Identity, Gender, and Tracking

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INITIALLY, MY EXPERIENCE IN THE INSTITUTION OF VETERINARY MEDICAL EDUCATION spurred my interest in this project. Then, the paucity of social scientific inquiry into the colleges of veterinary medicine motivated this research. Up to now, the veterinary community itself has performed much of that examination (see Hooper, 1994; Klosterman et al., 2009; Walsh et al., 2009; Willis et al., 2007). Indeed, veterinary medical education benefits from the knowledge gained through its own research. For example, veterinary colleges adjust their curriculum and policies to address problems uncovered by researchers (Nielsen, 2003; Radostits, 2003), although as this is an institution that influences social definitions of petkeeping, animal agriculture, consumption, and public health, the addition of social scientific research is indeed an important contribution.

Along the way, my interest in symbolic interactionist sociology, particularly in human-animal studies, and the study of boundaries fueled my enthusiasm for this research. The growing field of human-animal studies seeks to understand the place of nonhuman animals within society and questions its subsequent consequences. Researchers have extensively studied human-animal relationships with companion, or small, animals (see Alger & Alger, 2003; Gardyn, 2001; Haraway, 2003; Irvine, 2004; Sanders, 1999; Vitulli, 2006). However, research on human-animal relationships with production, or large, animals is less frequent, although increasing (see Cassuto, 2007; Ellis, 2014, 2013; Wilkie, 2005). Moreover, little extant research examines social settings where both types of animals exist. This makes veterinary medicine a promising site in which to examine the social construction of species. The tracking system in veterinary medical education uniquely contributes to this literature because it involves multiple species within the same place.

Studying the tracking system, and the accompanying categorization of species within it, connects human-animal studies with the research on boundaries and borders. I use nonhuman animals and veterinary medical education as a case study for how boundaries can work around different hierarchical bodies
of knowledge, around identities within a segmented profession, around blurred border statuses and spaces, and around gendered constructions within feminized fields. This work contributes not only to the specific institution of veterinary medical education and to the research on human-animal relationships but also to the sociological study of boundaries and their consequences, which apply to a myriad of different social groups and settings. For instance, sociologists study boundaries surrounding groups and settings characterized by race, class, and gender (see Barth, 1969; Bourdieu, 1979/1984; Epstein, 2006; Ridgeway, 1997; Sibley, 1995).

In drawing this book to a close, I will highlight how the major insights of this research contribute to these larger areas of sociological inquiry. I will also discuss the limitations of this study and suggest topics for further scholarship.

**COLLECTIVE AND INDIVIDUALIZED DISCURSIVE STRATEGIES**

In Chapter 3 I analyzed how the different discourses used in veterinary medical education pertain to the treatment of different species. This analysis can apply to how discursive strategies are used to justify differential behavior toward, management of, and resultant outcomes for various social groups. For instance, by examining how treatment discourses portray nonhuman animal patients either as individuals or as a mass herd, we can understand how decisions such as culling individual animals within a herd constitute acceptable medical practices in large animal medicine but not in small animal medicine. This pattern of individualizing social actors—here, nonhuman animal patients—or grouping multiple social actors into a collective can produce justifications for unequal treatment.

Other social groups that have been defined more as collectives than as individuals include “the homeless,” “minorities,” and “the poor.” The consequences of collectivizing social actors include stripping beings of their individual identity. Just as Phillips (1994) found that numbering instead of naming laboratory animals helps technicians distance themselves from the animals’ experience, so, too, does the herd health discourse in large animal medicine help students participate in animal production. This consequence can also produce apathy from the rest of society regarding the treatment of large animals. If they experience differential, unequal, or negative treatment, then it is easier for the public not to care. De-individualizing populations can separate them into parts, rather than whole entities. Animal production centers on grouping individual animals into a mass
herd, and then separating that mass into parts. Adams explains: “As their bodies are dematerialized as whole bodies to service our pleasure from fragmented body parts (leather, fur, meat, objects of scientific study), their suffering is rendered immaterial to assuage our conscience” (Donovan & Adams, 2007, p. 210).

