



Role of gender norms and group identification on hypothetical and experimental pain tolerance

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Abstract

Previous research indicates that men typically tolerate more pain in experimental settings than women. One likely explanation for these group differences in pain tolerance is conformity to traditional, gender group social norms (i.e., the ideal man is masculine and tolerates more pain; the ideal woman is feminine and tolerates less pain). According to self-categorization theory, norms guide behavior to the degree that group members adopt the group identity. Therefore, high-identifying men are expected to conform to gender norms and tolerate more pain than high-identifying women who conform to different gender norms as a guide for their behavior. We conducted two studies to investigate whether gender group identification moderates individuals' conformity to pain tolerance and reporting norms. In the first study, participants indicated their gender identification and expected tolerance of a hypothetical painful stimulus. As anticipated, high-identifying men reported significantly greater pain tolerance than high-identifying women. No differences existed between low-identifying men and women. To determine if self-reported pain tolerance in a role-playing scenario corresponds to actual pain tolerance in an experimental setting, the second study examined pain tolerance to a noxious stimulus induced by electrical stimulation of the index finger. The experimental outcome revealed that high-identifying men tolerated more painful stimulation than high-identifying women. Further, high-identifying men tolerated more pain than low-identifying men. These results highlight the influence of social norms on behavior and suggest the need to further explore the role of norms in pain reporting behaviors.

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1. Introduction

Who tolerates more pain, men or women? Some argue that because of their biological and reproductive roles, women are able to endure more pain (Bendelow, 1993). Others argue that men endure more pain, pointing out that men have to portray a tough, masculine

image to be viewed favorably and must withstand pain with a minimum of complaint. This idea is so prevalent, in fact, that Bendelow (1993) suggests that pain in men is seen as abnormal. Although past research has demonstrated that women have a higher probability of reporting clinical pain and a lower tolerance for experimentally induced pain than men (Unruh, 1996; Riley et al., 1998), main effect explanations advocating one gender over the other are too simplistic.

Despite conflicting perspectives, the rationale surrounding peoples' inferences regarding pain tolerance predictions are, not surprisingly, consistent with

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Western social norms for each gender. Social norms are the rules and standards understood by members of a group that guide social behavior (Cialdini and Trost, 1998). For pain expression and reporting, these expectations specify divergent behaviors considered appropriate for men and women in Western society. Social norms dictate that men should be stoic, making them unlikely to report pain or express it emotionally. Conversely, social norms allow women to be emotionally expressive when in pain and seek medical attention to remedy it. Thus, we should be able to predict pain-related behaviors from an individual's gender group and the relative importance of adhering to the group's norms.

According to self-categorization theory, individuals organize their social environments into groups. When categorized as a member of a valued social group, an individual's view of the self shifts from a personal identity to a social identity, leading one to think, feel and behave according to the social norms of the in-group (Turner, 1991). Thus, group norms predict behavior to the extent that one's social identity is salient and the individual identifies strongly with the group (Terry and Hogg, 1996; Terry et al., 2000).

Applied to gender differences in pain tolerance, only those participants who strongly identify with their gender group should adhere to the group's social norms regarding pain tolerance. To test these predictions, two studies explored the influence that such gender-specific social norms exert on pain tolerance. Study 1 used a role-playing methodology to verify that participants both know and endorse gender group norms for pain tolerance. Further, Study 1 sought to establish that gender group identification moderates the relationship between gender-specific social norms and self-reported pain tolerance. Study 2 moved beyond the role-playing methodology to examine the relationship among group identification, knowledge of gender norms regarding pain tolerance, and actual pain tolerance behavior.

2. Method: study 1

This study investigated whether differences exist in gender group norms for pain tolerance and examined the influence that gender-specific norms exert on men and women's self-reported tolerance of a hypothetical painful stimulus. It was expected that both men and women have knowledge of gender norms related to pain tolerance and that these gender norms specify different behaviors for each gender. Additionally, this study examined whether gender group identification moderates individuals' conformity to these pain tolerance norms. Using a role-playing paradigm, men who identify strongly with their gender group were expected to conform to masculine gender norms and tolerate more pain than women who identify strongly with their gender group and conform to feminine gender norms.

Because low-identifying men and women are less motivated to conform to gender norms for pain tolerance, these norms were not expected to be relevant predictors of pain tolerance for these groups. To test these predictions, participants answered questions about norms for pain tolerance, indicated their level of gender identification and reported their anticipated tolerance of a hypothetical painful stimulus.

2.1. Participants

One-hundred, three undergraduate students at the University of Texas at Arlington volunteered to participate. Students who scored in the top and bottom thirds of a gender identification scale (described below) completed questionnaires investigating their beliefs about painful experiences ($n = 49$ men, 28 women). Because we did not have clear hypotheses for those with moderate levels of gender identification, we removed them from the analyses.

2.2. Questionnaire measures

2.2.1. Gender norms for pain tolerance

On 9-point scales, ranging from 1 (*strongly disagree*) to 9 (*strongly agree*), participants indicated their agreement with statements about how the "ideal man" and "ideal woman" would respond regarding pain tolerance. For the "ideal man," six items assessed pain tolerance norms: (a) "The ideal man will continue with a task even if it is physically painful," (b) "The ideal man is willing to endure a large amount of pain to reach a goal," (c) "The ideal man will endure a painful situation without complaining," (d) "The ideal man will endure pain without showing emotion," (e) "The ideal man is not bothered by pain," and (f) "The ideal man can ignore pain." The items were strongly related and combined into a mean score representing perceived gender group norms for pain tolerance for males ($\alpha = .87$). After completing items about the "ideal man," participants completed an identical set of items that assessed their beliefs about the "ideal woman." Responses on these items were also reliable and combined into a mean score representing perceived gender group norms for pain tolerance for females ($\alpha = .83$).

2.2.2. Gender group identification

Strength of gender group identification was assessed separately for each gender with two 9-point questions anchored by 1 (*not at all important*) and 9 (*extremely important*). Men completed items about the extent to which it was important to be similar to the ideal man and the extent to which being like the ideal man was an important part of who they were. Women answered identical questions referencing the ideal woman. Responses to these items were combined into a mean

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