

Looking beyond the pool: An intersectional feminist perspective on osteopathic education.

Sanja Maretic

Andrew MacMillan

Andrew.MacMillan@UCO.ac.uk

To educate is a practice of freedom ... is a way of teaching anyone can learn"

bell hooks, Teaching to Transgress

1. Introduction

One of the most enduring tales in Eurocentric mythology is the myth of Narcissus. The beautiful young male creature falls in love with his own reflection in the pool and spends his days staring at it, heedless to the world around him [1]. According to literary interpretations, the myth of Narcissus is primarily a story about vanity, body-obsession and solipsism [2]. At this point, a reader may wish to stop and ask themselves what does a myth have to do with osteopathy?

It takes one look on the professions' social media to see overwhelming images of half-naked bodies and manual techniques accompanied by the turn-the-volume-up commentary and, often erroneous and untrue advice regarding posture and body image. Questions such as: *'What makes osteopathy unique? How is osteopathy superior to other healthcare professions?'* repeatedly pervade osteopathic discourse from small discussions on Facebook to large international conferences. Furthermore, from the ideas that musculoskeletal alignment symbolises health and homeostasis and everything that sits outside of this is somehow unhealthy and ugly; to banal and fatuous aphorisms, masquerading profundity, such as "osteopathy is what the osteopath does" sadly, much of osteopathic culture is reminiscent of the Narcissus admiring his own reflection in the water.

In this paper, we pose this type of discourse which ascribes value based on aesthetic features, obfuscates what is truly important in osteopathy and society; making it unclear who do we serve and protect, other than ourselves?

It is worth noting that three primary attractions dominate the myth of Narcissus, which are 1) attraction to the physical body 2) attraction to sameness, and 3) preference of isolation. We argue that these are not unlike the state of affairs that have been percolating the osteopathic profession since its beginnings. We recognise that many of these issues are not unique to osteopathy and are present in physiotherapy and medical education, however, here we chose to focus on our own profession and experiences within osteopathy [3,4]. In this paper, we intend to look at the osteopathic relationship with aesthetics and corporeality and their impact on the educational environment and the people within it.

2. Laying the heuristic ground

We use this myth as a heuristic device, to investigate this topic in a novel and personal way, distinct from the constraints of accepted and traditional theory [5], often used in works of this nature [6–9]. This is somewhat

autoethnographic in approach [10], however using theory rather than methods [11]. Metaphor, mythology and stories are frequently used within education and clinical practice to exemplify and transmit knowledge and ideas in an accessible form, sometimes lost in dense academic works [12,13], particularly in works such as this whose intended audience is manual therapy

clinicians who may not have familiarity with the depth of social theory, which is often jargonistic and at times challenging to interpret [14,15].

By using a myth and story, traditionally less used genres in academia, we also want to challenge hierarchical forms of academic dissemination and pedagogical practices that reify domination of one way of knowing over another. We have taken the opportunity to highlight and discuss the ways in which osteopathy is enacted and held and situate this work with the multitude of wider perspectives regarding osteopathic identity, its ramifications and future directions. This paper may compliment, contradict or challenge some of these views.

This paper is written for a special issue of the International Journal of Osteopathic Medicine in celebration of Prof Stephen Tyreman who was a voice of humanness, epistemic fluency and critical renaissance within the profession for many decades [16]. Inspired by the work of Prof Tyreman, it is our hope that the future of osteopathy is a future that encompasses a plurality of stories, bodies and epistemologies. Whilst the latter inextricably overlap, in this paper we examine the story of the body in closer detail.

3. Perspective

This commentary is informed by a conflict-based perspective and intersectional feminist lens. We invite readers to view these themes from a conflict-based perspective [17,18], facilitating the difficult process of reflection, self-examination and possibly emancipatory change rather than engage in mere academic rhetoric, blame or judgement. The conflict we are endorsing is one that has the power to strengthen relationships and community dynamics, by the means of critical reflection of our shared osteopathic tradition, and acceptance of our differences as human beings. In other words, our conflict-based perspective is an invitation to accountability, not volatility.

As an antidote to the type of individualism, exceptionalism, and homogeneity we are describing here, we choose to deploy an intersectional feminist lens, rooted in the work of Audre Lorde who once upon a time identified as a *black, lesbian, mother, warrior, and poet* [19]. Intersectional feminism's basic presumption is that how we move through this world is informed by our race, class, gender, and other social constructs and structures which have power to oppress people, in multidimensional ways. These forms of oppression are structural, cumulative and, at times, lethal [20].

