The Continued Discrimination of Women's Healthcare Needs

By Jordan Reanier

Introduction

Since the 2016 US Presidential Elections, American citizens have become increasingly aware of the bias the medical industry, insurance companies, and physicians has against women. Talk of new medical coverage policies have suggested less care for those with pre-existing conditions, especially conditions the majority of fertile or childbearing women have. What the public seemingly forgets is the fact that the issue is rooted even more deeply than just financial coverage. Many women struggle to receive the care they need due to perceptions of doctors and nurses about how they perceive pain.

As a female chronic pain patient, this concept has become more apparent the longer I've been a legal adult. Especially with a condition most commonly found in women, I'm often given little to no treatment for my pain. In some of my most recent encounters during the years of 2017 and 2018, it has been implied that despite my diagnosis from multiple doctors, I have nothing wrong with me- that my symptoms are far more mental than physical.

I started asking about this issue with female family members and friends. Two of my friends with similar conditions experience similar situations. My grandmother claimed it was a common occurrence in the medical field, especially when she was growing up. She suffered from epilepsy, with clearly visible symptoms, yet still struggled to receive the treatment she required. But of course, asking around is hardly viable proof that this sort of discrimination still exists today.

Much of the research found was incredibly biased towards the feminist perspective. However, one literary review in particular seemed to cover neutral facts while also making a case that there is strong bias in medical practice that assumes women's perceptions of pain are not accurate.

In this essay, I'll be discussing findings from *The Girl Who cried Pain: A Bias Against Women in the Treatment of Pain*, a collaborative work by Diane E. Hoffmann and Anita J. Tarzian, both professors at the University of Maryland. I will be analyzing it both as a research article and as a piece of literary work, since it not only attempts to give unbiased data, but also analyzes this data in a way that aims to effect change rather than just report. To support the claim that this is a literary work, I'll be showing how many of the arguments Hoffmann and Tarzian correspond with feminist theory literature, specifically texts like "The Second Sex" by Simone De Beauvoir, "The Madwoman in the Attic" by Sandra Gilbert and Susan Gubar, and "The Good, the Bad, and the Ugly: Men, Women, and Masculinity" by Judith Halberstam. My goal of this paper will be to express the discrimination of female patients and how it is rooted in long held patriarchal belief.

Data Explanation

Even though Hoffmann and Tarzian's main goals are to expose bias in the medical field, they are unwilling to leave out any necessary information to biological contributors to the way females and males experience pain. They start off by explaining the difference between perceptions of pain in males and females. Many studies, they point out, are not quite as recently, ranging from the 1980's to the early 2000's. They found that women were far more likely to report pain than men during clinical experience, where pain was administered and controlled.

The authors contribute these findings to a number of possibilities. The first concludes that women, contrary to popular belief, have lower pain tolerances than men. Many other feminist texts are not willing to take this factor into consideration like Hoffmann and Tarzian.

However, the authors warn that "the focus on physiological basis for pain has ignored the findings that one's response to pain is influenced be a multitude of factors, which may include the biological, psychological, and cultural differences between men and women." (Hoffman and Tarzian, 15) For example, women were found to be much more sensitive closer to reproductive organs, even if the pain stimulus was only near the pelvic area. Data also finds that women experience pain at a higher rate when women are menstruating, something many of these studies didn't take into consideration to record.

Another possible contribution is that men and women have a cultural difference in the way they are expected to respond to pain. During the trials, there was a variance in the way males responded when a female or male was the one to administer the pain stimulus, while females did not differ. Hoffman and Tarzian attribute this to cultural pressures for boys to react differently than women, even though studies have shown that males are usually more sensitive than females as infants.

Some of this data may be a surprise to much of our culture- it was for me my first time reading this article. But the authors are adamant to say these outcomes are only evidence to conclude that there is a difference in the *response* to pain by female and male patients.

The "Naturalness" of Female Pain

Two of the summary statements Hoffmann and Tarzian gave at the end of their paper read as follows. 1) “When women have a higher prevalence of chronic pain syndromes and diseases associated with chronic pain than men, and women are biologically more sensitive to pain than men… women’s pain reports are taken less seriously than men’s, and women recieve less aggressive treatment than men for their pain.” 2) “Although women have more coping mechanisms to deal with pain, this may contribute to a general perception that they can put up with more pain and that their pain does not need to be taken care of as seriously.” (Hoffman and Tarzian, 21)

These ideas are all very similar to one of the two aspects De Beauvoir talks about in reference to “feminine mystery”. This is the idea that the biological aspects of women are part of what makes women mysterious. Their bodies are simply something that is constantly creating pain, therefore it is natural for women to be in discomfort. On the contrary, it is not natural for men to be uncomfortable. “Men need not bother themselves with alleviating the pains and burdens that psychologically are women’s lot, since these are ‘intended by Nature’; men use them as a pretext for increasing the misery of the feminine lot still further, for instance, by refusing to grant woman any right to sexual pleasure, by making her work like a beast of burden.” (De Beauvoir, 1267)

The myth is that any pain by woman, both physical or mental, isn’t something to adhere to, because men simply cannot understand it. Much of the time, when doctors do not immediately find the cause of the problem for their female patient, implied that nothing was wrong. In other words, it was a “mystery”.