Similarly, feminist critics of pornography note its dematerialization of women through focused shots of particular body parts, rather than the depiction of a whole woman. Adams claims the dematerialization is the first step in “not seeing” the individual victim (Donovan & Adams, 2007). The second step involves ideological construction that trivializes the victim and, therefore, leads to the conclusion that harm to an individual did not occur. The students’ claim of the animals’ “purpose” is an example of trivializing the reason that they exist. What my research particularly illustrates is that apathy can also be coupled with a sense of justification for treatment—in other words, that people don’t just “not care” about this treatment but that it is treatment required and in line with the greater purpose of that particular social group. The third and final step notes that harm is not seen because the individual is so devalued. Large animals are not seen as individuals, in part because their social value is so low compared to small animals. Just as large animals are “meant” to be individually culled for the protection of the greater herd, so too are other disadvantaged populations “meant” to receive differential treatment, which should go unchallenged by the rest of us.

KNOWLEDGE PRIVILEGING: COMPLEXITY VERSUS PRAGMATISM

Chapter 3 also grappled with the privileging of knowledge. In my research setting, the different discourses around the treatment of animals also led to a difference in the valuation of those knowledge bases. In the practices of treating large versus small animals, students learned to adopt a complex medical approach for small animals and a practical approach for large animals. The complexity of small animal medicine came from multiple factors. First, small animals are socially constructed as important individuals with a higher status in people’s social lives, as friends or even family members. Therefore, greater efforts go toward saving individual lives in small animal medicine. This push to do more medically for small animals comes partly from the human client, who defines animal patients as significant individuals worthy of advanced medical treatment, similar to that provided to humans. The complexity of small animal medicine also comes from the
profession itself, through greater breadth of procedures utilized in small animal practice. Related to the social definition of companion animals, a procedure such as chemotherapy for a small animal with cancer is accepted as a valid treatment plan as this procedure could ultimately perhaps save a life of a patient deemed individually worthy. The combination of the value placed on companion animals and the technological advances taken for granted in small animal medicine contributes to the complexity of the field.

This complexity leads to the privileging of small animal knowledge over large animal knowledge because of the higher valuation of the patients and the higher volume of the procedures. Large animal knowledge, on the other hand, relies on the characteristic of pragmatism as a way to claim some power and privilege. Large animal practitioners work within a system that relies heavily on a capitalist business model. Therefore, they face economic constraints when making medical decisions for their patients and must be practical about saving lives. They must limit their efforts to maximize the profitability of the animal, who constitutes a commodity or product. Rather than conceding to their lower status compared to small animal students, large animal students described their practical sensibilities as a positive trait within their specialty. In the end, I discovered that small animal students were mostly privileged as having more book smarts, participating in more complicated medical practices, and contributing to society by caring for highly socially valued animal patients. Large animal students, in contrast, while disadvantaged in many ways compared to small animal students, attempted to gain some privilege by constructing themselves as more street smart, using more practical medical approaches, and contributing to society by protecting the nation’s food supply and public health.

Examining the construction of boundaries around different bodies of knowledge in veterinary medicine sheds light on how different types of knowledge acquire value and prestige. In doing so, this research highlights the work of Abbott (1981, 2014), who claimed that much of what we know is divided into, and controlled by, a system of professions. Therefore, professions hold immense power. Veterinary medicine emerges as the authority on animals and, therefore, has great influence over their treatment. However, veterinary medicine is also a profession that is divided into different areas of expertise. As in veterinary medicine, other systems of knowledge also manifest separate specialties or subdisciplines, with value allocated unequally among them. Abbott (2014) notes that internal stratification in professions has the potential to disrupt the profession’s goal to remain distinct from the public; however, this threat can dissipate in a stable status hierarchy within the profession. Thus, my research builds on the literature
on professions to show that a status hierarchy can be challenged within a profession, while at the same time the professionals maintain a unified collective identity separate from the public. My research reveals how disadvantaged specialties use particular discourses to reap power and privilege within a system that holds them as less sophisticated than other specialties. Additionally, the discursive strategies draw on unique institutional ideologies; in the case of veterinary medicine, they include the socially constructed boundaries around different animal species. The discourse of practicality used by large animal students in my study reframes them as competent social actors working with the resources they have. Other disciplines likely use similar reframing strategies by incorporating their own institutional ideologies. For example, in the field of medicine, nurses may rely on a “working on the front lines” hands-on discourse to claim some power over physicians.