We recognise the work and contribution of well recognised and widely cited sociologist Michel Foucault, especially when it comes to the topics of power [21] and knowledge [21]; illness [7–9] and sexuality [6, 22]. However, in order to move away from the dependence on Eurocentric thinkers and dominant white male gaze, we choose to position our paper in the social theory imbued with marginalised and oppressed voices of black lesbian feminist Audre Lorde. Therefore, Lorde's intersectional feminist theory is the central theory in this paper or in Ahmed's terms, the central "feminist brick": the theoretical and methodological support on which we come to base our work. Each feminist citation is therefore a "feminist straw" building a philosophical edifice conceptualising our work [23].

Lorde was a prolific theorist, writer and poet. She carried intersectionality

in her bones and understood that white feminism centres oppressions of white, heterosexual, western, middle-class women as the only form of oppressions, whilst ignoring how the system discriminates against Black and Latino women. At the feminist conference in 1979, Lorde condemned the conference's organisers and speakers for excluding race, age, class and sexuality diversity from its topic. "The masters tools will never dismantle the

master's house" and "personal is political" are some of the famous words uttered at the conference and subsequent book which paved the way for the intersectional feminism that we know today. Many have been inspired by Lorde's work, namely Cherríe Moraga, Gloria Anzaldúa, and Kimberle Crenshaw who later 'coined the term "intersectionality" in order to enable structural analysis of discrimination faced by black women [24,25]. In one of the interviews [26], Crenshaw defined intersectionality as following:

"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LBGQTQ problem there. Many times that framework erases what happens to people who are subject to all of these things. (...) The other issue is that intersectionality can get used as a blanket term to mean, "Well, it's complicated." Sometimes, "It's complicated" is an excuse not to do anything. At AAPF and the Center for Intersectionality and Social Policy Studies, we want to move beyond that idea."

Lorde's words forever linger and we draw our central thesis from her seminal work about *Master's Tools* [19], which is that osteopathic education, with its focus on the self, undressing practices and acquiring knowledge through the means of half-naked bodies ignores structural and intersectional inequities that influence people's bodies and health [27,28].

Furthermore, we believe that education that insists on dressing down and using half-naked bodies as prime means of knowing is inherently anti-feminist and exclusionary, as it is oblivious to how different bodies move, take space and experience the world. It equally ignores changes in culture, societal diversity and technological advances which make this way of knowing a choice and not a necessity. We challenge the existing status quo as the only episteme with which osteopathic knowledge can be acquired.

The patriarchal system we are discussing consists of power¹ relations in which the interests of women, sexual and gender minorities, ethnic minorities/marginalised ethnic groups, black and brown, poor and disabled people are subordinated. These power relations take on many forms, from additional labour such as epistemic [29], physical and societal such as additional childcare responsibilities, to internalised norms and perpetuation of expectations of femininity/masculinity by which we live, therefore, the patriarchy as a concept is not solely enacted by men [30]. Inherent within conflict theory is the intersecting conflicts between social position, power and identities, individuals may participate in and perpetuate these systems unknowingly, at times oblivious to their existence [18]. These issues have been brought to societies' consciousness in recent times via social movements such as #metoo and #Blacklives matter, reignited by the impact of recent events in the world such as the killings of Breonna Taylor and George Floyd.

Whilst foregrounding intersectional feminist framework, our discussion is positioned within the wider literature of critical frameworks, such as: Critical Disability Studies [31], Critical Race theory [32], Dis/Crit [33] and Queer Phenomenology [34]. We acknowledge the limitations of this social commentary and the pragmatic limitations of acknowledging all of the vast foregoing literature as well as the neoliberal constraints within osteopathic training which may limit the utility and implementation of these ideas. Certainly, further consideration and primary research co-constructing knowledge with learners and potential learners is needed.