This mentality also implies that since women experience more pain than men overall, when they feel the need to go to the doctor to get checked for some kind of pain, they are expected to tough it out, as though it were nothing more than they usually experienced. It has lead to women with chest pain being given far less treatment than men when at risk for heart disease- it takes a woman much longer to get testing on her heart done in general than it does a man, having to jump from doctor to doctor just to be sure it wasn't an average womanly pain. This is commonly referred to as the Yentl Syndrome- "women are more likely to be treated less aggressively in their initial encounters with the health-care system until they 'prove that they are as sick as male patients'." (Hoffmann and Tazian, 17)

Gender Roles, Appearance, and Cultural Differences

In addition to the myth of woman, cultural gender roles were also found to play a part in the way physicians treated their patients. Appearance was a huge contributing factor in the treatment of women. "...the more attractive patients were more likely to be viewed as able to cope with their pain." (Hoffmann and Tarzian, 18)

Oddly enough, in the nineteenth century, according to Gilbert and Gubar, women were encouraged to act sick or ill in order to be considered beautiful. Skinniness and weakness were, and in some ways still are, encouraged in our culture for women. So if our perception of beauty derives from weakness, and doctors are assuming women are not sick because they look beautiful, our healthcare system is adhering to a cultural flaw that is allowing many women to go untreated.

Because women were and are expected to be much more like Snow White- pale, small, and helpless, men are looked to be at a greater liberty to be treated. Physicians admitted to treating men more seriously since they were considered the "breadwinners" and had a greater need to be healthy, even though women had many roles that required physical health of them as well.

This meant that masculinity required men to more "masculine" and healthy, and only to complain when things were bad. "The male body is feminized when sick and the female body is masculinized when healthy." (Halberstam, 2646) A woman looking feminine, or in other words weak, is then considered healthy by a doctor, while a man looking sick is a serious issue since he is able to be more masculine when healthy.

Sexism isn't just a problem for women in this way. If a man is considered emasculated by sickness, he is less likely to be treated for serious symptoms for the unwillingness to get checked out. It also causes a huge gap between the communication between men and women. Men are more likely not to express their pain in the same way as women, since having pain is considered "feminine" and shameful. Women, on the other hand, are much more social creatures, also causing a problem in the way they are treated.

Studies showed that physicians were less likely to take women seriously if they went "off script" from their interviews. They wanted to be in control, while women were much more likely to want to talk about their symptoms and how their symptoms affected their day to day situation. Men, however, would answer questions in a series of yes or no responses, allowing the physician to be in control of the meeting so that he or she could diagnose the patient the way they pleased.

The results are that men are much more likely to wait to receive care, but are treated far more aggressively. Women, on the other hand, are more likely to seek out professional help sooner,

but are treated far less aggressively because of social implications. For either gender, this is a problem.

Hysteria

Perhaps the most concerning difference between the treatment of men and women in the healthcare industry is the long held belief of "hysteria", a term keyed by Sigmund Freud to describe the "female disease". It is the second part of De Beauvoir's "feminine mystery" that remains a problem even today. Women who defy what men understand are even still attributed to mental illness. "It is debilitating to be any woman in a society where women are warned that if they do not behave like angels they must be monsters." (Gilbert and Gubar, 1932)

Women are usually attributed to being these monsters right off the bat with a physician, male or female. Hoffmann and Tarzian claim that one of the biggest issues in the treatment of men versus women is the fact that the practice of medicine is dependent upon viewing the patient as a credible reporter. However, most of the time, women are never seen to be credible as we've seen earlier. Because they are expected to get over the pain, or their pain is something the doctor cannot understand, the woman loses credibility from the moment she enters a doctors office.

If a doctor sees a patient to be lying or exaggerating, especially as a female, she is automatically seen as the Evil Queen in our Snow White analogy. As Gilbert and Gubar have advocated, those who fall under the category of the Evil Queen are considered to have hysteria- they are marked off as crazy, as a type of woman men cannot and should not seek to understand. Without the credibility of the patient, treatment is often not aggressive enough, or not given at all.

This sort of terminology was even used in studies found in this essay. “Women were also portrayed as hysterical or emotional in much of medical or other literature… Physicians have found women to have more ‘psychosomatic illnesses, more emotional lability and more complaints due to emotional factors.” (Hoffman and Tarzian, 20) Female chronic pain patients were also more likely to be diagnosed with histrionic disorder than male patients.

Conclusion

The most impressive part about this work of literature was the authors persistence in understanding the problem for both the male and female patients in Western culture. They worry about the direction healthcare is headed because of these discriminations, as many women have turned to alternative methods of care besides hospitals or physicians for their needs. Hoffmann and Tazian claim that change needs to happen. Physicians need to learn new techniques that allow them to hear patients out. But most of all, change needs to occur within our education systems so that students can learn of these discrimination concerns and how to modify physician techniques to make sure men, women, people of all races, and those in the LGBT community all receive equal treatment for their healthcare needs.

We see that come of these sexist tendances carry on for generation after generation. We still see the consequences of the Snow White analogy by Gilbert and Gubar, the common misconception of “feminine mystery” discussed by De Beauvoir, and the gender stereotypes of masculinity and weakness as Halberstam talked about. If we don’t learn from these repetitive mentalities and implement teaching that resolves them in our school systems, then for all we

know change may never occur. It's important to understand the root of these issues and discuss how we might proceed from there.