

The Impact of Stereotypes and Stigma on the Assessment and Treatment of Patients with Pain

Chair: Diane LaChapelle, PhD, L.Psyc, UNB Presentation

1: Susan Lavoie, PhD Candidate, UNB

Presentation 2: Bruce Dick, PhD, U Alberta



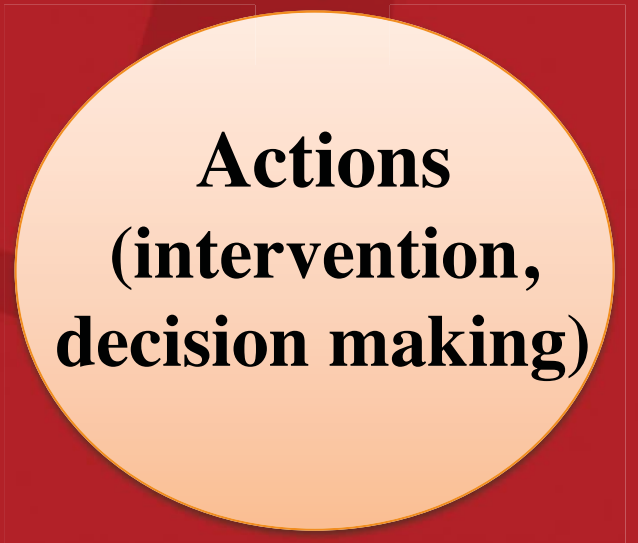
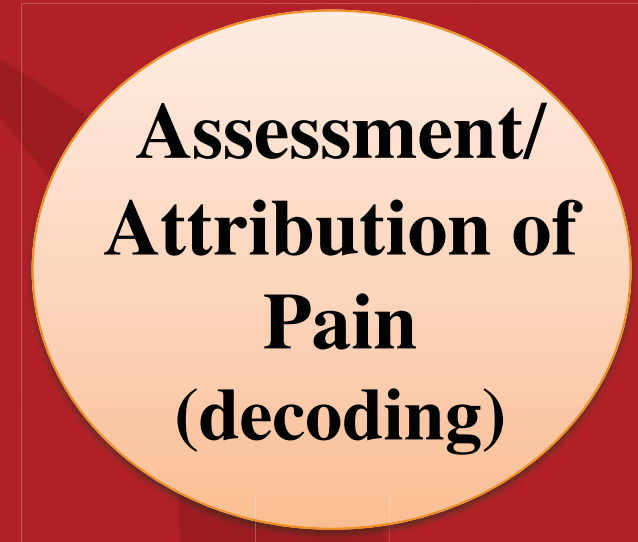
Learning Objectives

At the end of this session, participants will be able to identify:

- **The most commonly held stereotypes about patients with pain**
- **How stereotypes influence assessment and treatment decisions**
- **Strategies to reduce the potential impact of stereotypes and stigma in clinical practice**

Sociocommunications Model of Pain (Hadjistavropoulos et al.)

Patient



Caregiver

Stereotypes

- **Attributions:** Assigning explanations to the people, behaviours, and situations we encounter (Miller, 1970).
- **Stereotypes:** Cognitive frameworks that influence the processing of information and hence attributions.
 - Typically based on obvious physical characteristics (Dion et al., 1972)
 - More than one stereotype can be activated at once, although one stereotype may prevail (Tanke, 1982)

Attributions about Persons in Pain

The Physical Attractiveness Stereotype

“Beautiful is Good”

“Beautiful is Healthy”

Commonly Held Stereotypes about Adults with Pain: Evidence from the Lab and Clinic

**Susan Lavoie, PhD Candidate
Psychology Department
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Study	Observers	Targets	IVs	DVs
1	105 UG Students	FM/RA ♀	Attractiveness Visibility Ambiguity	Pain/Disability
2	96 UG Students	FM/RA ♂	Attractiveness Visibility Ambiguity	Pain/Disability
3	35 Persons from the Community	FM/RA ♀	Attractiveness Ambiguity Visibility Experience	Pain/Disability Affect Willing to Help