4. Personal as political: positionality

We write this piece from the emic perspective as osteopaths who have experience within multiple different osteopathic educational institutions. As an authorship team, 'we' encompass varied perspectives and identities. I, the first author, a European white female in my thirties, acknowledge that the

system privileges those who look like me, affording me access to quality education and job opportunities. And yet, based on the same and other identity attributes - as a woman and immigrant - I have found myself to be oppressed by the same system. In my education, I encountered many sexist and fetishist comments based on the colour of my hair, accent, and body shape which often made me feel reluctant to participate in manual technique modelling. I feel it is necessary to say that these comments did not come from men only, and I want to invite us to consider how complicit we all are in framing an institutional culture where such comments are deemed normal and not aberrant?

I, second author, white male in my thirties underwent training as a younger, and fitter man. I therefore, had a very different experience, yet also encountered comments, judgements and assumptions based on my appearance and working class background. I now identify as Dis/Abled or Chronically ill. These experiences have changed for me as my outward appearance and professional position has altered,² over the past decade or so. I acknowledge the privileges and forms of capital available to me, which are not available to all in our society [35].

As 'we' come together to write as a team, and as you the reader encounters this piece, we invite you to consider from which standpoints we write. What privileges do we enact? What unseen spots do we have? We invite you to question these multiple perspectives as a reader, and simultaneously, question your own.

Inspired by our personal experiences, ongoing observations, and the staggering statistics [36], at the core of our commentary are three questions:

1. How is it for people whose body identities fall outside of the accepted and desired expectations of Global North society to be part of such an educational system?
2. Who does the osteopathic educational system privilege?
3. Who does the osteopathic educational system silence?

5. The rule of inclusion is supreme

Looking at the history of osteopathy, it is unsurprising that the profession centres "the body" as a central means of knowing and practising osteopathy. William Garner Sutherland used "his own cranium to perform many serious experiments", a work which later became conceptualised as cranial osteopathy [37]. Founder of osteopathy, Andrew Taylor Still, was known to exhume bodies from Native American graves for dissection so he could better learn anatomy and bony structure [38]. Whilst a wide range of literature has challenged epistemological foundations of these practices and principles [39,40], in this paper we want to approach the matter from a different vantage point, asking ourselves the following questions: under which gaze these epistemological foundations were constructed? Whose bodies, and in which state, were privileged as legitimate and normative, ending up conflating the history of theoretical ideas?

We posit that being undressed, often termed "dressing down" at educational institutions, is part of the same tradition that says that the body is a machine and ascribes a hierarchical value to how a body

should be. What is at the heart of this tradition is the inherent belief that the body is inexpressive, un-lived, un-related to its environment, and homogenous in that it aligns with the corporeal standards of being white, athletic/thin, unblemished, and young. There is a wealth of literature and theory regarding these subjects within medicine and physiotherapy, but little contemporary discussion within osteopathy [41,42].

¹ Power is discussed at length as a sociological construct, there are varying definitions and interpretations. See Dahl (1957), Bourdieu, (1989), Foucault, (1979). Possibly the most well-known historian of Power is Foucault, although he did not define power, so that the concept would not be constrained.

² This could be viewed as Habitus in the Bordieuan sense to demonstrate the ways in which the authors social and cultural capital is embodied, perceived and enacted: For a detailed discussion of Habitus see Bourdieu (2004).

Educational scene that imposes “dressing down” practices is insensitive to cultural backgrounds, traumas that people may carry, and multiple identities that can exist within a person. It reflects the wider cultural malaise that oppresses/suppresses diversity and equal representation, perpetuating a culture that is obsessed with perfect postures and idealised bodies. Furthermore, “dressing down” becomes a breeding ground for institutional sexism and racism [42]. Black bodies, brown bodies, fat bodies, disabled bodies, poor bodies, trans bodies, queer bodies, bodies that hold trauma, old bodies are continually being silenced and denied the acceptance that their body is a unit, and their structure has a valued function.

6. Osteopathic (dis)unity

Osteopathy is white dominant profession which appeals to white dominant population, which reflects and perpetuates this infatuation with sameness. Disabled people and people of marginalised ethnic backgrounds are starkly underrepresented in the osteopathic profession, both as patients and clinicians [43,44]. Just like the Narcissus enamoured with his reflection, we as a profession are reflective of ourselves and not the wider population we purport to serve. This is also illustrated by the fact that some osteopaths refuse to accept national guidelines and prefer to exist separately to mainstream healthcare seeing themselves as unique, superior and special [45,46]. This culture, combined with the hegemony in training and registration is self-fulfilling and reinforces this view of superiority within this homogeneous osteopathic pool. The danger of this ouroboric self-containment and epistemological ignorance [47,48] is that it defeats the need for adaptation and growth that time demands, leaving the profession forever gazing into the pool and like Echo³ cursed to only repeat the words which have gone before.

