

We need to talk about manels: the problem of implicit gender bias in sport and exercise medicine

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In 2015, a website (www.allmalepanels.tumblr.com/) began documenting instances of all-male panels (colloquially known as a ‘manel’). This, along with the Twitter hashtag #manel, has helped drive recognition of the persistent and pervasive gender bias in the composition of experts

assembled to present at conferences and other events.

Recent social media discussions have similarly highlighted the prevalence of all-male panels in Sport and Exercise Medicine (SEM). While, to our knowledge, all-male panel trends in SEM have not yet formally been documented or published, one need look no further than SEM conference committees, keynote speaker lists, panels and other events to see that it exists in practice. Why, in 2018, is SEM and its related disciplines still failing to identify and acknowledge the role that implicit bias plays in the very structure of our own research, practice and education? SEM is, after all, a profession that contains experts, and serves populations, of all genders.

This editorial will introduce the definition, implications and manifestations of implicit gender bias and then explore how the SEM community can begin to address this issue, advance the discussion and develop a more equitable global community.

WHAT IS IMPLICIT BIAS?

Social cognitive theory describes ‘implicit bias’ as the unconscious inflation or deflation of certain groups’ perceived value in accordance with socially accepted depictions of those groups (Harvard Project Implicit; see www.implicit.harvard.edu). As the term suggests, biases are not necessarily deliberate or endorsed, but rather a by-product of socialisation. We all have such biases; most do not recognise or acknowledge them (take a test to begin assessing your own biases through Harvard’s Project Implicit). This means that individuals are susceptible to perpetuating biased choices and actions, even when these are contradictory to their explicitly held beliefs. This phenomenon

is clearly demonstrated in the classic riddle about the boy and his surgeon (box 1).

WHY IS IMPLICIT BIAS PROBLEMATIC, EXACTLY?

Investigating the prevalence of all-male panels using the implicit bias framework enables us to understand how such occurrences, rather than always being products of overt malice, are manifestations of a bigger, highly complex, structural problem. All-male panels are best understood as one expression of a society that structurally affords certain groups rights and privileges over others. This dynamic is further compounded across numerous axes of privilege and disempowerment, upheld through social institutions that unequivocally allocate power according to skin colour, country of origin, ethnicity, socioeconomic status, gender identity, sexuality and able-bodiedness, among others.¹

HOW ELSE DOES IMPLICIT GENDER BIAS MANIFEST IN SEM?

National research funding in such countries as Australia and Canada has been shown to be skewed towards researchers who identify as men.² Further, participants who identify as women are consistently under-represented in SEM research.^{3,4} In tertiary education and leadership, gender bias manifests as a tendency to overestimate the qualifications of men and underestimate of the qualifications of women.⁵ In practice, ‘our students don’t resemble the populations they came from and will eventually serve’ (www.twitter.com/sunopeningband/status/932118025204932608). These manifestations have real-world influence on the

Box 1 Who is the surgeon?

A father and his son are in a car crash that kills the father. The son is rushed to the hospital; just as he is about to undergo surgery, the surgeon says: ‘I can’t operate—the boy is my son!’.

Who is the surgeon?

In order to demonstrate implicit bias, the classic answer is, of course, that the surgeon is the boy’s mother. Many people fail to recognise this due to ingrained bias about gender coded to the word ‘surgeon’.

We also acknowledge that other answers to this riddle, outside of the heteronormative, include the boy’s other father or step-dad.

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Table 1 Common diversions around the problem of all-male panels

Common diversions	Response
Myth of meritocracy (we select speakers on expertise not identity)	Merit and quotas are not mutually exclusive See LSE Impact Blog post for a full debunking of this myth:
Women want to be invited based on expertise and not identity	Merit vs equality? The argument that gender quotas violate meritocracy is based on fallacies www.blogs.lse.ac.uk/politicsandpolicy/merit-vs-equality-argument/
Survivorship bias	Women are prone to implicit gender bias too
There are already women in leadership positions in this field/at this conference	While women may be present in leadership positions, this does not negate the dynamics that make all-male panels a persistent and pervasive problem Further, it does not automatically follow that women leading/attending Sport and Exercise Medicine events are represented as invited speakers
False narrative of individual choice	Interrogate the nature/timing of the event and request
We asked—no women were available/they all declined	Ask why they declined—can the reason be overcome? Amplification—ask for recommendations for other experts who identify as women
There are women talking about/at (insert other topic/conference here)	The persistent prevalence of all-male panels and keynotes indicates that this is not enough—we need to ensure inclusion and diversity across the board
There are no/not enough women in this field	Speaks to a much bigger problem about inclusion in the field at large—why are women not progressing/what is keeping them out today?
Women are not interested in this field/topic/conference	See the Women in PT/Medicine list (source redacted for peer-review purposes)
This is reverse-sexism (similarly, reverse-racism)	While many understand sexism and racism as an expression of gender-based and race-based antagonism, institutional power is what transforms prejudice into inequity (Bidol, 1970). Correcting disparities in institutions of power is a first step towards alleviating that inequity
Women need to 'lean in' more	This places problematic onus on individual women to 'lean in' or 'be confident' when there are very real structural barriers that exist
Women need more confidence (women of colour, conversely are often implicitly coded as having <i>too much confidence</i>)	Expecting of women to fit societal expectations will not solve the problem of structural inequity. Redressing structural inequity is an important step to better representation

Bidol PA. 1970. Developing new perspectives on race: an innovative multi-media social studies curriculum in racism awareness for the secondary level. Detroit: New Perspectives on Race.

accumulation and distribution of professional, economic and political capital within the SEM community, as well as that community's ability to meet the population's needs. In this way, implicit bias has complex and compound negative implications for the continued evolution of SEM research, education and practice.

HOW CAN WE START BUILDING A MORE EQUITABLE GLOBAL SEM COMMUNITY?

Historian Mary Beard⁶ documents that *muthos*—speaking with authority in public—has been socially coded as the domain of men in Western societies since

Homer's *Odyssey*. The question, then, is far from how we can merely get more women to participate, but rather 'how can we make ourselves more aware about the processes and prejudices that make us not listen to her' (Beard, p. 226).⁶ This is particularly pertinent around leadership and public intellectual work where 'we are dealing with a much more active and loaded exclusion of women from public speech' (Beard, p. 126).⁶ Instead of placing the onus on individual women to 'lean in', we must interrogate and dismantle the structures that are actively keeping women (and other institutionally oppressed groups) out.⁷

Ensuring that SEM better represents our community and those we serve will require multiple approaches. Individuals who come to recognise the existence and consequences of implicit bias can acknowledge their own potential for biases, redress these shortcomings, and help move our field forward. Speaking up about gender imbalance improves diversity among invited speakers.⁸ However, building a more equitable global community means that we must go further than easy answers to complex issues (table 1). Paying keen attention to who is heard (table 2) is key to advancing research, education, best practice and policy.

It's a start. Join us.

Table 2 Considerations when convening a panel (conversely: what to ask about when invited to speak at/attending an event)

Aspect	Considerations
Who is represented? Who is <i>not</i> represented?	Gender (including people who identify as non-binary) Skin colour (particularly women of colour and Indigenous peoples) Ethnicity Socioeconomic status Gender identity Able-bodiedness Country of origin (people from LMICs, Global South) Sexuality (people who identify as LGBTQ+—if safe for them to openly participate) Career stage (graduate students, early career researchers) Age
Topic	All of the above, plus: Patient perspectives Athlete perspectives Student perspectives Non-clinician team members (eg, coaches, parents)

LGBTQ, lesbian, gay, bisexual, transgender and queer; LMIC, low-income to middle-income country.

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