UG Student/Community Perceptions of Targets with FM/RA

Rating Scales



Ann has Fibromyalgia

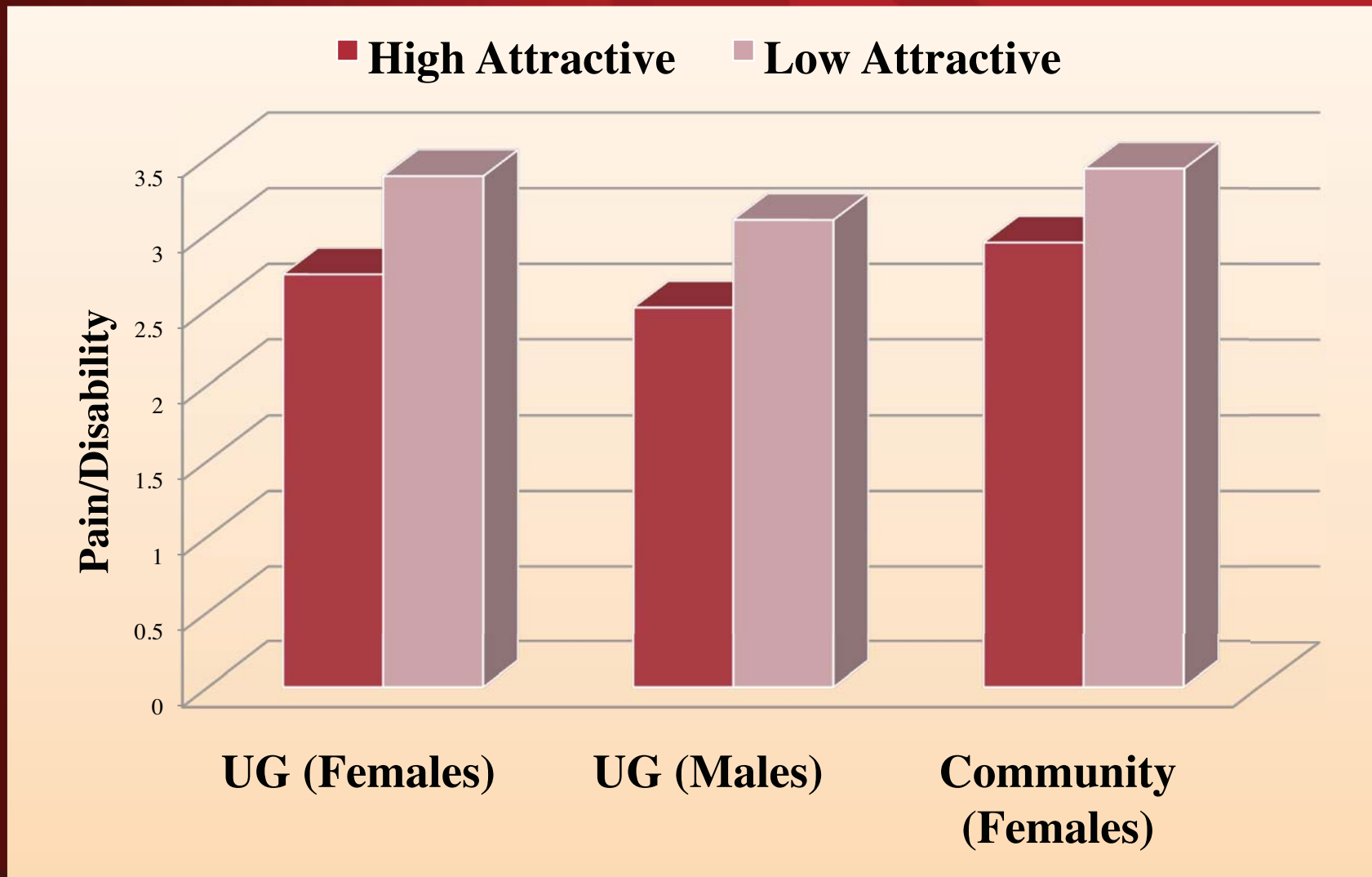
Studies 1, 2, 3

- Questions about target pain/disability

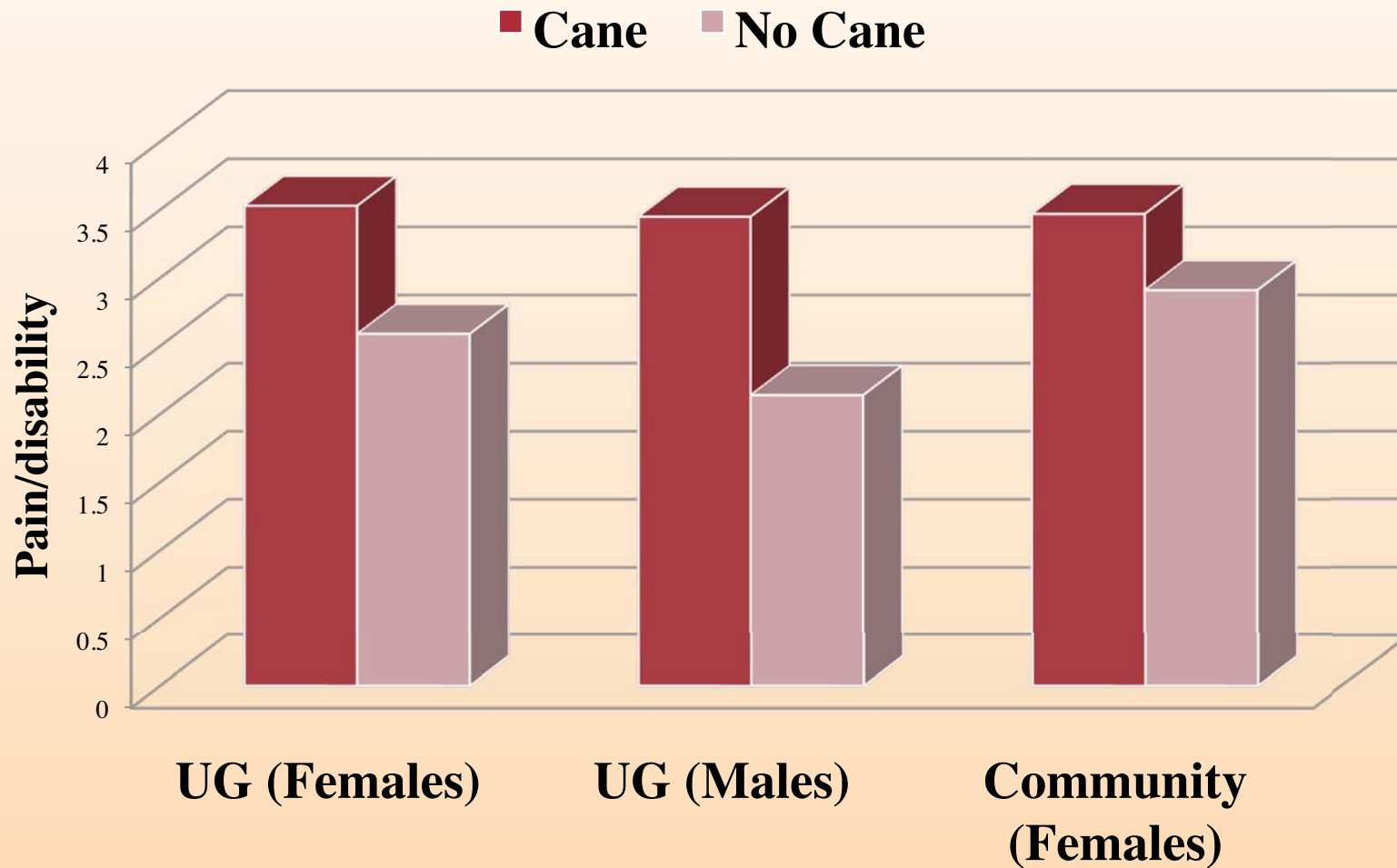
Study 3

- Questions about target pain/disability
- Observer affective reaction (anger/sympathy)
- Observer willingness to offer help

