

Pain, gender norms and psychosocial resources

A critical appraisal of taken for granted ideas on men and women with pain

Akademisk avhandling

som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien,
Göteborgs universitet kommer att offentligen försvaras i hörsal Arvid Carlsson,
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av Anke Samulowitz

Fakultetsopponent:
Professor emerita Ann Öhman
Umeå universitet, Sverige

Avhandlingen baseras på följande delarbeten

- I. Samulowitz A, Gremyr I, Eriksson E, Hensing G.
"Brave men" and "emotional women": a theory-guided literature review on gender bias in health care and gendered norms towards patients with chronic pain.
Pain Research and Management. 2018;6358624
- II. Samulowitz A, Nordström P, Wiklund M, Stankovic N, Hensing G.
"Sense of control": patients' experiences of multimodal pain rehabilitation and its impact in their everyday lives.
Journal of Rehabilitation Medicine-CC. 2019;2:1000014
- III. Samulowitz A, Hensing G, Haukenes I, Bergman S, Grimby-Ekman A.
General self-efficacy and social support in men and women with pain - irregular sex patterns of cross-sectional and longitudinal associations in a general population sample.
BMC Musculoskeletal Disorders. 2022;23:1026
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- IV. Samulowitz A, Haukenes I, Grimby-Ekman A, Bergman S, Hensing G.
Psychosocial resources predict frequent pain differently for men and women: a prospective cohort study.
Submitted

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Abstract

Background: Gender norms concerning pain are important to consider as they might lead to unequal treatment of men and women in health care.

Aim: The overall aim of this thesis was to explore and describe gender norms concerning long-lasting pain, and to estimate associations between psychosocial resources and pain in men and women.

Methods: In study I, a theory-guided, integrative literature review, patterns of gender norms in pain research were analysed qualitatively. In study II, individual interviews with 5 women and 3 men were analysed using qualitative content analysis. In study III (n=4010; n=881) and study IV (n=2263), cross-sectional and longitudinal data from a Swedish general population sample were analysed with linear and logistic regressions. Sex differences in the psychosocial resources general self-efficacy, instrumental and emotional social support among individuals with and without frequent pain were estimated, as well as the associations between baseline psychosocial resources and pain at follow-up, among men and women.

Results: Study I showed that men and women with pain were depicted by means of gender norms in scientific articles. These patterns were in line with hegemonic masculinity and andronormativity in pain research and health care. Gender norms in social support, shown in study I were not reflected by patients' experiences in study II. In study III, general population samples with and without frequent pain did not share the same sex patterns in instrumental social support. In study III and IV, instrumental and emotional social support predicted pain differently for men and women with and without frequent pain. In the frequent pain group, women with strong (compared to weak) emotional social support had 55% higher chance of no frequent pain at follow-up; men with strong (compared to weak) emotional social support had a 28% lower chance of no frequent pain at follow-up (study III). Among individuals with no frequent pain at baseline, women with weak instrumental social support had a 62% higher risk of frequent pain at follow-up than women with strong support. Men with weak emotional social support had a 100% higher risk of frequent pain at follow-up than men with strong support (study IV).

Conclusions: This thesis demonstrated a variety of gender norms. In addition, some of the results challenged expected gender norms related to men's and women's social support, in this thesis referred to as gender norm disruptions. Raised awareness about gender norms and gender norm disruptions might be a starting point to redefine or dissipate gender norms and may give the paradigm shift towards equity in pain prevention, treatment and research a push forward.

Key words: Chronic pain, gender norms, psychosocial resources, social support, general self-efficacy, gender bias, gender norm disruptions