growing field of gender.

I never took a sociology course in undergraduate school. I went to Queens College, CUNY, where I majored in English Literature and minored in anthropology. I went on to graduate school at Columbia University intending to get an MA in anthropology. Interestingly, I planned to focus on what was then called the Navaho berdache—the two-spirit women who lived as men and had wives. But I got bogged down in physical anthropology and quit to get a full-time job.

I first worked as an assistant editor on the *New York State Pharmacist*, a trade magazine. Then I went on to work for medical advertising agencies writing ads for prescription drugs for doctors. After almost 10 years, I decided to leave advertising and go back to graduate school. I discovered that there was an area called medical sociology, which meshed with the work I'd been doing. I went to NYU, which granted credit for the courses I took at Columbia and also offered an NIH fellowship for research at Montefiore Hospital.

I joined a group of older returnee graduate students in this fellowship and ultimately did my dissertation on surgical patients. I was interested in the sick role and deviance—which patients got labeled "good" or "problem" by the residents, who at that time were in charge of direct care. I found that "good patients" were either those who gave no trouble or who were interesting cases. The "problem patients" were mostly women who had gall bladder surgery—at that time major surgery with a lot of postoperative pain. The residents (all men) labeled them "fair, fat and forty" and engaged in constant hassles over pain medication.

When I published "Deviance as Performance: The Case of Illness" in *Social Problems* in 1967, I didn't make a big deal out of the gender issue. By 1975 my interests were beginning to diverge. That year, I published "Good Patients and Problem Patients: Conformity and Deviance in a General Hospital" in the *Journal of Health and Social Behavior* and "Beyond Equality of the Sexes: The Question of the Children" in *Family Coordinator.*

In the early 1970's I was teaching medical sociology courses and in 1975 I brought women into the picture in a paper entitled "Women and Medical Sociology: Invisible Professionals and Ubiquitous Patients." It was published in an anthology, *Another Voice: Feminist Perspectives on Social Life and Social Science*, edited by Marcia Millman and Rosabeth Moss Kanter.

I was also teaching a course that morphed from Marriage and the Family, to Male and Female in America, to Sociology of Sex Roles, to, finally, Sociology of Gender. The work being done in women's studies was also morphing from a focus on individual behavior to the social structure

of the gender binary and the ways that it shaped behavior, identities, career tracks and social position.

I was involved with Roberta Satow in research at a community mental health center on the divisions between the physicians (mostly men) and the social workers (mostly women). When we gave a lecture there on our findings the audience actually split between them with the psychiatrists sitting on one side and the social workers on the other! We published a paper in 1977 called "Creating a Company of Unequals: Sources of Occupational Stratification in a Ghetto Community Health Center" in *Sociology of Work and Occupations.* It focused on the way that gender stratification affected professional careers and status.

I spent the next seven years on women physicians, starting with interviews of women and men internists at a major metropolitan hospital. I published numerous articles on my comparisons of their careers in such journals as the *Journal of the American Medical Women's Association*. But my book, *Women Physicians: Careers, Status, and Power,* published by Tavistock in 1984 was listed as a sociology publication.

In it, I mingled concepts from sociology and feminism. In the first chapter, Sisters in the Brotherhood, I discussed women as professional colleagues. Organization studies had identified the characteristics of the informal organization of work that underlay formal, bureaucratic hierarchies. In the informal organization of work, people formed concentric circles—an inner elite, friendly colleagues, and lone outsiders. I found that women physicians tended to be friendly colleagues and were rarely part of the inner circle.

The process that kept them out was the reverse of what Robert Merton and Harriet Zuckerman in their work on Nobel scientists called the Matthew effect—the accumulation of advantages and visibility that accrue to those that already have them. The gospel according to Matthew reads:

> *For whosoever hath, to him shall be given, and he have more in abundance: but whoever hath not, from him shall be taken away even that he hath.*

Women, obviously, were in the hath-not group. In the medical profession success depends on professional sponsorship—referrals by one's colleagues for patients and recommendations for positions and promotions. I argued that women were the victims of what I called the Salieri phenomenon.