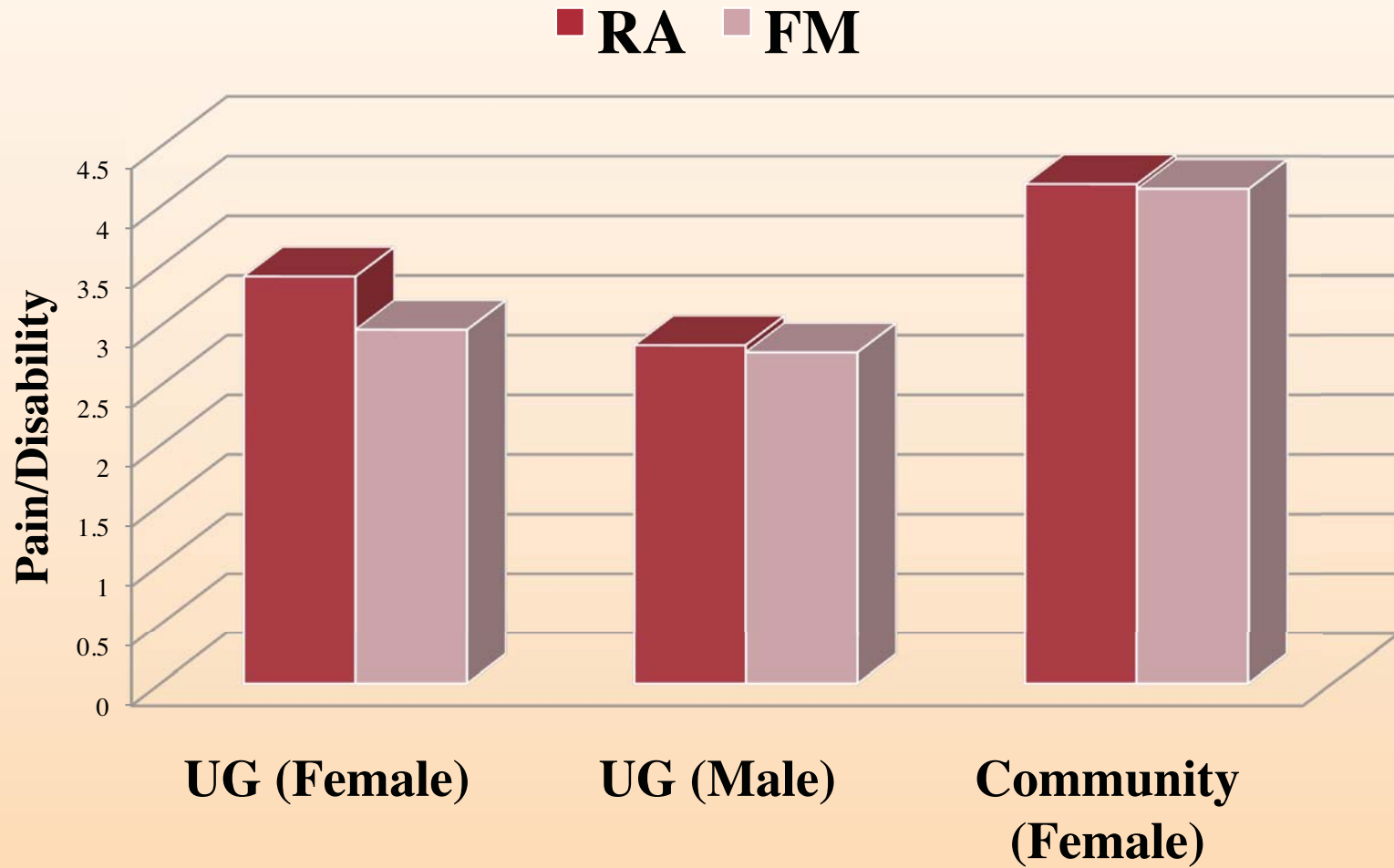
Main Effect of Targets' Attractiveness



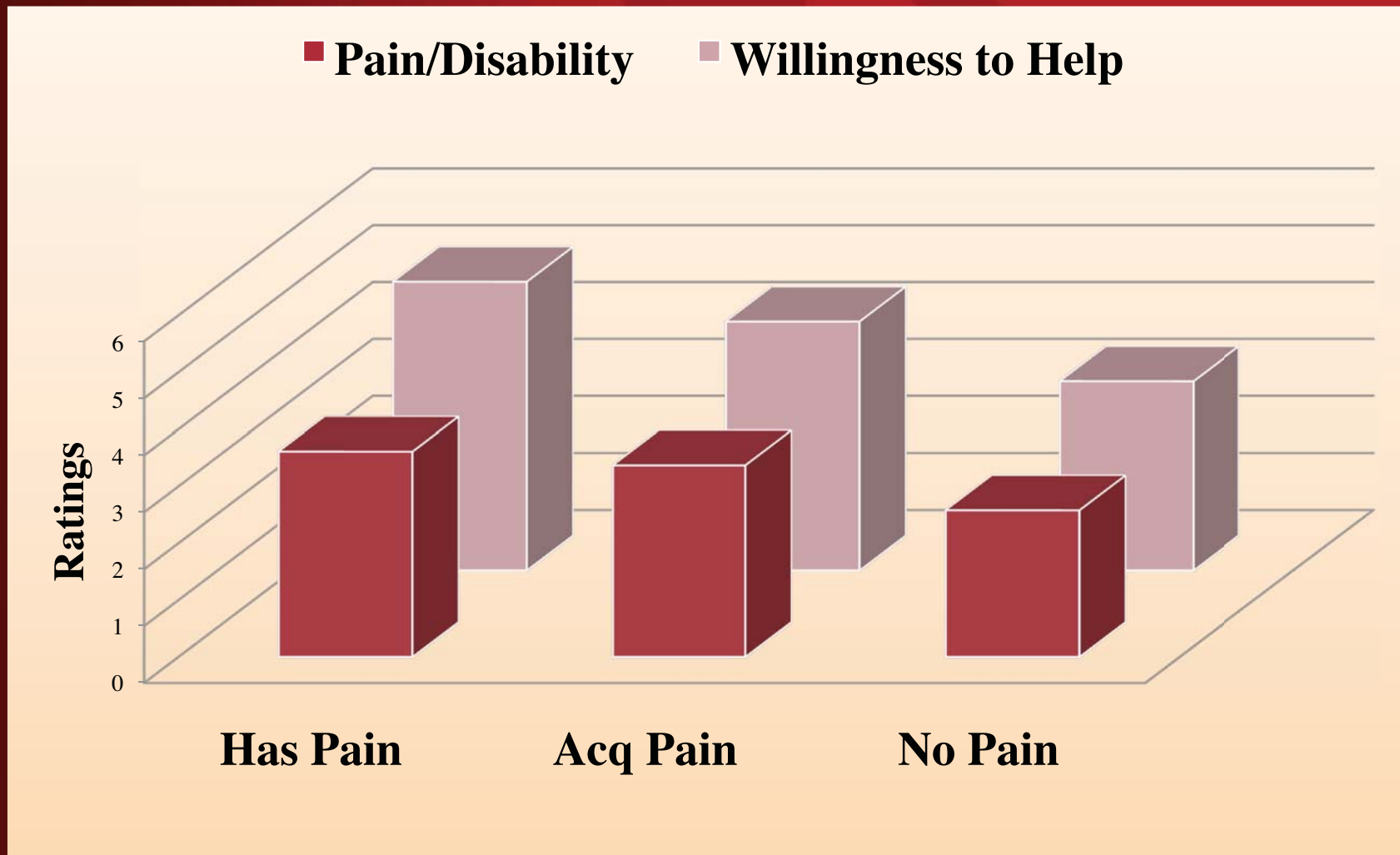
Main Effect of Visible Cues to Disability



