Commentaries

**Gender Inequalities in Highly Qualified Professions: A Social Psychological Analysis**

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**Abstract**

Research in social and political psychology contributes towards understanding the persistence of job market gender segregation prevailing in recent decades, the consequences for those involved and their reactions when having to cope with gender inequality. Within the framework of the literature on shared ideologies that justify and legitimize discrimination against women, this article focuses on Portugal and analyses the particular case of women in two highly qualified professions traditionally carried out by men — politics and medicine. Drawing on the results of quantitative and qualitative studies, our analytical approach demonstrates how while a majority of participants show awareness of the existence of gender inequality in these markedly masculine professions, meritocratic individualism and personal attributions to discrimination are the recurring explanations rather than any gender-based account. These results allow us to highlight the relevance of gender-based analysis as an ideology and furthermore to argue that ignoring this perspective not only diminishes individual responsibility for social change but also perpetuates gender asymmetries.

**Keywords:** gender segregation, politics, medicine, gender asymmetries, gender unawareness, meritocratic individualism

**Resumo**

A investigação em psicologia social e política contribui para compreender a persistência da segregação de género no mercado de trabalho predominante nas últimas décadas, as consequências para os envolvidos e suas reações perante a desigualdade de género. No quadro da literatura sobre as ideologias partilhadas que justificam e legitimam a discriminação contra as mulheres, este artigo centra-se em Portugal e analisa o caso particular das mulheres em duas profissões altamente qualificadas tradicionalmente desempenhadas por homens – a política e a medicina. Com base nos resultados de estudos quantitativos e qualitativos, a nossa abordagem analítica demonstra como, enquanto a maioria dos participantes mostra consciência da existência da desigualdade de género nestas profissões marcadamente masculinas, o individualismo meritocrático e as atribuições pessoais à discriminação constituem explicações recorrentes em detrimento de explicações baseadas no género. Estes resultados permitem-nos salientar a pertinência de uma análise baseada no género, enquanto ideologia, e, além disso, argumentar que a ignorar esta perspetiva não só contribui para diminuir a responsabilidade individual para a mudança social, mas também perpetua as assimetrias de género.

**Palavras-Chave:** segregação de género, política, medicina, assimetrias de género, inconsciência do género, individualismo meritocrático
Despite progress worldwide in recent decades, gender segregation in the job market still remains persistent in several sectors and professions (Hultin, 2003), for example in the case in medicine and politics. Until the mid-20th century, it was perceived as relatively "normal" that women were limited to the domestic and family sphere, and often deemed incapable of taking on the same responsibilities as men (Nash, 2004/2005). However, in the 1960s, largely due to social and feminist movements, major changes took place and demanded the promotion of gender equality at the international level. Nevertheless, a recent report published by the World Economic Forum (2014) on the global gender gap concludes that, judging by the progress registered in recent years (despite all the affirmative action measures implemented, especially in politics), more than eight decades will be needed for the world to attain parity.

In Portugal, the dictatorial regime caused this problem to drag on for still longer with gender-based awareness arriving only later. In terms of legislation, Portuguese law did not actually prevent women from accessing the medical profession. Indeed, at the beginning of the 20th century, there were several female doctors, including the feminists Adelaide Cabete (1867-1935) and Carolina Beatriz Ângelo (1877-1911). Carolina Beatriz Ângelo distinguished herself as the first woman to exercise her right to vote in 1911 (Esteves, 2005), during the First Republic. However, strong setbacks, mainly driven by an ideology affixing the respective family roles of men and women, rendered this profession “masculine” and delayed change, which came about only in recent decades with an increase in the proportion of women in medicine (Marques, 2011). In politics, on the other hand, there were long-standing legal constraints, and Portuguese women only gained access to full citizenship with the approval of the democratic constitution in 1976, which allowed them both to vote and to be elected without any formal constraints (Bettencourt & Pereira, 1995; Cabrera, Flores, & Mata, 2012; de Almeida, 2009).

Once democracy took root in Portugal and the legal constraints were abolished, a greater change in the Portuguese reality regarding gender equality promotion might have been expected in keeping with the significant rise in educational qualifications, particularly among women. However, the persistence of high levels of masculinization in these and other professional contexts and organizational cultures has led social psychologists, particularly in the fields of gender studies and feminism (Lobo & Cabecinhas, 2010; Marques, 2011; Nogueira, 2001; Saavedra, Araújo, Oliveira, & Stephens, 2014; Santos, 2011), to focus on those apparently invisible barriers that continue to constrain women’s access to certain professions and occupations, as well as making their career progress more difficult and preventing them from reaching the powerful and decision-making positions.