I argued that behind these interpersonal failures of women of accomplishment and aspiration is the subtle denigration of their work by male colleagues, by men in the larger professional networks, and even by women who want to maintain their queen bee status. Thus, this process is often invisible to the recipients and frequently unconscious on the part of perpetrators, particularly when merit and performance are supposed to be the prevailing evaluative criteria. It was far more open in societies based on patronage and so I turned to a fictional account based on such a society to illustrate what I called the Salieri phenomenon.

From *Women's Physicians: Careers, Status, and Power (pp. 9-10):*

> In Peter Shaffer's play, *Amadeus,* Mozart's distasteful lack of social graces gives Salieri, the court composer and gatekeeper of musical patronage, the opportunity to prevent the young musician's extraordinary accomplishments from receiving recognition. Salieri recommends Mozart to the dispenser of patronage, the Emperor Joseph, but makes sure that the rewards he gets are minimal. In the process, Salieri pretends to be a benefactor of Mozart, and the blocking of Mozart's career advancement is hidden from him. Here is the Salieri phenomenon in action:
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> [EMPEROR] JOSEPH: We must find him a post.
> SALIERI: . . . There's nothing available majesty.
> JOSEPH: There's Chamber Composer, now that Gluck is dead.
> SALIERI: (Shocked.) Mozart to follow Gluck?
> JOSEPH: I won't have him say that I drove him away. You know what a tongue he has.
> SALIERI: Them grant him Gluck's post, Majesty, but not his salary. That would be wrong.
> JOSEPH: Gluck got two thousand florins a year. What should Mozart get?
> SALIERI: Two hundred. Light payment, yes, but for light duties.
> JOSEPH: Perfectly fair. I'm obliged to you, Court Composer.
>
> And here is the response from the unwitting victim, who is persuaded he has been helped by a powerful patron:
>
> MOZART: It's a damned insult! Not enough to keep a mouse in cheese for a week! . . .
> SALIERI: I'm sorry it's made you angry. I'd not have suggested it if I'd known you'd be distressed.
> MOZART: You suggested it?
> SALIERI: I regret I was not able to do more.
> MOZART: Oh . . . forgive me! You're a good man! I see that now! You're a truly kind man—and I'm a monstrous food!
>
> (Shaffer 1980: 71-2)
>
> Salieri was generous with his tutelage and patronage to those composers whose musical talents were the equivalent of his, such as Gluck, or who were clearly his junior, such as Beethoven. His meanness to Mozart was to a potential rival who was not only of superior talent, but whose new ideas challenged Salieri's musical hegemony. The importance of the Salieri phenomenon is that it is used not just against all newcomers with unacceptable traits or social backgrounds, but against those who might establish new standards. These upstarts' ideas would break the chain that links patrons to protégé and that upholds the values and

> beliefs of the current establishment. Patronage is not withheld from those who are willing to assimilate, but it is not likely to be granted to those who would make the patron obsolete.
>
> The Salieri phenomenon sets in motion a circular process. Those of devalued status get less opportunity to show what they can do, and when they do perform well, their work is undervalued. As a result, they get a smaller share of rewards and resources. Fewer rewards and resources (the negative aspect of the Matthew effect) means diminished power, authority, and prestige. The resultant diminished *achieved* social standing reinforces the initial devalued *ascribed* social status and perpetuates—and justifies—the established stratification system. In modern times, the Salieri phenomenon is used in recommendations for positions, promotions, and officerships in professional associations, in reviews and in citations of published work and work-in-progress, and in professional shoptalk that evaluates the competence of colleagues.

And I would add, the reputations of women running for president.

Another still prevalent phenomenon that affects women are what are called *microaggressions*— small slurs and cuts. A woman doctor called it the *Saturn's rings phenomenon*—the myriad ways women are undercut forms a pattern that constricts their behavior and ultimately, their careers.