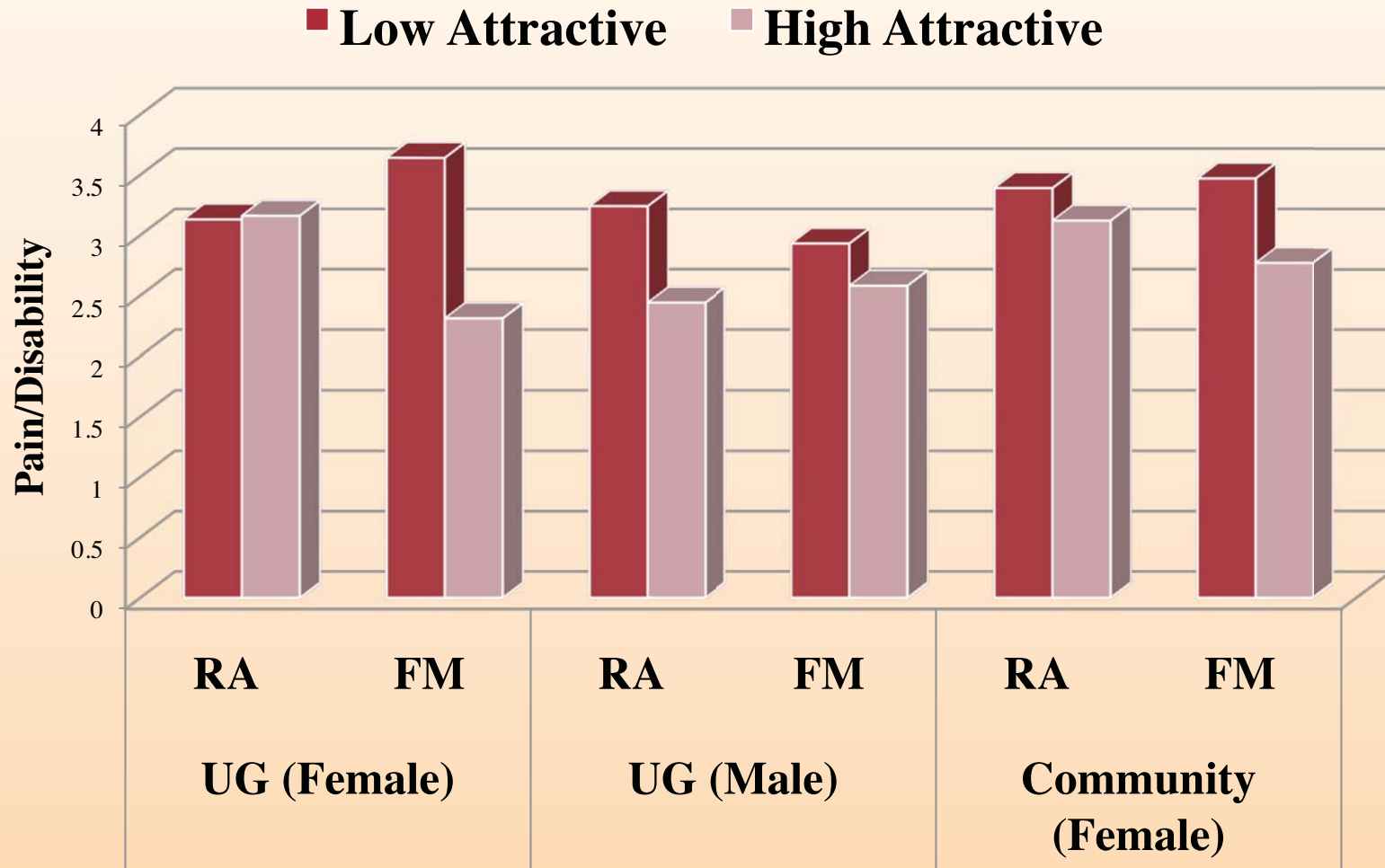
Main Effect of Ambiguity



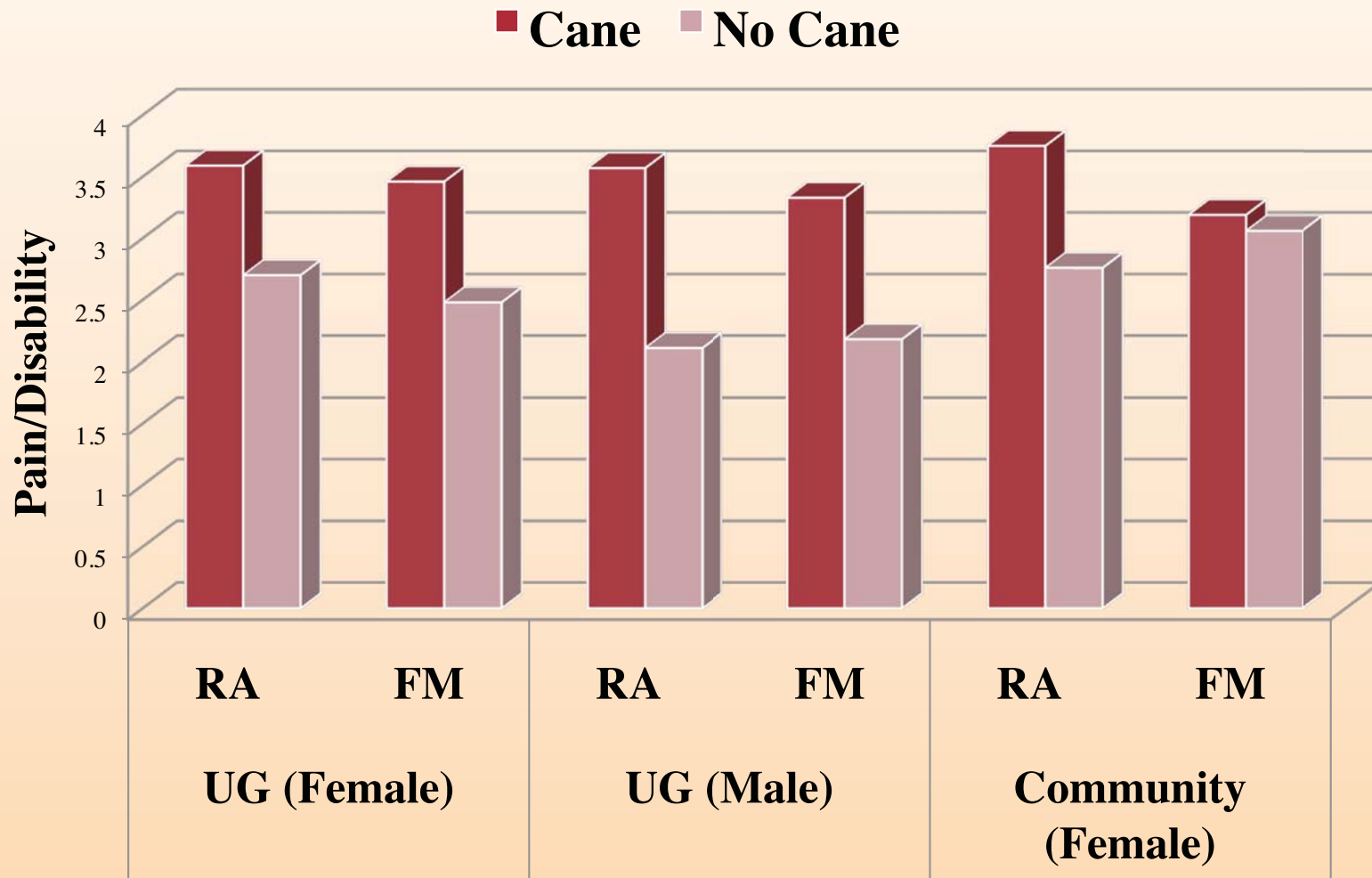
Main Effect of Observer Experience (Community)