EXTENDING PRIVILEGE TO KNOWLEDGE HOLDERS

Chapter 3 examined how the privileging of knowledge serves to privilege its bearers by extension. Because small animal knowledge emerged as the privileged specialty compared to large animal knowledge, small animal students consequently occupied a privileged status. The image of “the cowboy kid at the back of the room” illustrated this well. Through mapping the classroom, students attached value to others based on where they sat and what they wanted to learn. Even as students repeatedly denied that the image of the large animal student at the back of the classroom implied less intelligence or capability, their descriptions inferred those very characteristics.

The derogatory characterizing of the holders of large animal knowledge has deep roots in the field of veterinary medicine. As I discussed in Chapter 3, large animal medicine was veterinary medicine at the beginning of the profession. Yet early practitioners were not highly valued. Their barnyard offices and crude medical procedures were deemed as unprofessional, dirty, and rudimentary (Jones, 2003). These valuations have lingered in the profession, and today many of these disparaging traits still tar large animal practitioners.

The process through which those who hold particular types of knowledge gain attendant privilege constitutes an important area of sociological research, especially in the literature on the professions. The boundaries between experts and laypeople result from separating different bodies of knowledge and attaching value to them (Collins, 1979; Kerr et al., 2007; Sarfatti-Larson, 1979). My research
contributes to the understanding of how professions, and the specialties within them, have internal boundaries that further distinguish experts from those unworthy of that title. In other words, although specialists receive the same training, hierarchies emerge in particular professions, reflecting the value placed on a specific type of knowledge, which in turn reflects the value placed on the focus of that knowledge. In veterinary medicine, the boundaries around treatment discourses, specialty knowledge, and the knowledge holders themselves have important consequences for the experiences of those within this institution and for any who interact with them. Many of the consequences are distinct from those of other professions. For example, veterinary medical knowledge informs policy on animals. Thus, which specialty is considered more complex, and which practitioner more intellectual, influence whose advice is adhered to regarding policy decisions. For instance, the horse slaughter ban was influenced by small animal perspectives that place horses as companion animals who should not be slaughtered. Outside of veterinary medicine, expertise in human medicine has shaped policy on mental health, although mental health stands outside many physicians’ direct specialization. This is another example of the power and privilege granted to specific professionals.

**SEGMENTED PROFESSIONAL IDENTITIES**

In Chapter 4 I introduced the concept of a segmented professional identity. This identity exists within an occupation composed of members engaged in activities that differ dramatically. In veterinary medicine, and particularly in veterinary medical education’s tracking systems, areas of animal medicine differ so markedly that they represent virtually different careers. Yet students reported that a professional identity did indeed exist and that all students, regardless of track or interests, acknowledged a collective sense of what it means to be a veterinarian. Because all students, regardless of track, tried to maintain a professional identity, I described this unique type of identity as segmented.

Segmentation meant that students had to employ different techniques to maintain access to the professional identity of veterinarian. Most notably, they strove to maintain this access to strategically defend their identity. Although Goffman (1963) used the concept of a spoiled identity to describe individuals facing stigmatization, I use it to characterize a profession facing that risk. Specifically, the profession’s identity is contingent on the care its practitioners provide. Because the practice of veterinary medicine involves procedures that arguably challenge notions of what it means to care for animals, the students I spoke with recognized
the risk to their identity. They manifested this recognition by defending their identities as skilled, caring advocates for animals, despite sometimes having to inflict pain or appear cruel.