This article aims to shed more light on this situation through an analysis of the gender inequalities persisting in Portugal. We first present a brief literature review of some social psychological barriers to gender equality.

### Barriers to Gender Equality – The Role of Ideologies

Research in social and political psychology has provided insights into the processes that act as barriers to gender equality by highlighting the diverse ideologies that people commonly deploy to justify either social discrimination or the status quo (Jost & Hunyady, 2005). This includes meritocratic ideology (as least in terms of its descriptive beliefs that meritocracy does exist in society, see Son Hing, Bobocel, Zanna, Garcia, Gee, & Orazietti, 2011), system justification, the belief in a just world, and gender ideology.
According to the meritocratic ideology, deemed fundamental to Western societies (Jost & Hunyady, 2005; Taylor & McKirnan, 1984), the success or failure of individual mobility stems from internal factors and hence any person may reach wherever their own personal capacities, merits, efforts, performances, etc., permit (Son Hing, Bobocel, & Zanna, 2002).

However, the fact that various social groups, such as women and minorities, are frequently unable to attain certain positions and roles with high levels of status and power calls into question the actual fairness of the meritocratic ideology (see Blanchard & Crosby, 1989) and contradicts the normative assumptions holding that merit-based judgements are ethnic- and gender-neutral. More than any actual meritocracies, such societies would instead seem to constitute an “illusion of meritocracy” (Ellemers & Barreto, 2009) that serves to perpetuate the inequalities existing between social groups (Jost & Banaji, 1994; Sidanius & Pratto, 1999). This illusion, with its underlying discourse blaming the group in disadvantage, ensures on the one hand that members of the dominant groups experience a boost to their confidence and self-esteem and are therefore able to hold onto power with clean consciences (Montada, Schmitt, & Dalbert, 1986) and, on the other hand, that members of the dominated groups (in this case women) remain in a disadvantaged position even while appearing to be satisfied with this situation. Meritocracy may thus be understood as an ideology legitimating the social hierarchy, the system and the status quo (e.g., Jost & Banaji, 1994; Jost, Banaji, & Nosek, 2004), given that not even the dominant groups perceive any reasons for abdicating on their privileges whilst those dominated simply lack the grounds for struggling to improve their situation.

According to Jost and Banaji (1994), there is a socially acquired motivation for persons to perceive the status quo as good, fair, legitimate and desirable, even among those who are less favoured by the situation prevailing (Blasi & Jost, 2006; Jost et al., 2004), such as women. This may derive from reasons either interlinking with cognitive factors (e.g., interconnected with information processing such as cognitive consistency, cognitive conservatism, uncertainty reducing), motivational factors (e.g., the illusion of control and belief in a just world) or with structural and ideological variables (see Jost, Pelham, Sheldon, & Sullivan, 2003), contributing to coping strategies towards the discrimination that serve a “palliative” function, reducing dissatisfaction but also encouraging inaction (Jost et al., 2003; Jost & Hunyady, 2003, 2005).

Gender stereotypes, in justifying the subordination of the dominated groups (e.g., women) by the dominant (e.g., men), coupled with the former’s lack of power, legitimate the differences between these groups and render them “natural” (Amâncio, 1997; Jost & Banaji, 1994; Kay et al., 2007). The asymmetry in gender roles associated with the division of labour and family responsibilities, where the role of the “breadwinner” is expected of men (and the characteristics associated with it, such as independence, dominance, aggressiveness and ambition) and caring functions are attributed to women (and, correspondingly, demanding specific competencies such as expressiveness, emotivism, dependence and submission) proves inherently interconnected with a society in which the presence of women in the professions was only rare. However, even while the rising percentage of women in these professions did drive changes, their effect may have ended up restricted by the persistence of gender stereotypes and, even while having become more subtle in recent times (Barreto, Ellemers, Cihatır, & Stroebbe, 2009), to the extent that the identity of women remains split between their traditional role and their status in the world of work (Amâncio, 1995).