7. Societal structures govern societal function

The social contract within osteopathic training involves an expectation to “dress down”, exposing the body to judgement, assessment and the medical gaze of peers, teachers and ourselves. It is clear, in the wider literature, this produces imbalances of power and position [49,50], is open to abuse and creates barriers to participation [41,42]. We suggest these ways of doing things are based on convenience, and a pedagogically unsound notion that skill can be only acquired through experiencing a technique as a passive recipient. This is demonstrably specious after the most superficial scrutiny, other practical skills are not acquired in this way, consider the acquisition of surgical skills or physical examination of pathology. It further neglects patients’ unique life experience and individual bodies, which our personal experience cannot replicate.

Next, we consider the pressure to grant others access to our bodies, to further their knowledge and experience, although this is part of the expectations of osteopathy, it has limited benefit to the learner other than ensuring reciprocal access; which is a problematic construct as it is by nature coercive and removes choice in who can and cannot access the body. Voicing discomfort may be detrimental to their own access to learning. This perceived lack of autonomy may subject women to an unwanted, male gaze or medicalised gaze [51], negating personal

feelings to appease the patriarchal structures, the societal expectation of women to be polite and acquiesce is clear [52].

We wish to consider the very need for learners to “dress down” publicly to acquire osteopathic knowledge, when this is not in fact a routine part of practice and is discouraged in a real clinical encounter [53], it would seem the transgression of sexual and professional boundaries is an area of marked

concern within the profession [54], and may be linked to cultures and norms within the profession and training. **8. Future directions and a call to action**

We propose alternative and more considerate ways of practising which would potentially lead to the same acquisition of clinical skills. These can be simple alternatives such as electronic learning tools, use of anatomical models, alternative attire, screens and small group learning or same gender pairings, where required. These alternatives are not precluded by cost or inferiority of delivery, they are also not arduous to implement and would drastically enhance inclusivity in training, potentially improving diversity and meeting equality guidance. An issue within the literature, and personally encountered is the dominant culture involving inappropriate behaviours and comments such as in-house patient ridiculing, women stereotyping and name calling [42]. This is prevalent in wider society and is often a symptom of institutional discriminatory practices [55–57]. This behaviour at times stems from educators, who role model these norms to learners as part of the community of practice and hidden curriculum. Objectionable mnemonics and archaic, offensive technique names are shared in hushed tones as if they are an illicit joke [58]. Learning and using these forbidden phrases allows entry to and acceptance by “the old boys club”. These remnants of toxic masculinity are often tacitly accepted parts of practice learning, beyond osteopathy [59]. We propose a top-down reimagining and re-evaluation of the needs for these practices and deliberate mindful consideration of the impacts of them. We suggest further radical change, that the profession may not yet be ready for; alternatives to body-based ways of learning and call for narrative humility [60].

Institutions hold power to drive change and incite transformative practices. This would include simple but hard work of holding people who cause harm accountable and speaking up by those who have power of teaching, administrating and making decisions; practising inclusivity and representation during hiring, award processes and promotion [61, 62]. Introducing humanities, sociology and critical frameworks such as structural competency [28], narrative medicine [63], critical theories, intersectionality [25] and feminist theory [28,64] in curriculum, inviting philosophers, activists and patient advocates to speak at institutions, would be the next step in the right direction. Stagnant paradigms of research and research practices by being unaware or ignoring of colour, gender and other marginalised identities are negating the role of human difference, and self-sustaining “gold standards” of neutral ideology and homogeneous or hegemonic identity [48,65]. Critical frameworks, underpinned by wider scope of pedagogy from engaged pedagogy [66] to “pedagogy of the oppressed” [67], would potentially challenge and dismantle practices that negate difference. Furthermore, frameworks we are advocating for and the intersectional feminist lens we are employing in our paper, would help us to challenge those deeply held assumptions we embody: ‘we’ as students, educators, clinicians, advocates, researchers, peer reviewers. It is our hope that our commentary is a beginning of a wider body of work committed to continual practice of unlearning of deeply seated oppressive forces and moving towards body liberation, equity and social justice.