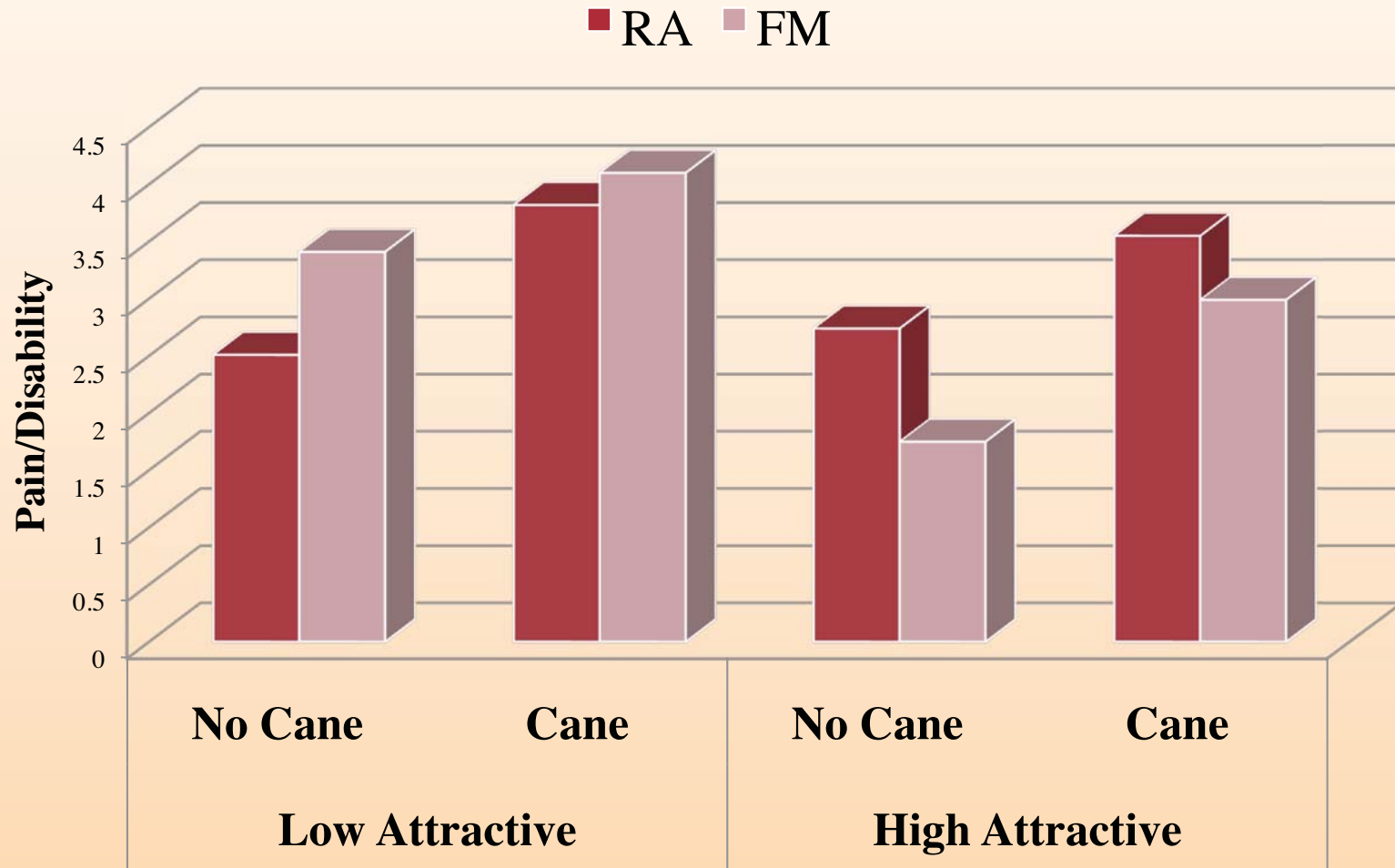
Attractiveness x Ambiguity



Visibility x Ambiguity



Attractiveness x Ambiguity x Visibility (UG Observers [Female])



Study	Observers	Targets	IVs	DVs
4	<p>71 Nursing Students</p> <p>75 Nurses</p>	<p>LBP</p> <p>♀</p> <p>♂</p>	<p>Coping</p> <p>Sex</p> <p>Ambiguity</p> <p>Experience</p>	<p>Pain/Disability</p> <p>Treatment/</p> <p>Compensation</p> <p>Affect</p> <p>Willing to Help</p>