These limitations are, in turn, reflected in the gender arrangements emerging within the structure of high qualification professions effectively acting to accommodate the presence of women. In fact, the literature describes how
when women choose professions traditionally carried out by men, their paths still encounter several different challenges (i.e., structural discrimination) and a sort of “labyrinth” (Eagly & Carli, 2007) demanding a persistence from women in order to overcome such obstacles. On other occasions, they face clear barriers in their professional paths such as the phenomena termed “glass walls” and “glass doors” (Saavedra et al., 2014; Sabattini & Crosby, 2009; Zhang, Schmader, & Forbes, 2009) or “glass ceiling”, which hinder and constrain both their careers and their access to power and decision-making positions (Barreto, Ryan, & Schmitt, 2009), as is the case with politics, for instance (Eagly & Diekman, 2006; Kahn, 1996). In situations where women do persist and are able to overcome these barriers and subsequently gain access to positions of power, they still remain faced with different kinds of pressures that often actually prevent them from holding onto these positions for long periods and eventually leading them to quit and abandon the position (a phenomenon called “the glass cliff effect”, by Ryan, Haslam and peers iii, see Ryan, Haslam, Hersby, Kulich, & Atkins, 2007).

In sum, in addition to contributing towards maintaining the status quo, these ideologies share common internal attributions for the victims of discrimination that they target by blaming them for the situation and transforming into an individual level problem what is actually a broad social question in which everybody holds responsibility and in no way only the victims. Reactions to measures implementing positive discrimination, enacted to enhance equality, represent forms of resistance that duly encapsulate this polarisation between the individual and the collective.

Resistance to Affirmative Action – Meritocracy or Illusion?

Recent decades have seen recognition of these inequalities of outcomes, as evidenced by different initiatives and actions that many countries around the world engage in as a means of putting affirmative action measures into practice (e.g., gender quotas) within the framework of restitution for past injustices and fostering more equalitarian societies (e.g., Blanchard & Crosby, 1989; Clayton & Crosby, 1992; Crosby, Iyer, & Sincharoen, 2006; Crosby & VanDeVeer, 2003).

Within the political context, measures of this type have become “trendy” (Dahlerup, 2008), with various countries opting for such a strategy as a “fast track” (Dahlerup & Freidenvall, 2005) solution to swiftly raising the level of female representation in politics, in particular through gender quotas. Examples include the voluntary quotas adopted by parties alongside the legislative quotas (also referred to as the Parity Law), already adopted in over 100 countries worldwide (Krook & O’Brien, 2010) and in 23 of the European Union’s 28 member states (EIGE, 2015), including Portugal.

Despite the rapid spread of this type of measure to various regions of the world and the success attained in the meanwhile, gender quotas still prove to be one of the most criticised of all measures taken during the last two decades to create gender equality (Krook & Zetterberg, 2014), generating deep social division and controversy (Bacchi, 2006; Dahlerup, 2008), including again Portugal (Santos & Amâncio, 2010a).

In the public debates around gender quotas, these are frequently deemed to be somehow in violation of an established rules of fairness: merit. According to this same perspective, the quota-based selection process is undertaken
based upon the demographic characteristics of the population and not in accordance with the competencies and achievements of individuals (Bobocel, Son Hing, Davey, Stanley, & Zanna, 1998; Crosby et al., 2006; Davey, Bobocel, Son Hing, & Zanna, 1999; Son Hing et al., 2002). Various authors have broken down this argument and demonstrated how merit-based evaluations are not neutral (Young, 1990) and the means of measuring and evaluating are shaped by social and contextual factors (Crosby & Blanchard, 1989). This is particularly visible in subjective contexts such as political circles in which the “selection” and “career” progression method most commonly applied is that of by invitation (Santos, 2011). In these contexts, numerically and symbolically dominated by the masculine (Vianello & Moore, 2004), merit is gendered to the extent that people simply assume the merit of males to be the natural form (Gaspard, Servan-Schreiber, & Le Gall, 1992). Women continue to be perceived as “the other”—despite various studies which have shown that even those who do gain their opportunities through gender quotas do not significantly differ from the other elected officials, whether in terms of their qualifications or their competencies (Allen, Cutts, & Campbell, 2016; O’Brien, 2012).

The Case of Portugal: A Paradoxical Context

Studies in Portugal have also identified several barriers (e.g., Bettencourt & Pereira, 1995; Casaca, 2011; Santos, 2011) sustained by gender ideology. What makes the Portuguese case particularly interesting, however, derives from how the transition to democracy brought about hope of progress from which gender equality would naturally stem. The purpose of this article thus includes stressing the psychological processes interlinked with gender ideology that represent barriers to social change, with a focus on the results of qualitative studies involving medical doctors and politicians in Portugal, in order to identify the more common explanations for women’s minority position and the underlying gender relations. Before moving forward, we first present an analysis of labor statistical data in order to contextualize the changes undergone in these professions under a democratic regime in Portugal, thereby further highlighting the barriers to gender equality.