Without this radical step and deliberate action on the part of researchers, educators and clinicians, osteopathic education and the profession faces the risk of reifying and perpetuating oppressive structures. This is no small piece of work and cannot be performative, perfunctory and tokenistic [68–70].

9. Conclusion

We live in a world where systemic discrimination, social injustice, and structural violence are our daily companions. In such a world, as a profession, we must do better! Education that depoliticises students and focuses solely on turning them into technicians of the body, simply is not good enough anymore. As a profession, we must create space for people to feel safe and invited to bring their whole selves to the table. It is only in a compassionate and inclusive space that we can grow as a profession. We believe that a big

³ Within Ovid’s Narcissus and Echo, Echo is a nymph cursed by Juno to only be able to repeat the words of others, which is from where the term echo originates.

part of this work requires us to stop looking at the pool; leave the realm of aesthetic and purely epistemological values that percolate our discourse and enter a landscape of health equity and social justice that seems to be long forgotten in our professional geography. In this profoundly conflicted pandemic society, we recognise social justice work as a truly essential one. Whilst this essential work will be hard for many of us, we must know that discomfort is not our enemy. This paper is a call for personal and collective discernment, aiming at building an educational community that is rooted in dignity, representation and accountability. We recognise that as a profession, we must commit to a new beginning - looking beyond the pool. **CRedit authorship contribution statement**

Sanja Maretic: Conceived the idea for the study. Contributed to the design and planning of the commentary. Was involved in writing and reference collection for the commentary. Edited and approved the final version of the manuscript. **Andrew MacMillan:** Contributed to the design and planning of the commentary. Was involved in writing and reference collection for the commentary. Edited and approved the final version of the manuscript. **Declaration of competing interest**

The authors declare no formal conflict of interest. However they employed strategies to mitigate Global North influences on authors' bias. In this commentary, the authors undertook a social justice perspective imbued with a critical reflexive stance that paid attention to issues such as power, gender, culture, race, and disability aiming to representative and promote social justice.

Funding

This commentary did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical approval