HCPs Perceptions of Patients with LBP

Evidence: Yes/No
Coping: Passive/Active



Self-Reported Pain: 5.5/10

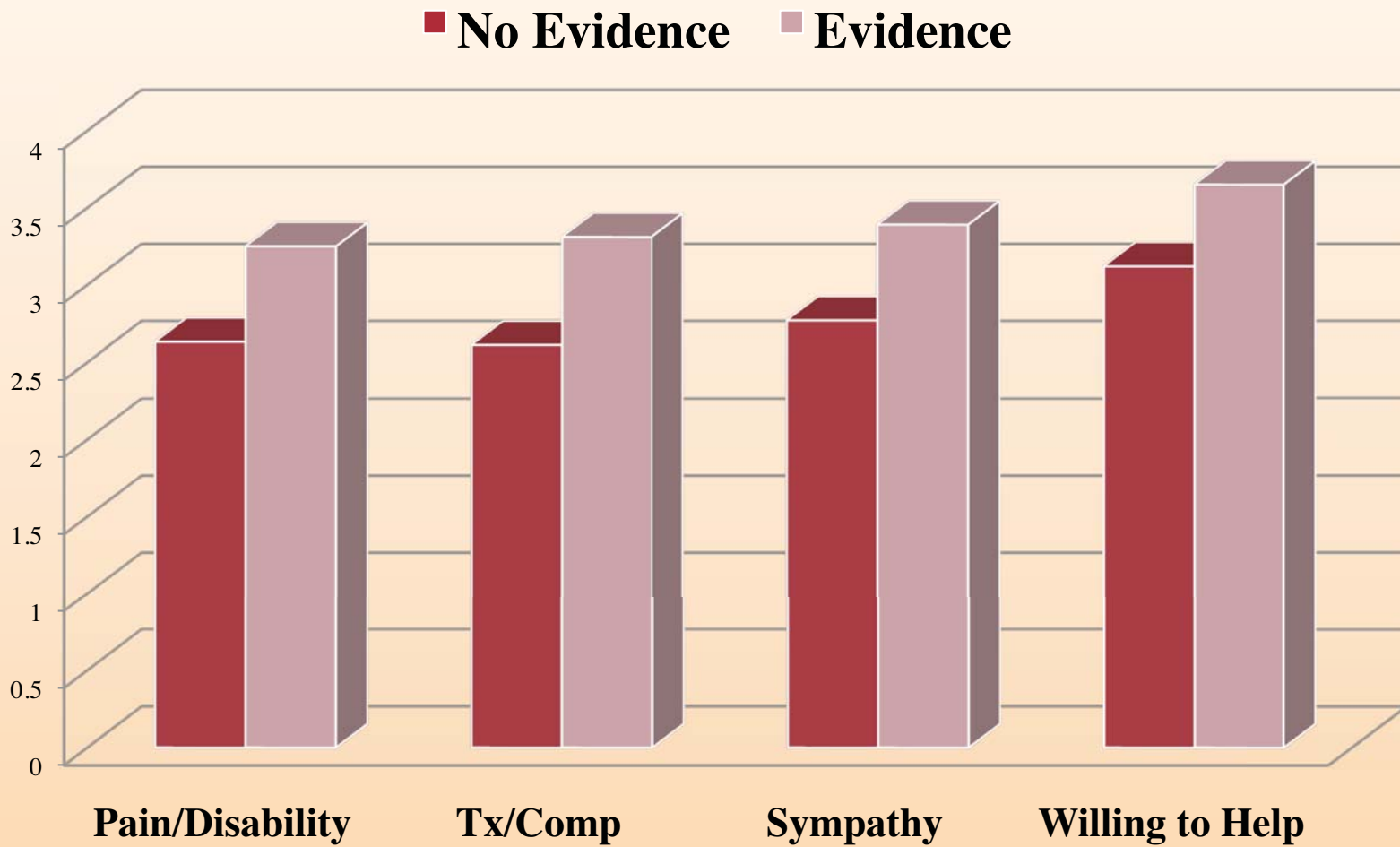
Rating Scales

- **Questions about target:**
 - 2 pain/disability
 - 2 treatment/compensation
- **Questions about observers' reaction to target:**
 - 3 affective reaction
 - 2 willingness to help