Qualification has been one of the most regularly identified issues when approaching gender segregation in the workplace, particularly in markedly masculine professions and occupations. However, in Portugal’s case, the recent international and national statistics are clear on this matter. For example, according to the global gender gap report (World Economic Forum, 2014), the country has made progress regarding the level of education, currently being part of the group of countries that have eliminated education access disparities between male and female students. Moreover, the percentage of women in Portuguese universities has been on the rise since the 1960s and accounted for the majority of the university population (62.9%) in 1994-1995 and, more recently, in 2001, the majority of the graduated population (56.6%) and approximate parity of people graduating with MAs and PhDs (47.8%). In that same year, considerably more women than men graduated in medicine, both with BScs (1,658 women and 469 men), MAs (35 women and 14 men) and PhDs (34 women and 23 men).

However, in practice, the increase in women’s education and their increasing presence in the job market have not been reflected in the positions they occupy, particularly in entities holding economic and political power (Lisboa, Frias, Roque, & Cerejo, 2006). Women remain in inferior positions when compared with men and are sent to professions and markedly feminine specialist fields, generally less valued and with lower salaries (Casaca, 2011, 2013).
The report from the Commission for Work and Job Equality (CITE, in the Portuguese acronym) about the progress in gender equality reports that between 2006 and 2008 the level of qualifications attained by women was higher when compared to men, and how in 2008 there were more women in both high schools and universities (CITE, 2009). However, the 2013 report confirms how this increase in educational qualifications still was not reflected in the jobs women hold (CITE, 2013). In fact, analysis of the differences between men and women in the Portuguese job market returns quite visible results regarding professions and different economic activities. Despite the fact that women are already over-represented in professions “of intellectual and scientific specialist activities” (58.4%), their qualifications have yet to favor them as they remain in higher concentrations in less socially valued professions (Casaca, 2011, 2013). In fact, according to CITE there is an over-representation of women in professions linked to “non-qualified worker groups” (72.2%), “administrative staff” (63%) and “personal service, protection and safety and sales workers” (63.5%), economic activities linked to “families with house-keepers and domestic staff” (98.6%), “human health and social support” (80.5%) and “education” (76.7%) (CITE, 2013).

Regarding positions of leadership or of high responsibility, there is still, according to CITE’s report, a huge asymmetry between women and men and both in the public and the private sectors (CITE, 2013). For example, in the private sector, women accounted for only 6% of members of the Boards of Directors of Portugal’s biggest publicly listed companies (PSI 20 index) and a substantially lower proportion than the EU’s average (13.7%).

**Politics and the Effects of Gender Quotas**

In the political context of Portugal, in 2012, there were only 34.6% of women representing legislative power and executive organs (this category refers to members of parliament, members of government, and senior public administration managers: CITE, 2013). Table 1 sets out the progress registered pertaining to the national parliament since the introduction of democracy.

<table>
<thead>
<tr>
<th>Year (elections)</th>
<th>Number of Women</th>
<th>Percentage of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>13</td>
<td>4.9</td>
</tr>
<tr>
<td>1980</td>
<td>17</td>
<td>6.8</td>
</tr>
<tr>
<td>1983</td>
<td>18</td>
<td>7.2</td>
</tr>
<tr>
<td>1985</td>
<td>16</td>
<td>6.4</td>
</tr>
<tr>
<td>1987</td>
<td>18</td>
<td>7.6</td>
</tr>
<tr>
<td>1991</td>
<td>20</td>
<td>8.7</td>
</tr>
<tr>
<td>1995</td>
<td>28</td>
<td>12.2</td>
</tr>
<tr>
<td>1999</td>
<td>40</td>
<td>17.4</td>
</tr>
<tr>
<td>2002</td>
<td>45</td>
<td>19.6</td>
</tr>
<tr>
<td>2005</td>
<td>49</td>
<td>21.3</td>
</tr>
<tr>
<td>2009</td>
<td>63</td>
<td>27.4</td>
</tr>
<tr>
<td>2011</td>
<td>61</td>
<td>26.5</td>
</tr>
<tr>
<td>2015</td>
<td>76</td>
<td>33.0</td>
</tr>
</tbody>
</table>

Note. These calculations were made by the authors based on the total number of parliamentary seats according to the parliament’s own website (http://www.parlamento.pt/DeputadoGP/Paginas/resultadoseleitorais.aspx) and on the percentage of women registered in those years (Canço, 2004; Canço & Santos, 2011; Santos, 2012; Viegas & Faria, 2001).
There is a clear increase in the number of women starting from the 1990s, which was due not only to the increasing relevance given to the gender gap on political agendas at both the international and national levels, but also due to the internal political debate surrounding a legislative proposal on gender quotas in electoral lists, in 1998/99 (Viegas & Faria, 2001), and the “Parity Law” discussed in Parliament in 2001 and finally enacted in 2006 (Cabrera et al., 2012). Although gender quotas were not approved in the late 1990s, the debate certainly served to raise awareness and discontent (see Gurin, 1985) about gender differences in political power (Santos, 2011).

