Cultural Differences in Pain-related Emotional Expressivity

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Abstract

There are concerns about equity of access to medical treatment for pain for minority patients (Reuters, 2007). Cultural stereotypes about pain, English language competence, and practitioner insensitivity to individual differences in pain expressivity may mean that ethnic minority individuals are multiply disadvantaged in accessing acceptable medical treatment for pain. This study investigates how African American, Hispanic, and Asian American college students construct seeking medical treatment for pain. Qualitative analysis of focus group interviews revealed African Americans are most likely to endorse medical treatment for pain. African American and Hispanic students were less suppressed than Asians in pain-related emotional expressivity. Pain communication was least precise among Hispanics. Gender stereotyped beliefs about pain tolerance and expressivity are in the same direction across subcultures.

Introduction

Minority ethnic groups make up about thirty four percent of the population of the United States (www.census.gov, 2009), with Hispanic people constituting about fifteen percent of all people living in the nation, Blacks fourteen percent, and Asians five percent. Numerous studies have documented that members of ethnic and racial minority groups are more likely to be under-treated for pain in a variety of contexts, ranging from dental offices to emergency rooms (Bonham, 2001; Weisse, Sorum & Gross, 1996). Difficulties arise for members of minority groups if their experience of pain is divergent from that of the majority of patients, or if their expressivity is different.

Research Question

What are subculture group beliefs and perceptions regarding appropriate pain expression, and how might they be related to medical decision-making and treatment?

Method

Focus group samples were defined to study under-researched pain experience in subculture groups. Sample. Students enrolled at Cal Poly Pomona self-described their racial and ethnic identity. Three focus groups resulted: (1) African American, (2) Hispanic American and (3) Hispanics, excluding recent immigrants. Each is a closely defined mixed gender group with between 6 to 10 students. All participants spoke English as their primary language. Participants ranged in age from 18 to 53 years (mean = 22.1, sd = 4.6).

Procedure. Semi-structured interview schedule. To elicit talk about physical pain, the research team specified a limited set of questions which address pain threshold and tolerance. Table 1 presents the resulting questions participants were asked. Coding core concepts was then undertaken by the principal investigator, Nancy Alvarado and a novice researcher, Ann Englert. Coding core concepts was then undertaken by Ann Englert. Repeated discussions of problematic categories and revised occurred throughout the analysis so that sections of transcript that had been open coded were revised to produce more conceptually refined codes.

Results

Four themes emerged from this study: precise communication with the doctor; preferences for disclosure; gender differences in pain tolerance and expressivity; and ambivalence towards medical treatment for pain.

Theme 1: Precise communication with the doctor. Current communication practices in pain management emphasize the full and open disclosure of pain in terms of body sensation and affect (Metcalfe, 1976; Joint Commission on Accreditation of Healthcare Organizations, 2000). However, actual communication practices are probably more influenced by acculturation than fully open. Codes for body experience and affective sensory expressivity were intended to indicate a level of precision in pain communication, with Asian Americans showing more precise pain descriptions than Hispanics. African Americans and Hispanics were less suppressed than Asians in terms of affect expressivity.

Theme 2. Preferences for disclosure. Preference for professional consultation varied by subculture, with African Americans more readily endorsing seeking medical treatment for pain. Asian Americans are least likely to consult a physician or health practitioner. While importance was attached to family life and obligation to disclose, students in this subgroup wanted to be fully in control of the pain experience. Across minority groups, there was a preference that disclosure should be given to both family and the physician only after pain tolerance thresholds were exceeded.

Theme 3. Gender differences in pain tolerance and pain expressivity. Subculture groups perceived women as better able to tolerate pain and viewed pain expression by women as more appropriate than pain expressivity in men. Our research indicated gender expressivity differences were strongest for the Hispanic subgroup—with Hispanic women demonstrating the highest levels of pain expressivity. Stoicism, or low pain expressivity, was greatest among Asian American males. African American females are expected to tolerate more pain but demonstrated higher pain expressivity than Asian American males.

Theme 4. Ambivalence toward medical treatment for pain. No one subgroup expressed uniformly positive or negative beliefs about doctors and medical treatment. Hispanic students endorsed fatalistic beliefs as a reason to avoid going to the doctor. Although Hispanics perceived the interpersonal relationship with a physician as governing medical treatment, they expressed low expectations of physician attention to pain reports. Positive expectations for personalized medical treatment emerged from highly acculturated Asian American students whose families were professionals in the medical field. African Americans are most likely to endorse medical treatment.

Conclusions

We propose two underlying dimensions as a working hypothesis to classify individual pain experience across and within minority subcultures: pain anxiety and treatment anxiety (See Figure 1). The resulting 4 categories are described with transcript excerpts:

Catastrophizing. High pain-related anxiety and high avoidance of medical treatment. Individuals are preoccupied with pain symptoms. Hispanic male: So like the pain lasts u know that something's wrong and I think that can sometimes like scare us knowing that pain is what tells us something is wrong. So like, sometimes I like know people who go to the doctors just cause they're scared that for sure something might be wrong and they might you know. Like I have a friend like who's like die from cancer. He had cancer somewhere in his body he just refused to go it to the doctors because he was scared and cause he he was merely and he was just going to tough out the pain and by the time he went he had spread all over his system and there's like that's was no hope for him. And I think that's what people are scared of like scared of the pain like cause by the time like or maybe just go like going your find out something is truly really wrong and you will be or like like that it can scare or sometimes.

Pain resilience. Low pain-related anxiety, low avoidance of doctor or medical treatment. African American female: In general like people just want to be strong. So they don't want like just people to see a side of weakness in them I guess. So that's why most people don't really complain about when they don't feel good. And if you do complain about it like it's not like a random person that you show it like it's usually like a close friend, or family or boyfriind or girlfriend. Cause like if someone asked you 'Oh! How are you doing today?' even if you don't feel good you automatically say 'Oh, I'm good'; or I'm fine.

Stoicism. Low pain-related anxiety, high medical treatment avoidance. Discourts pain experience, dismisses pain symptoms. Asian male: I think with physical pain. Well it's my culture I kind of taught me to have higher pain tolerance for it. Like, I taught myself to laugh certain types of physical pain that I have and it just made me kind of physically stronger. Like pain that I feel doesn't it doesn't it wouldn't be be if you compare me to someone else I would say Like I don't know, I wouldn't it wouldn't be like I feel I would get it don't know get my foot on me or a time. Like that's one thing before I didn't really do anything about it. I think just pain for me it made me stronger like my physical tolerance.

Figure 1. Model of minority subculture pain expressivity