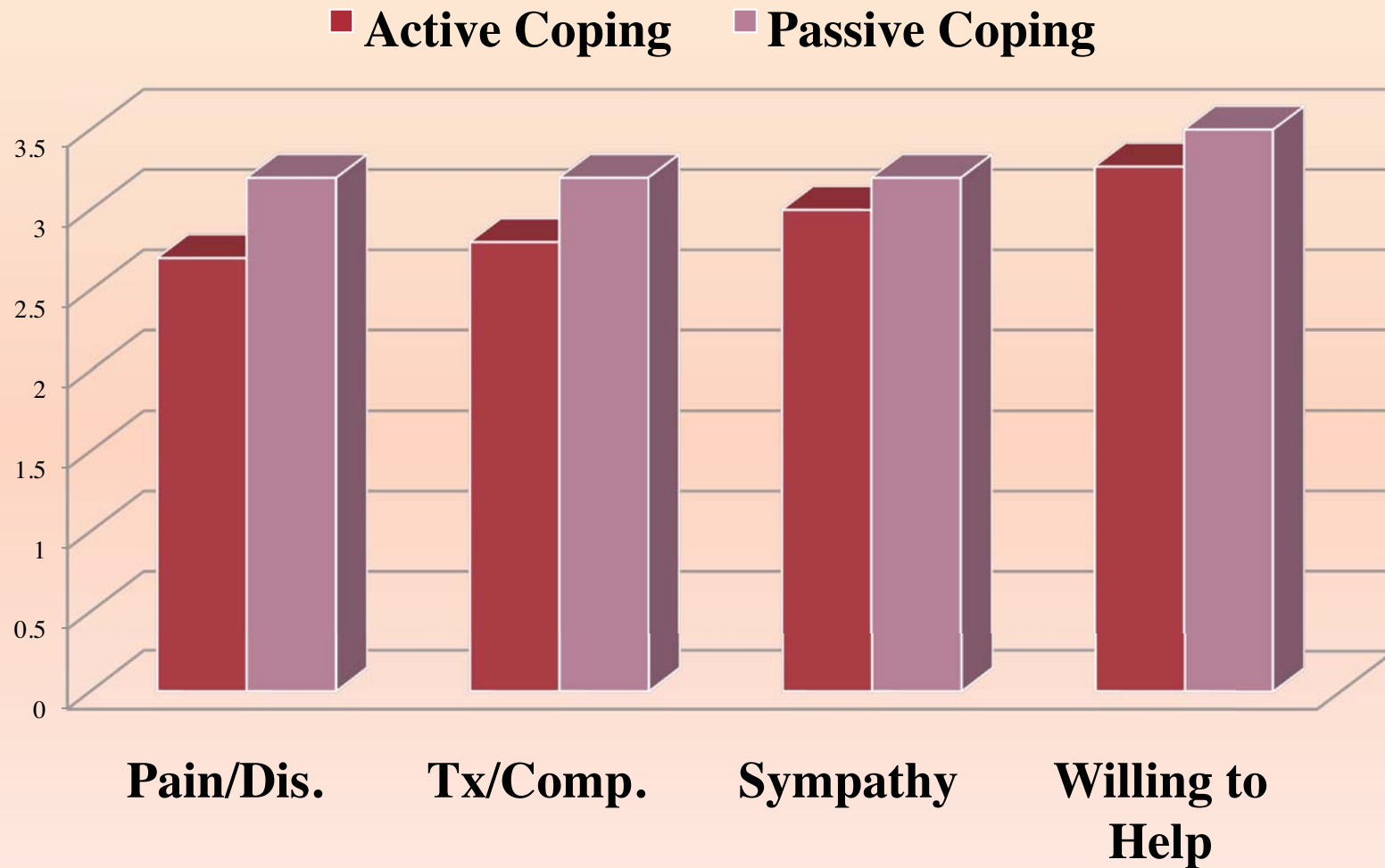
Main Effects

- No main effects for target sex
- No main effects for observer experience
- Main effects for ambiguity and coping