**Medicine and the Persistence of Glass Walls**

In the case of medicine, as detailed in Table 2, there is a high percentage of women in this profession with very positive progress in recent decades, at least in numerical terms.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Women</th>
<th>Percentage of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>11,385</td>
<td>40.2</td>
</tr>
<tr>
<td>1995</td>
<td>12,308</td>
<td>41.9</td>
</tr>
<tr>
<td>1999</td>
<td>14,023</td>
<td>44.2</td>
</tr>
<tr>
<td>2002</td>
<td>15,455</td>
<td>45.8</td>
</tr>
<tr>
<td>2005</td>
<td>17,042</td>
<td>47.2</td>
</tr>
<tr>
<td>2009</td>
<td>19,844</td>
<td>49.5</td>
</tr>
<tr>
<td>2011</td>
<td>21,750</td>
<td>50.8</td>
</tr>
<tr>
<td>2013</td>
<td>23,637</td>
<td>52.2</td>
</tr>
</tbody>
</table>

*Note.* Information obtained based on PORDATA’s data, acquired on 11th November 2014.

More thorough analysis of the profession, however, demonstrates that there is still vertical and horizontal segregation and substantial asymmetries remain between men and women at the national (Machado, 2003; Marques, 2011) and international level (Lapeyre & Le Feuvre, 2005; Rosende, 2008). According to these authors, with the same levels of qualification, women continue to work in more part-time jobs while men occupy those positions with higher status, prestige and better salaries.

In Portugal, 52% of medicine professionals are women (PORDATA, 2014). However, data from the Medical Association confirmed that in 2009 women were still over-represented in specialties such as child and teenage psychiatry (74%), anaesthesiology (66%), pediatrics (63%) and gynaecology (58%) and under-represented in urology (1%), orthopaedics (7%), sports medicine (8%) and in surgery, from cardio-thoracic surgery (8%) to general surgery (21%). In other words, women are still more present in those specialist fields linked to the care of children and women and less present in those usually associated with higher status and prestige. Furthermore, they are almost totally absent from specialties that deal with male sexuality, in contrast to gynaecology where there is a relatively high number of male gynaecologists (42%). Once again, as in other masculine professions, such as engineering (Saavedra et al., 2014) and the media (Lobo & Cabecinhas, 2010), we encounter the existence of “glass walls”, transparent and hard to cross, which ensure the persistence of the gender order (Connell, 2002) in society.

In summary, taken altogether, these statistical data report on a paradoxical reality since the progression towards the equality of men and women registered both in politics and in the job market in Portugal, particularly over the
last four decades of democracy, has not kept pace with the progress in terms of education/qualification. There still remains a huge gap between women’s qualifications and the working positions they commonly occupy. Thus, as levels of qualification do not prove a sufficient condition for women to access those positions, other non-meritocratic criteria (Vianello & Moore, 2004) must play an important role. These criteria incorporate the belief systems based on gender stereotypes and ideologies (Amâncio & Oliveira, 2006) that shape people’s perceptions and judgements to result in the gendering of both professions and the corresponding evaluations of individual merit that we seek to demonstrate in the next section of this paper.

**Gender and Meritocracy: A Testimonies-Based Analysis**

About a decade ago, faced with the lack of research on this topic in Portugal, we started a line of research on several professions and occupations with the objective of deepening knowledge about gender inequalities and the prevailing resistance to fighting them (e.g., Santos, 2004; Santos & Amâncio, 2012a, 2012b; Santos, Amâncio, & Alves, 2013; Santos, Amâncio, & Roux, 2015; Santos, Roux, & Amâncio, in press). We focus here only on the findings of relevance to the topic of this paper.

A first research project involved three studies with participants from a public university in Lisbon (Santos, 2004) and sought to analyse the influence of gender in evaluating (the so acclaimed) merit, generally perceived of as “neutral” by common sense (Young, 1990) and to verify respondent tolerance versus resistance to quotas directed at several groups and implemented within the scope of bringing about greater social equality.