Using the concept of a spoiled identity in this way broadens the scope of stigmatization. Even esteemed professionals must use defensive strategies to maintain definitions of who they are. Admittedly, this differs from what social outcasts on the margins of society experience. Yet understanding how those with social capital handle perceived threats can inform the study of stigmatization. Further, the concept of segmentation adds nuance that can facilitate research on how internally diverse groups create and maintain collective identities.

**OCCUPATIONAL CARE WORK: TRANSFERENCE OF CARE AND LEGITIMATION**

In Chapter 4, I described veterinary medicine as a profession identified by the care it provides to animals. I term this as *occupational care work*. Care emerged as the central element of the professional identity for the veterinary students in this study. At the same time, however, they wanted to avoid being seen as “simply” caregivers. My analysis of our conversations revealed a three-part identity consisting of caregiver, advocate, and doctor. Whereas the caregiver aspect jeopardized students’ professional authority, the aspects of advocate and doctor helped to legitimize their status as authorities on animal care. They compared themselves to physicians, having received similar training, and even claimed to possess more extensive knowledge because they treated more than one species.

Although the veterinary students did not want to be seen as just caregivers, they regularly insisted that they did indeed care for animals. Moreover, they defended their capacity to care in different ways, depending on the track they were pursuing. I noted two defensive strategies. One involved shifting the understanding of care, as determined by the animal’s purpose. The other involved what I refer to as the *transference of care*. By changing the definition of care according to species, students could still call themselves caregivers even if care meant ensuring the well-being of large animals destined for slaughter. Because the socially constructed purpose of large animals is for consumption, the provision of care until death is considered not only acceptable but ethical. However, this standard of care would be neither acceptable nor ethical in small animal medicine.

Transference of care refers to the process through which students redirect their focus of care beyond the animal patient. Veterinary students spoke of transferring
care to the human client, for example, or to the herd. They also transferred care to members of the public, who would ultimately consume some of their animal patients. In this way, students could avoid justifying their caregiving by reinforcing an animal’s purpose and instead focus their efforts on their role in a greater good. Redirecting caregiving in this way emphasizes veterinarians’ role in society at-large and minimizes the risk of trivializing portrayals as “merely” animal doctors.

Along with the transference of care, shifting the understanding of care allows veterinary students to maintain access to the collective identity within a segmented profession. Because students claim this identity differently depending on the track, they employ various strategies to reach a collective understanding of “veterinarian.” By shedding light on the strategic claiming of professional identities, this research contributes to the literature on identity boundaries and how groups distinguish “us” from “them” (Brubaker & Cooper, 2000; Jenkins, 1996). Further, the strategies I discussed broaden the idea of what it means to care and who can claim a caring identity. This can assist future work in the ethic of care tradition (Gilligan, 1982; Tronto, 1987, 1993), as well as research on medical futility, which concerns decisions about lifesaving interventions for the dying or terminally ill (Schneiderman et al., 1994). Physicians must grapple with a similar struggle around their own identities of occupational caregivers when they disagree with their patient, or their patient’s surrogate, over the right to decide whether a treatment that could save their life is futile and, therefore, should not be performed. In this way, this study of occupational care work and caring professional identities extends to other professions that also incorporate an ethic of care and, consequently, debate over the definitions of care.