I next did another study that combined gender issues with medical sociology. The first baby born using In vitro fertilization was Louise Brown on July 25, 1978—described as a "test-tube baby." Within the next decade IVF became widely used for infertility in women. Then the technique of fertilization of an egg with a few sperm opened IVF usage for male infertility. The technique, however, stayed the same for women. They went through hormonal dosage to increase the number of eggs produced. The eggs were removed and the fertilized embryo or embryos were replaced surgically. All the man had to do was masturbate. So you had the phenomenon of fertile women undergoing a bout of IVF *for* their husbands. I built on Denise Kandiyotti's concept of bargaining with patriarchy to argue that IVF use in male infertility was an instance of marital bargaining with patriarchy. I published several articles on this topic –

"In Vitro Fertilization and Gender Politics" in *Women and Health* in 1987; "Choice, Gift, or Patriarchal Bargain? Women's Consent to *in Vitro* Fertilization in Male Infertility" in *Hypatia* in 1989; and with Lakshmi Bandlamudi "Dynamics of Marital Bargaining in Male Infertility" in *Gender & Society* in 1993. That was based on interviews we did with IVF couples where the male was infertile.

Once I became editor of *Gender & Society* in 1987 I focused on gender studies, gender theories, and feminism. But note that as the official journal of Sociologists for Women in Society, *G&S* was developed to fill a niche—at that time, *Sex Roles* focused on psychology studies and *Signs* lived up to its subtitle—*A Journal of Women in Culture and Society.*

I did do one paper addressed to sociologists critiquing the common usage of two and only two categories of sex, sexuality and gender. I also argued for research that didn't divide its subjects by gender to begin with, but rather looked for patterns in the data and then looked for gender differences—or similarities. "Beyond the Binaries: Depolarizing the Categories of Sex, Sexuality, and Gender" was published in *Sociological Inquiry* in 1996.

After the publication of *Paradoxes of Gender* in 1994*,* I came back to gender and illness and gender and the body in two books. In 2002 I published *Gender and the Social Construction of Illness*, the 2nd ed. with Lisa Jean Moore. It was translated into Chinese in 2013. In 2007 and 2011 we published the first and second editions of *Gendered Bodies: Feminist Perspectives.*

In summing up my work in gender studies, I think my paper "Using Gender to Undo Gender: A Feminist Degendering Movement" published in *Feminist Theory* in 2000 and my book *Breaking the Bowls: Degendering and Feminist Change* published in 2005, both calling for doing away with gender through a process of degendering, are my most radical.

I would say that my major contribution to sociology and gender studies has been the extensive description of the social construction of gender—the first chapter of *Paradoxes of Gender*, "Night to His Day." The book was published in 1994 and excerpts, mostly the first chapter, began appearing in 1996 and continue to be reprinted today.

I had abandoned medical sociology after the IVF study, but was brought back to it this past year when I spent three weeks in the hospital as a surgical patient. Although I had major surgery I wasn't in pain and as I was lucid, I began to do medical sociology again as a participant observer, especially of the current hierarchy of work. The floors were run now by nurses—in green—supported by nurses' aides in maroon. The doctors (in light blue) appeared once or twice a day in groups. Most were men (I was a gastrointestinal patient) except for the time I was in the hospital for follow up surgery Memorial weekend, when the doctors were mostly women. The physician's assistants, interestingly, were mostly men.

So there I was in the sick role. What was I going to be—a good or problem patient? I was a good patient in that I had major surgery and complications so I was interesting. But I had the potential of becoming a problem patient because I was there for so long and had to ask for such things as eye drops. I determined that I would be a *good* problem patient, adding my minor requests to major requests and waiting until after the nurse completed a task to ask for something. Since it seemed to work in the hospital, I did the same role behavior during my three weeks in a rehab facility.

I was much less critical of the medical system than I had been in the 1960s. I am grateful that I was in an upscale facility and had good insurance coverage and that state-of-the-art medical technology kept me alive. But no, I'm not going to write a paper about it.

I'm back to gender. I'm planning to explore further the ideas in the chapter I wrote for *Gender Reckonings: New Social Theory and Research,* edited by James Messerschmidt, Patricia Martin, Michael Messner, and Raewyn Connell. The chapter, published last year, is "Paradoxes of Gender Redux: Multiple Genders and the Persistence of the Binary." And that brings me and you up to date.

Thank you!

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