The first study, applying the free word association technique, set out to grasp the competencies necessary for the position of Member of Parliament (MP). One hundred and fourteen students participated in this study (48 males and 66 females), their ages ranging from 18 to 67 years old. The results conveyed that while there was no consensus regarding a standard competencies profile for the position of MP, the set of personality traits that did emerge (e.g., “intelligence”, “pragmatism” and “conviction”) proved more closely associated with the masculine stereotype (Santos & Amâncio, 2010a). A second questionnaire study on attitudes towards quotas, among 310 participants (159 males and 151 females), 75.8% students and 24.2% working students, with ages ranging from 18 to 50 years old, revealed that their attitudes towards quotas were not about the quotas per se, but rather about the group the measures targeted, as the backing for quotas directed at “disabled people in work” \((M = 3.50, SD = 0.66)\) and “underdeveloped regions” \((M = 3.63, SD = 0.53)\) was significantly higher than for quotas directed at “ethnic minorities in work” \((M = 2.88, SD = 0.83)\) and “women in politics” \((M = 2.97, SD = 0.77)\).

To close this research stage, in another a study we analysed the role of gender and meritocracy in the selection of parliamentary political candidates. Three hundred and eleven students (157 males and 154 females), with ages ranging from 17 to 29 years old (Santos et al., 2013), participated in a between-participants quasi-experimental design: 2 (participant sex: female, male) x 2 (sex of the selected candidate: male, female) x 4 (candidate competences: equal competence; female candidate more competent; male candidate more competent; no information about competence as the control condition). This study provided empirical evidence of the relevance of the meritocratic ideology for advantaged groups seeking to justify an unequal system, as also found by Jost and Hunyady (2005): Men, in particular, assigned more merit regardless of the selected candidate gender. However, the findings also demonstrate how merit evaluation is not immune to gender, especially in the case of women, who alternate in their merit evaluations depending on the conditions but generally assigning more merit to male candidates.
The gendering of merit by women in this case is anchored in prevailing doubts over the competence of women in politics.

Given the context surrounding the implementation of the “Parity Law” in Portugal in 2006 and the controversy ensuing, further research was undertaken to deepen knowledge both about gender inequalities in politics and about the respective equality promotion measures designed to integrate groups both inside and outside of traditional politics (Santos & Amâncio, 2010b, 2011, 2012a, 2012b). The research questions focused both on the level of participant awareness about the underlying dynamic processes of gender relations present in society and their respective contribution to the promotion of gender equality or, on the contrary, whether they merely helped in maintaining and reproducing the status quo.

We highlight the key testimonies of female and male politicians stemming from this research project’s qualitative study to illustrate our argument. The study involved 20 individual semi-structured interviews with eleven female MPs and nine male MPs belonging to all of the political parties with parliamentary representation, their ages ranging from 28 to 62 years old (Santos & Amâncio, 2011). From the findings, we highlight two main dimensions of discourse relevant to this discussion: the “naturalization” of gender inequalities and the gendering of merit that converge around an overall disengagement from any individual responsibility for change in gender relations.

Generally, a strongly externalizing discourse gets recorded, evident in both assigning the gender inequality problem to society and to history, reducing it to tradition and the naturalization of social relationships and in blaming women for the situation.

In fact, both the male and the female members did convey their awareness as to the existence of gender inequalities in politics (e.g., “political activity is not an island in society and, therefore, reflects its surrounding society”, male, 3rd interview). However, they sometimes reduce its causes to society and history in a deterministic way, especially male MPs: “It’s a normal situation (...) completely natural, of the world’s evolution (...) the evolution of society has a certain rhythm, a certain dialectical way of being, a vision which resulted from conditionalities influenced by several factors” male, 5th interview). Nonetheless, they make suggestions about solving inequality not only at the level of societal organization (e.g., “I think that what’s essential to change here, for me, so it can later bring about changes in other levels, is societal organization...“ female, 2nd interview), but also at the level of party political organizations as, so far, there has been an “incapacity in certain political parties, or even in all political parties, to counter a social tendency caused by the world we live in, therefore, by the system we live in” (male, 4th interview).

In this way, they nonetheless still convey a pro-active and critical position regarding society and the functioning of political parties. However, they are quite unfavourable towards any affirmative action measures, such as gender quotas or the Parity Law, with their solution instead stemming from “increasing other mechanisms which make this situation occur naturally. All the rest is artificial (...), given “the preferential criteria, when it comes to parity, is a criterion which has to do with gender percentage and it doesn’t take into consideration - it may not take [into consideration] - competency, as is clear” (male, 5th interview).