**BORDER SPACES AND BLURRED CATEGORIES**

Throughout this book I have defined borders, following Morehouse (2004), as “spaces where the everyday realities of boundaries are played out” and “where cultural identity, sheltered by the boundary, becomes blurred, mixed, creolized” (p. 19). In Chapter 5 I discussed how the boundaries within veterinary medical education became most apparent in the prominent border space occupied by the horse. Veterinary students’ education around horses emphasized the blurring of definitions of large and small animals, the practice of large and small animal medicine, and the students’ own notions of what it meant to be a large or small animal veterinarian. My analysis revealed four main sites that illustrated
the border status of horses: purpose and place, medical practices, economics, and the horse slaughter ban. In each border site, horses constituted ambiguous animal patients with the potential to cross the boundaries between large and small animals and change from companion to tool. The history of horses in veterinary medicine provides ample documentation of boundary crossing. Horses were the first official patients in veterinary medicine, due to their significance as work animals. However, the changing technology of our increasingly industrialized society, coupled with evolving practices of modern-day farming and petkeeping, led to shifts in the definition of horses. The shifts occurred unevenly over time and place. Therefore, in veterinary medical education today, horses exist as a border species within the border track of equine medicine.

The students I spoke with struggled to place horses into their dialogues of their experience in veterinary college; they could not always make horses clearly fit. While their struggle highlighted the ambiguity of horses as a species and their seemingly troublesome and unclear definition, it also allowed more communication to occur around how and why we place animals in these roles in the first place. The students showed me that border spaces, such as equine medicine, could lead to social change regarding the placement of animals, and consequently to social change regarding their treatment. For example, the current contested issue of horse slaughter illustrates the impact of social definitions on the treatment of animals. Horses became boundary objects that can simultaneously reinforce boundaries and help break them down (Bowker & Star, 1999; Star & Griesemer, 1989). As a boundary object, horses can symbolically serve to help human social actors reinforce the boundaries between small and large animals, but they also can serve as communicative interfaces between those boundaries because they carry qualities of both areas at once. Because this type of boundary object is a living being, the case of horses widens our ideas of what boundary objects look like and how they can operate. This can potentially apply to other living boundary objects, such as humans, showing how we can use other people to define and preserve boundaries.

**SEGREGATED FEMINIZATION**

In Chapter 6 I introduced the concept of segregated feminization. Veterinary medicine now constitutes a feminized occupation, at least in numerical terms. Research has examined the reasons for feminization, the speed with which it has occurred, and the consequences of the transition from a male- to a female-dominated pro-
profession (Irvine & Vermilya, 2010; Lincoln, 2010). However, up to now, research has yet to investigate the gender dynamics within the smaller specialty of large animal medicine, which still consists primarily of male practitioners. Because small animal medicine, the numerically larger specialty, is feminized, the profession as a whole has been widely described as feminized. However, because large animal medicine still mostly draws men, and may even deter women, its culture and dynamics may hold the answers to lingering questions about gender and feminization, both within veterinary medicine and beyond.

When I asked veterinary students how they understood gender and feminization in their education, they largely described gender as unimportant yet also noted the huge gendered difference in enrollment. They framed many of their stories in gendered terms, albeit unknowingly. They used essentialist tropes to explain segregated feminization. Alternatively, I proposed that the push and pull factors within the “good ol’ boys club” of large animal medicine explained what either drew or deterred women from that particular area. This hypermasculine specialty made it more difficult for women to enter due to the gendered history of veterinary medicine and barnyard culture. Women were assumed to lack the physical strength to work with large animals or thought to abhor “dirty” labor. I argued that the persistence of a good ol’ boys club in large animal medicine better accounted for the gender segregation within the profession.

Although the large and small animal medicine tracks remain gender segregated, the equine concentration emerged as another border space, this time in terms of gender. The ambiguity of this contested site of animal medicine, where I noted the blurred meaning of horses, paves the way for the blurring of gender, too. Presentations of femininity and masculinity exist in this border zone without the same regulation seen in the more rigidly bounded areas of small and large animal medicine.