Not applicable

References

- [1] Melville DA. *Ovid, metamorphosis*. Oxford University Press; 2008.
- [2] Spaas L, Selous T. *Echoes of Narcissus*. Berghahn Books; 2000.
- [3] Diaz T, Knight RS. A critical race theory curriculum for emergency medicine learners. *AEM Educ Train* 2021;5(S1).
- [4] Nicholls DA. *The End of Physiotherapy* (Routledge Advances in Health and Social Policy). 1st. Routledge; 2019. p. 1–224.
- [5] Guttorm H, Hohti R, Paakkari A. Do the next thing": an interview with Elizabeth Adams St. Pierre on post-qualitative methodology. *Reconceptualizing Educ Res Methodol* 2015;6(1).
- [6] Dreyfus HL, Rabinow P. Michel Foucault: Beyond structuralism and hermeneutics. Routledge; 2014. Jun 6.
- [7] Tremain S. Foucault and the government of disability. *Scand J Disabil Res* 2006;8(1).
- [8] Edwards S. Foucault and the government of disability. *Nurs Philos* 2007;8(2).
- [9] Foucault M. *The birth of the clinic*. Routledge.; 2012.
- [10] Ings WJ. *Narcissus and the muse: supervisory implications of autobiographical, practice-led PhD design theses*. *Qual Res* 2014;14(6).
- [11] Pierre EAS. Practices for the 'new' in the new empiricisms, the new materialisms, and post qualitative inquiry. In: *Contemporary music tourism: a theory of musical topophilia*; 2016.
- [12] Frias FJL, Isidori E, Papaellina CH. Greek mythology and education: from theory to practice. *Procedia Soc Behav Sci* 2015;197.
- [13] Martin Hard B, Liang N, Wong M, Flusberg SJ. Metaphors we teach by Metaphor and the Social World 2021;11(1).
- [14] Bourdieu P, Passeron JC, de Saint Martin. *Academic discourse: linguistic misunderstanding and professorial power*. Stanford University Press; 1996.
- [15] Birkenstein C. Reconsiderations: we got the wrong gal: rethinking the "bad" academic writing of Judith Butler. *Coll Engl* 2010;72(3).
- [16] Vogel S. W(h)ither osteopathy: a call for reflection; a call for submissions for a special issue. *Int J Osteopath Med* 2021 Sep 1;41:1–3.
- [17] Dahrendorf R. In: Curtis M, editor. *The modern social conflict*. Routledge; 2017. [18] Dahrendorf R. Toward a theory of social conflict. *J Conflict Resolut* 1958;2(2).
- [19] Lorde A. *The master's tools will never dismantle the master's house*. *Feminist Postcolonial Theory: A reader* 2003;25.
- [20] Crenshaw KW. Mapping the margins: intersectionality, identity politics, and violence against women of color. In: *The public nature of private violence: women and the discovery of abuse*; 2013.
- [21] Foucault M. In: Sheridan A, editor. *Discipline and punish*. Paris: FR, Gallimard.; 1975.
- [22] Foucault M. *The history of sexuality: 1: the will to knowledge*. Penguin UK.; 2019. [23] Ahmed S. *Living a feminist life*. Durham, NC: Duke University Press; 2017.
- [24] Moraga C, Anzaldúa GE, Bamba TC. *This bridge called my back: writings by radical women of color*. Watertown, Mass: Persephone Press; 1981.
- [25] Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Rev* 1991 Jul;43(6):1241.
- [26] Kimberl'e Crenshaw on Intersectionality. More than two decades later. <https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later>.
- [27] Marmot M. Health equity in England: the marmot review 10 years on. *Br Med J* 2020;368.
- [28] Metz J, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med* 2014;103.
- [29] Berenstain N. Epistemic exploitation. *Ergo, an open access. J Philos* 2016 Nov 14; (20201214):3.
- [30] Pringle R. *Destabilising patriarchy*. In: *Transitions*. Routledge; 2020. p. 198–211.
- [31] Goodley D. Dis/entangling critical disability studies. *Disabil Soc* 2013;28(5).
- [32] West C. *Critical race theory: the key writings that formed the movement*. The New Press; 1995.
- [33] Annamma SA, Connor D, Ferri B. Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability. *Race Ethn Educ* 2013;16(1).
- [34] Heyes C, Dean M, Goldberg L. Queer Phenomenology, sexual orientation, and health care spaces: learning from the narratives of queer women and nurses in primary health care. *J Homosex* 2016;63(2).
- [35] Bourdieu P, Champagne P, Duval J, Poupeau F, Riviere MC. *Habitus and Field: general Sociology Lectures at the College de France, vol. 2*. Polity Press.; 2021. 0.
- [36] Milliner L. *Equality and diversity policy report*. London. 2019.
- [37] *Thinking with fingers*. The Cranial Academy; 1962.
- [38] Zegarra-Parodi R, Draper-Rodi J, Haxton J, Cerritelli F. The Native American heritage of the body-mind-spirit paradigm in osteopathic principles and practices. *Int J Osteopath Med* 2019 Sep 1;33:31–7.
- [39] Evans DW. Osteopathic principles: more harm than good? *Int J Osteopath Med* 2013;16(1).
- [40] MacMillan A. Osteopathic ableism: a critical disability view of traditional osteopathic theory in modern practice. *Int J Osteopath Med* 2021:42.
- [41] MacMillan A, Corser A, Clark Z. Inclusivity and accessibility in undergraduate osteopathic education for students with disability: a scoping review. *Int J Osteopath Med* 2021 Jun;40:38–45.
- [42] MacMillan A, Hohenschurz-Schmidt D, Migliarini DV, Draper-Rodi DJ. Discrimination, bullying or harassment in undergraduate education in the osteopathic, chiropractic and physiotherapy professions: a systematic review with critical interpretive synthesis. *Int J Education Res Open* 2022;3:100105.
- [43] Fawkes C, Leach J, Matias S, Moore A. *Standard data collection*. London. 2010. [44] Plunkett A, Fawkes C, Carnes D. UK osteopathic practice in 2019: a retrospective analysis of practice data. *medRxiv* 2021 Jan 1.
- [45] Figg-Latham J, Rajendran D. Quiet dissent: the attitudes, beliefs and behaviours of UK osteopaths who reject low back pain guidance – a qualitative study. *Musculoskelet Sci Pract* 2017;27.
- [46] Weber V, Rajendran D. UK trained osteopaths' relationship to evidence based practice - an analysis of influencing factors. *Int J Osteopath Med* 2018;29.
- [47] Nicoló FJ. *Race and epistemologies of ignorance, vol. 24*. *Social Epistemology*; 2010.
- [48] Swan E. States of white ignorance, and audit masculinity in English higher education. *Soc Pol* 2010;17(4).
- [49] Reed MB, Thomson OP. Who am I to disagree?" A qualitative study of how patients interpret the consent process prior to manual therapy of the cervical spine. *Int J Osteopath Med* 2021 Jun;40:4–13.
- [50] Browne F, Bettles S, Clift S, Walker T. Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making: a progress report. *J Eval Clin Pract* 2019 Dec 9;25(6):1030–40.
- [51] Friz AM, Fernholz ML. The male gaze in the medical classroom: proximity, objectivity, and objectification in "the pornographic anatomy book. *Wom Stud Commun* 2020 Jul 2;43(3):292–316.
- [52] Glapka E. 'If you look at me like a piece of meat, then that's a problem' – women in the center of the male gaze. *Feminist Poststructuralist Discourse Analysis as a tool of critique*. *Crit Discourse Stud* 2018 Jan 16;15(1):87–103.
- [53] *General Osteopathic Council. Osteopathic Standards of Practice*. London: General Osteopathic Council; 2018;(September).
- [54] *GOsC. fitness-to-practise-annual-reports 2020-21*. GOsC. [fitness-to-practise-annual-reports 2020-21](https://www.osteopathy.org.uk/news-and-resources/publications/fitness-to-practise-annual-reports/) [Available from: <https://www.osteopathy.org.uk/news-and-resources/publications/fitness-to-practise-annual-reports/>]. 2022.
- [55] Hasan M. Racist bullying of BAME (Black and Asian Minority Ethnic) women within police services in England: race, gender and police culture. *Int J Police Sci Manag* 2021;23(2):182–95.
- [56] Souhami A. Institutional racism and police reform: an empirical critique. *Pol Soc* 2014;24(1).
- [57] Savigny H. Cultural sexism and the UK higher education sector. *J Gend Stud* 2019; 28(6).

