NARRATIVE
ESSAYS

From Cutie to Cougar

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"Love the hair – you look like a real cougar!"

A colleague's recent reaction to my postlockdown silver mane was conveyed with the smile and body language of a sincere compliment. I mumbled something about the pandemic and moved on. The remark seemed tasteless but not worth the trouble of taking offence. Maybe I was mistaken. Maybe cougar didn't imply a sexually-predatory older woman. Was I overly-sensitive to disrespect? Unable to appreciate a joke? I was surprised, perplexed, frustrated, and disappointed. Why, after 50 years in medicine, did I still have to deal with such remarks?

Inappropriate characterizations take many forms, depending on intent and the prevailing stereotype for the age/type of woman. The obviously offensive or derogatory remarks can be directly addressed; the ones with possibly positive intent are more difficult. Ignoring clumsy, inappropriate compliments seems discourteous; but addressing them risks souring current and future interactions. Is there a good way to convey, "Ok I look good, now let's move on?"

My son thought the cougar incident was hilarious and pointed out the many other characterizations of a woman my age (all negative). Female friends expressed a range of opinions from well-meaning but inappropriate to disgusting. Like me, they felt caught in a tangle of interpretations from joke to insult. I realized "cougar" is the final step in the long process of characterizing women by perceived attractiveness to men. I had climbed the epistemological ladder from cutie to cougar.

Maybe I was cute when I entered medicine. I was young and naïve, one of that restless generation of baby boomers. Being repeatedly told medicine was not a suitable career or that I was not sufficiently intelligent, only increased my commitment. I expected success to depend on a combination of ability and hard work. I did not believe appearance was relevant, beyond appearing appropriately professional.

I first realized that appearance could sabotage professional aspirations during the admissions interviews. I expected tough but fair competition and was shocked to realize that any woman's admission required the *very* serious process of reassigning a man's place. Questions about my becoming a physician inevitably transitioned to discussion of more appropriate careers. Interviewers harped on the wasted investment of training women physicians. I was asked what I would do if a future husband did not want his wife to work; I vowed dedication to medicine, regardless of potential suitors!

None of the interviewers were hostile or unkind. They were distinguished-looking older gentlemen who took their responsibility as gatekeepers to the profession very seriously. The inevitable "you look so young" and compliments on my appearance might seem patronizing and inappropriate to modern applicants; at the time they appeared genuine. A colleague was told she was "too pretty to go into medicine and would distract the male students." She is still not sure if it was a joke! I remember serious concerns about my physical and emotional stamina. I was cautioned, "it gets pretty rough in medicine." At 5' 2" and slightly built, this may have been a genuine concern. I don't recall details of my repeated attempts to be taken seriously, except blurting out in exasperation, "It's 1965, nobody thinks like that anymore!"

Among the few girls in the class, I was the small blonde one. In the robustly masculine environment of 1960s medical school, this implied lacking the intellectual and physical stamina to do more than be decorative and possibly available. I fared better than a classmate who had a large bust. At the time, sexually-based comments, innuendoes, and jokes were normal in all environments, not just medicine. What is now regarded as toxic masculinity was accepted and tacitly or overtly

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encouraged. We basically just got on with things, trying to get past the moment, maybe with some eye-rolling or sighing. A witty response might be effective, but brilliant remarks didn't often come in the moment. Even a great put-down could misfire, and exhibiting anger or annoyance just made things worse. We constantly navigated between the hazards of being a wimp by letting things go, or being labelled as difficult, hostile, or worse.

Most of it was just talk and insinuations, but we all knew who the gropers were and which men and situations to avoid if possible. We all mastered the doorway skip—a sudden acceleration to avoid a pat on the behind. Residents were the biggest problem. They lived in the hospital and diligently sustained their reputations for working, playing, and drinking hard. A few attendings were problematic, but they were the ones who treated nurses like handmaidens, and they were more careful around the few female medical students. The older attendings grumbled about women in medicine but were generally courteous and condescending. They did their damage by mentoring and acculturating only our male colleagues.

I only recall being targeted by inappropriate sexual behavior on a few occasions. Maybe it was so prevalent that we just didn't notice. My husband recalls watching a professor repeatedly pat my thigh during a seminar, but I have no memory of the episode. A couple of incidents occurred after my career was well-established, providing startling reminders that gender-based mistreatment is about control and power, not sexual gratification. Seniority does not protect from inappropriate behavior or comments. In professional situations, I have probably been addressed by every possible term: cutie, sweetie, honey, darling, dear, cookie, blondie, sexy and many more. Comments on my shortcomings have usually had anatomical, bovine, or canine connotations.

Gender-based mistreatment has no place in medicine and has rightly received a lot of attention. Beyond the initial policies, regulations. and recommendations, I welcome the increasing focus on real environmental and cultural change to address the less obvious but more pervasive microaggressions and of what is normal or appropriate. These cumulatively erode the confidence of female physicians and damage their careers. Now we need to seriously address language. Words convey and validate perceptions. Language based on physical attraction and sexuality demeans individuals and impairs collegiality. Can we develop terms without sexual innuendo to compliment women? For the dignity of professional women and our often confused (if well-meaning) male colleagues, can we replace the descriptive progression from *cutie to cougar?*

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