The solution also lies in women themselves who, mostly according to male MPs, should display more interest in and commitment to politics. In fact, they also blame women for the situation prevailing in an allegedly egalitarian society where “it’s enough if the woman herself wants it, the conditions are already created” (male, 1st interview); thus, “women must participate, they must commit, they must, themselves, feel equal to men...” (male, 6th interview).
This blaming of women constitutes yet another way of externalizing changes which gender inequality in politics would otherwise demand: "In all honesty, worse than men blaming women is women blaming women. Why? Firstly, because women look towards politics... as a world they do not belong to" (male, 6th interview). In fact, by stating that women are themselves to “blame”—either because of their alleged lack of interest in politics or because of their alleged failure to attain the competencies necessary for performing such roles—we no longer face any social problem or situation of injustice demanding social answers and mobilization. This represents one of the most prevalent discourses traversing the interviews and it was used whether regarding the origins of the gender inequality problem or the search for its means of resolution. It was furthermore encountered more vividly in male MPs and especially those from right-wing parties.

Regarding politics, throughout the interviews, the focus on the political competency discourse should be noted. It simultaneously coexists with a sort of doubt or mistrust regarding women’s actual competency for politics, revealing a gendering of merit as “proof” is demanded of women in ways that generally are not applied to men in the same context (Gaspard et al., 1992).

When it comes to the field of medicine, the results of a recent study (Santos et al., 2015) involving both female and male doctors in six different hospitals located in and around Lisbon also report discourses disclaiming any personal responsibility and deprioritizing the promotion of gender equality. The study involved 17 individual semi-structured interviews among nine female doctors in traditionally male specialist fields (i.e., orthopaedics, general surgery, sports medicine and urology) and eight male doctors in traditionally female specialist fields (i.e., anaesthesiology, gynaecology, paediatrics and child and teenage psychiatry), their ages ranging from 32 to 62 years old.

Findings reveal that, as in the case of MPs, doctors also display awareness of gender inequalities in medicine, particularly older doctors who have direct or indirect experience of cases of blatant gender-based discrimination throughout their careers. However, this gets downplayed and thrown back to the historical period prior to democracy when women did not have equal access to higher education: “The access was not quite the same, because of cultural issues, women didn’t have access to education as they later had, especially higher education, right?” (male, 17th interview).

The inversion of this situation, which began changing four decades ago with the first increases in the numbers of women entering medicine, raises more concerns among the interviewed population—particularly among men, who propose concrete measures, such as segregating education, to resolve the current situation of apparent inequality: “People should have a much better understanding of how boys learn, how girls learn and education should be segregated, classes for boys and classes for girls, at least during a certain developmental stage” (male, 3rd interview).

Men and women are unanimous when it comes to opposing gender quotas and once again, merit proves one of the dominant principles of justice prevalent in discourses surrounding this type of measure. In fact, such a position understands that “people’s value”, their competency and merit, should be considered instead of any artificial measures and certainly regardless of the person’s sex as illustrated by this comment from a female doctor:

There shouldn’t be quotas, being a man or a woman. It is what the person naturally is. You do the admission exam, you do that exam to get into the specialty and then you go where you would like to and where you can, according to the exam’s grade, that’s it (female, 1st interview).
However, men do not raise the same kind of doubt or mistrust regarding female medical competency as compared to their competency for politics as detailed in the last study. Instead, what men highlight are not only personal factors (such as “maturity” and “fondness”, since “maybe, overall, boys care less about taking care, they care more about success, self-success, the areas of management, lawyers, law”, male, 15th interview), but also structural issues (e.g., “the educational system is ready for girls. Being a boy, in school, is a factor of exclusion”, male, 3rd interview) as justifying the situation.

**Conclusion**

The persistence of gender inequalities in several professions and occupations in the Portuguese job market renders this country an interesting case study to contrast with the literature on the extent to which beliefs and system justification ideologies constitute barriers to social change. While most studies in social and political psychology have taken place in countries with a long history of change in gender relations, these changes occurred in Portugal over a short period of time and were limited to the forty years since the advent of democracy in 1974.