- [58] Duenas AN, Kirkness K, Finn GM. Uncovering hidden curricula: use of dark humor in anatomy labs and its implications for basic sciences education. *Med Sci Educ* 2020;30(1).
- [59] Steed A. Problematising "lad culture": defining and tackling "laddism" in UK universities. *Student culture and identity in higher education*. IGI Global 2017: 126–41.
- [60] DasGupta S. Narrative humility. *Lancet* 2008 Mar;371(9617):980–1.
- [61] Mohamed T, Beagan BL. 'Strange faces' in the academy: experiences of racialized and Indigenous faculty in Canadian universities. *Race Ethn Educ* 2019 May 4;22(3):338–54.
- [62] Silverberg S, Ruzycski SM. Proportion of female recipients of resident-selected awards across Canada from 2000 to 2018: a retrospective observational study. *CMAJ Open* 2020 Apr;8(2):E242–50.
- [63] Charon R. Narrative medicine. *JAMA* 2001 Oct 17;286(15):1897.
- [64] Bleakley A. *Medical humanities and medical education: how the medical humanities can shape better doctors*. Routledge; 2015 Mar 2. <https://doi.org/10.4324/9781315771724>.
- [65] Paton M, Naidu T, Wyatt TR, Oni O, Lorello GR, Najeeb U, et al. Dismantling the master's house: new ways of knowing for equity and social justice in health professions education. *Adv Health Sci Educ* 2020 Dec 2;25(5):1107–26.
- [66] Tsevat RK, Sinha AA, Gutierrez KJ, DasGupta S. Bringing home the health humanities: narrative humility, structural competency, and engaged pedagogy, vol. 90. *Academic Medicine*; 2015.
- [67] Freire P. *Pedagogy of the oppressed*. London: Bloomsbury Publishing.; 2000.
- [68] Grundy S. Educational leadership as emancipatory praxis. In: *Gender matters in educational administration and policy*. Routledge; 2017. p. 165–77.
- [69] Holgersson C, Romani L. Tokenism revisited: when organizational culture challenges masculine norms, the experience of token is transformed. *Eur Manag Rev* 2020;17(3).
- [70] Gutierrez KJ. The performance of "antiracism" curricula. *N Engl J Med* 2020 Sep 10;383(11):e75.

Author's accepted version