As a segmented profession characterized by distinct specialties or tracks, veterinary medicine seems to also have boundaries along gendered lines. While boundaries exist around the different specialty bodies of knowledge, around the identity work of those within those distinct areas of specialization, and around the animal species themselves, they also exist around gender for the tracks are gendered due to the work they entail on the animal species they target. Because gender affects all of this boundary work, one cannot understand the valuation of knowledge, professional identity maintenance, or the social construction of species without understanding the pervasive role of gender.
LIMITATIONS AND FUTURE DIRECTIONS

This study primarily focuses on a veterinary college in the western United States, and the college bears the imprint of the geography, climate, and local animal practices of the region. The location of a veterinary program influences the species its students will treat and the social definitions of those animals. However, I tried to counteract these limitations of locality by including participants who came from veterinary programs across the U.S. so that each major region eventually had representation. While these initial inquiries do not allow for generalized claims about the differences across these regions, major patterns and trends remained constant across the different spaces. The outside participants echoed most of the themes covered in this book. However, future research should determine what differences do exist across different contexts.

Another limitation of this study centers on the demographic population available to me. I primarily interviewed white women. Although this category constitutes the greatest percentage of veterinary students today and, therefore, is representative of the veterinary student population, it offers no insight into the experiences of non-whites (see Brown, 2005; Elmore, 2003). While ample research has documented the perspectives of men in many occupations, research has yet to examine men’s experience within the now female-dominated profession of veterinary medicine. Studies of men in veterinary medical education would help determine what push and pull factors exist for them. For instance, many of the non-white participants I interviewed alluded to cultural barriers they had to overcome, such as familial approval of the profession as a worthwhile career, familiarity with the practice of petkeeping, and consumption practices that are more normative in their own cultures, such as vegetarianism or veganism. Some of the participants were vegetarian or vegan, including whites and non-whites, and maintained these identities throughout their veterinary training; however, they did admit to struggling morally in their large animal courses, which took the consumption of animals for granted. Future studies on the experience of vegetarian and vegan veterinary students, especially within the tracking system, would establish how they maintain what seem like competing identities. This research would add to the literature on other competing identities, such as those immigrants experience as they attempt to maintain their native cultural identity and acquire a new citizen identity.

These limitations call for more research, not only in the specific institutional setting of veterinary medical education but also in the wider areas of human-animal
Sociology’s focus on stratification, collective meaning making, and social interaction, among other topics, benefits research examining human-animal relationships. In particular, boundaries constitute a growing topic of inquiry, useful in studying knowledge, identity, borders, and gender. Research could also examine other social constructions among animals, people, and ideas. The concept of boundary work should be applied further to the newly developed discipline of human-animal studies. Just as boundaries exist in other areas, so, too, they exist around our interactions with nonhuman animals, which constitute a large part of contemporary social life.

And of course veterinary medical education itself could benefit from learning more about boundary work. As a site where much boundary work takes place, either formally or informally, veterinary programs could better prepare their students for walking the challenging lines of these bounded spaces. Human medicine has increasingly incorporated the social sciences into its curriculum, and it is my hope that veterinary medicine follows suit. Veterinary colleges should strive to move beyond simply offering ethical courses for students to grapple with moral decision-making, but they should also offer courses on how ethical boundaries are decided upon, the historical and social context that brought us here, and the cultural nuances students will encounter in their practice with different animals, clients, and social institutions. And as one of the more intensely feminized professions that currently exists, veterinary medicine also has a responsibility to examine how gender operates—especially as it often does so in unequal ways.

When I began this study, I thought that veterinary medical education would reveal itself as an institution that shapes student perception of animals. Further, I thought that tracking served to differentiate those perceptions, leading students to believe contradicting ideas about species. In part I indeed found these predictions to be true. However, gradually, the students I interviewed made me realize that more boundaries existed in veterinary education than simply between species. Also, I discovered that the creation and maintenance of the boundaries is not just an institutional influence, mandated by the profession, but that students themselves are involved in boundary work. The effect of this discovery shifted the research to a symbolic interactionist approach, which helped me understand that the boundary work in veterinary medical education is interpersonal, as well as institutional, and is multifaceted to reflect the vast diversity in our relationships with animals.