In this article, we provide an account of studies focusing on two markedly masculine qualified professions—politics and medicine—combining both quantitative and qualitative data. Labour data analysis regarding gender segregation in the job market reached the conclusion that the Portuguese situation represents a paradoxical reality. Portugal has made huge progress when it comes to education, although not without still surviving substantial disparities between the sexes. Yet, the same certainly is not reflected in their positions in the job market. The tremendous increase in women’s qualifications in the last years has not had the corresponding impact on the posts of employment held and especially when it comes to power and decision-making positions.

In spite of this, our qualitative data demonstrates how arguments deploying competencies and merits, the lack of them or doubts about them, which mainly represent internal attributions to the victims of discrimination, are what is most commonly produced when seeking to explain the reasons for work place gender segregation. Furthermore, the results of our studies focusing on the context of politics and medicine confirm the role of the ideologies identified in the literature that contribute towards hampering social change in particular in gender relations. This happens due to a lack of awareness about the underlying gender relationship processes with the persisting attitude that these are individual and not social processes that interfere with thoughts and perceptions about social reality.

Although the majority of MPs and doctors displayed awareness of the existence of inequalities between men and women in politics and medicine, their discourses exhibited a tendency to naturalize gender inequalities. Our studies reported a strong and externalizing discourse, evident across two levels: on the one hand, by remitting the gender inequality problem to society and history, mostly reducing it to the long since disappeared dictatorial regime and the naturalization of social relations; and, on the other hand, blaming women for the situation, particularly in the case of politicians.

In the case of medicine, doctors primarily resort to meritocratic individualism as an explanation but also include other personal traits, such as maturity and fondness, alongside structural factors, such as educational segregation. While the discourses of male and female politicians did contain some awareness of gender inequalities, mostly due to past involvement with equality legislation proposals and the controversies they subsequently caused, this level of awareness proves absent in the case of medicine. In this case, we encounter difficulties in terms of ac-
cepting the success of women in accessing the medical profession in recent decades and explaining this mostly in the context of meritocratic individualism. In other words, this dichotomy does not allow for either understanding or accepting how meritocratic access to medicine is so successful in the case of women. Thus, the explanations put forward to answer this tension resort to a gender-stereotypical, essentialist discourse. Establishing a dichotomy between the past and the present, these highlight the impediments to women’s access to medicine during the dictatorial regime, which the advent of democracy then eliminated. However, as we saw in the introduction, contrary to the case of politics, those impediments were non-existent in Portuguese law in the case of medicine and supported only by gender ideology concerning women’s and men’s social roles in the family.

The Portuguese case, due to its recent transition from dictatorship to democracy, with the consequent expectation generated around the progress towards equality, provides a good example of the relevance of gender studies. The legal context of dictatorship was highly discriminatory towards women as equal access to public offices was recognized as a right “(…) except for women as a result of their nature and the well-being of the family (…)” (Constitutional Text, Government of Portugal, 1933, Article 5). The ideology supporting this legal context, in particular the expectation that women are responsible for the well-being of the family, has never been completely eliminated and could never have been achieved solely by the transition in regimes and the approval of a new constitution in 1976. On the other hand, gender studies, history in research and in higher education explains, at least in part, the unawareness about the underlying dynamics of gender processes that was once more supported by our studies. Of even greater relevance, however, is the fact that this unawareness and blind acceptance of gender ideology as a natural social factor not only underpins demobilization but also serves to diminish individual responsibility when it comes to supporting social change (Jost & Hunyady, 2005), thereby contributing to the maintenance and re/production of the gender asymmetries existing in society.

The studies reported in this article represent the first findings in a line of research on Portugal that will certainly benefit from broadening the professional contexts and participant samples in the future in order to appropriately complement the initial conclusions presented here.

Notes

i) At a time when the right to vote was restricted to Portuguese citizens over 21 years of age who were literate and heads of family, this feminist invoked her quality as “head of family” since she was both a widow and a mother and thus attained the right to vote. The law was subsequently changed to ensure only male heads of family could vote.

ii) Alice Eagly and Linda Carli propose the labyrinth image as an alternative to the glass ceiling. According to this metaphor, in these professions, women face several obstacles which demand persistence but which are not impossible to overcome (see Eagly & Carli, 2007).

iii) “The glass cliff refers to the phenomenon whereby women are overrepresented in leadership roles associated with high risk and an increased chance of failure” (Ryan et al., 2007, p. 266).

iv) Bill number 194/VII, voted down by parliament in March 1999.


Funding

The research and the writing of this paper were supported by a grant awarded to the first author (SFRH/BPD/78150/2011) by Fundação para a Ciência e a Tecnologia.
Competing Interests
The authors have declared that no competing interests exist.

Acknowledgments
The authors have no support to report.

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