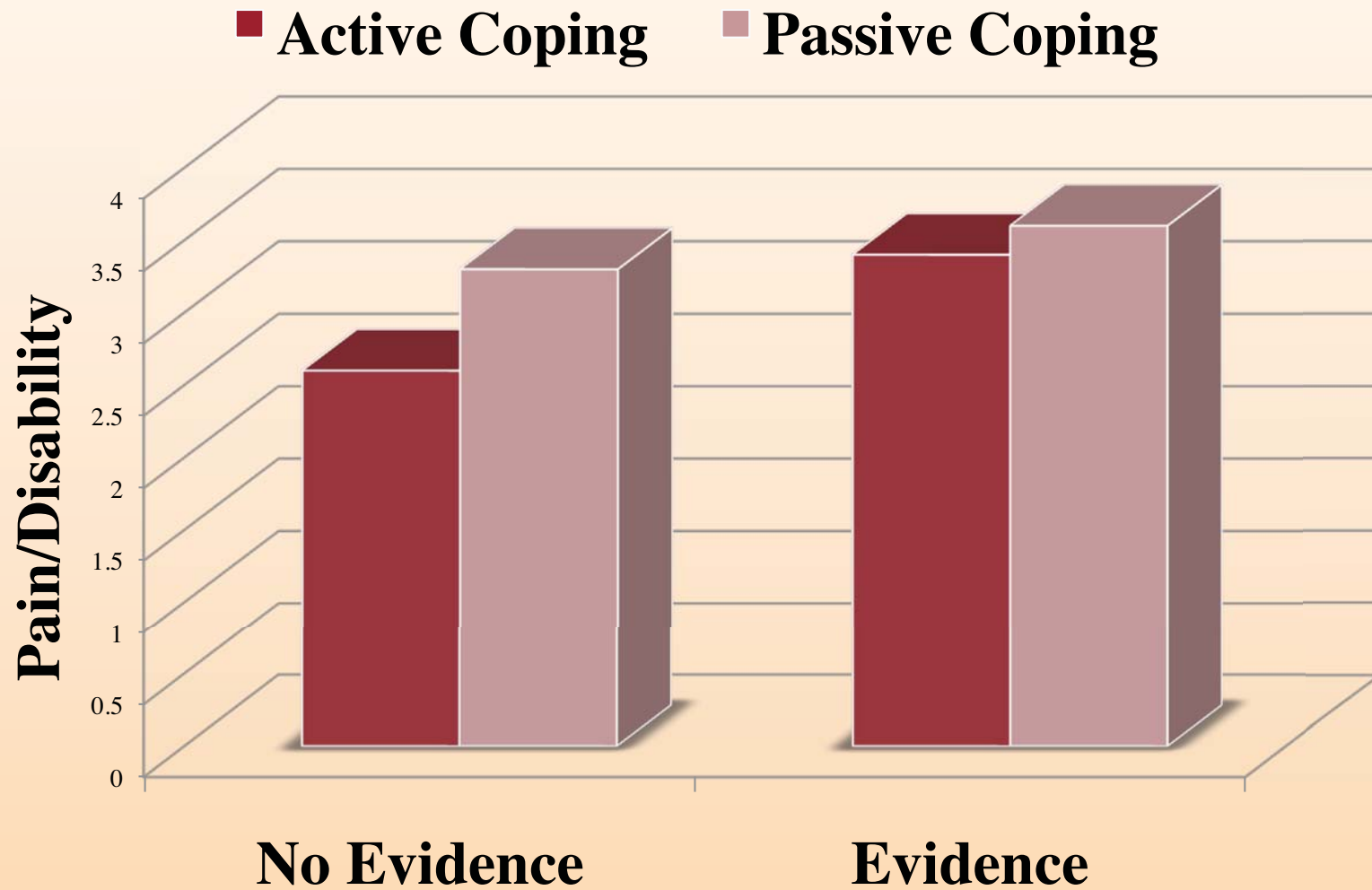
Main Effect of Ambiguity



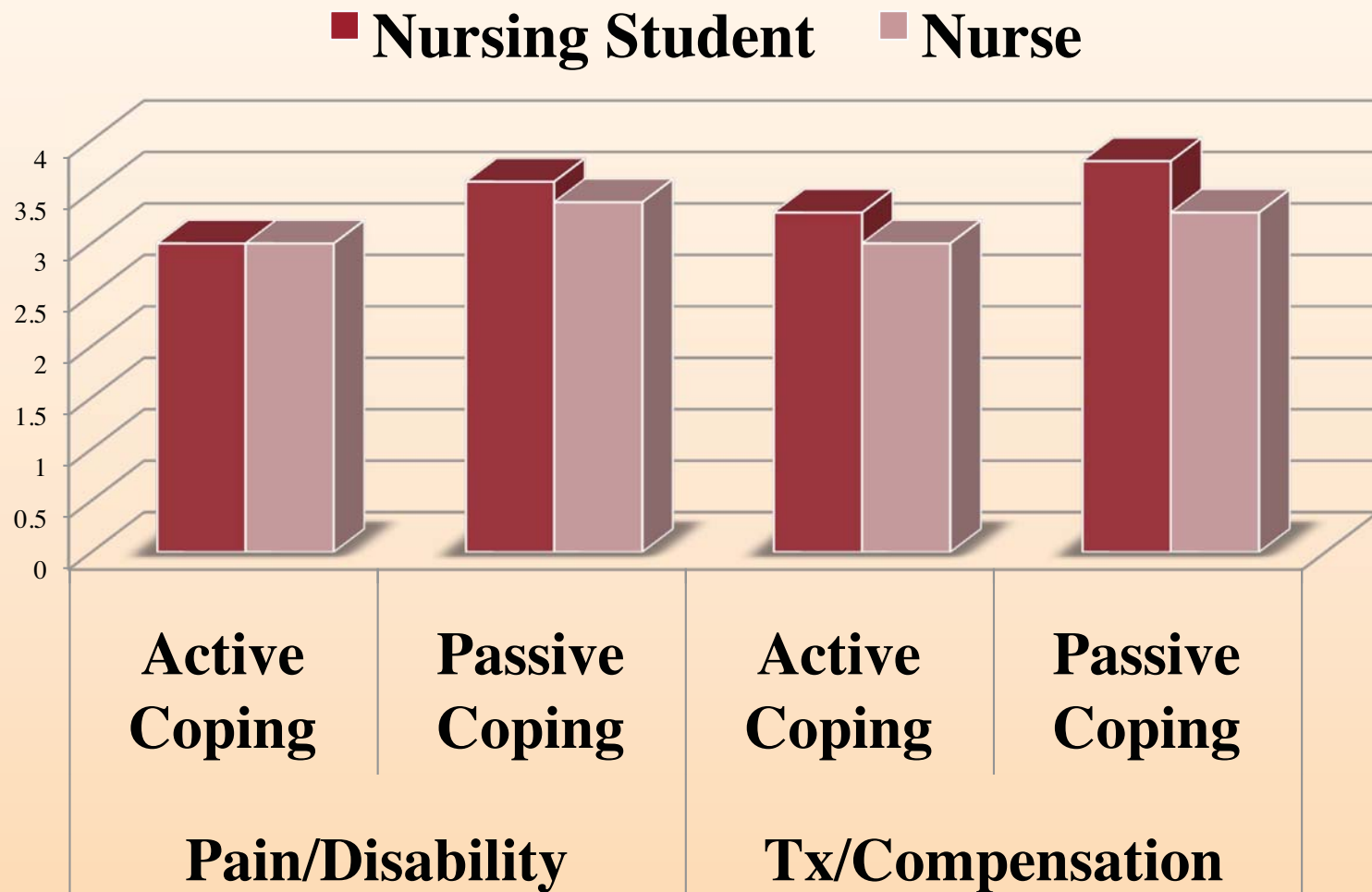
Main Effect of Targets' Coping Style



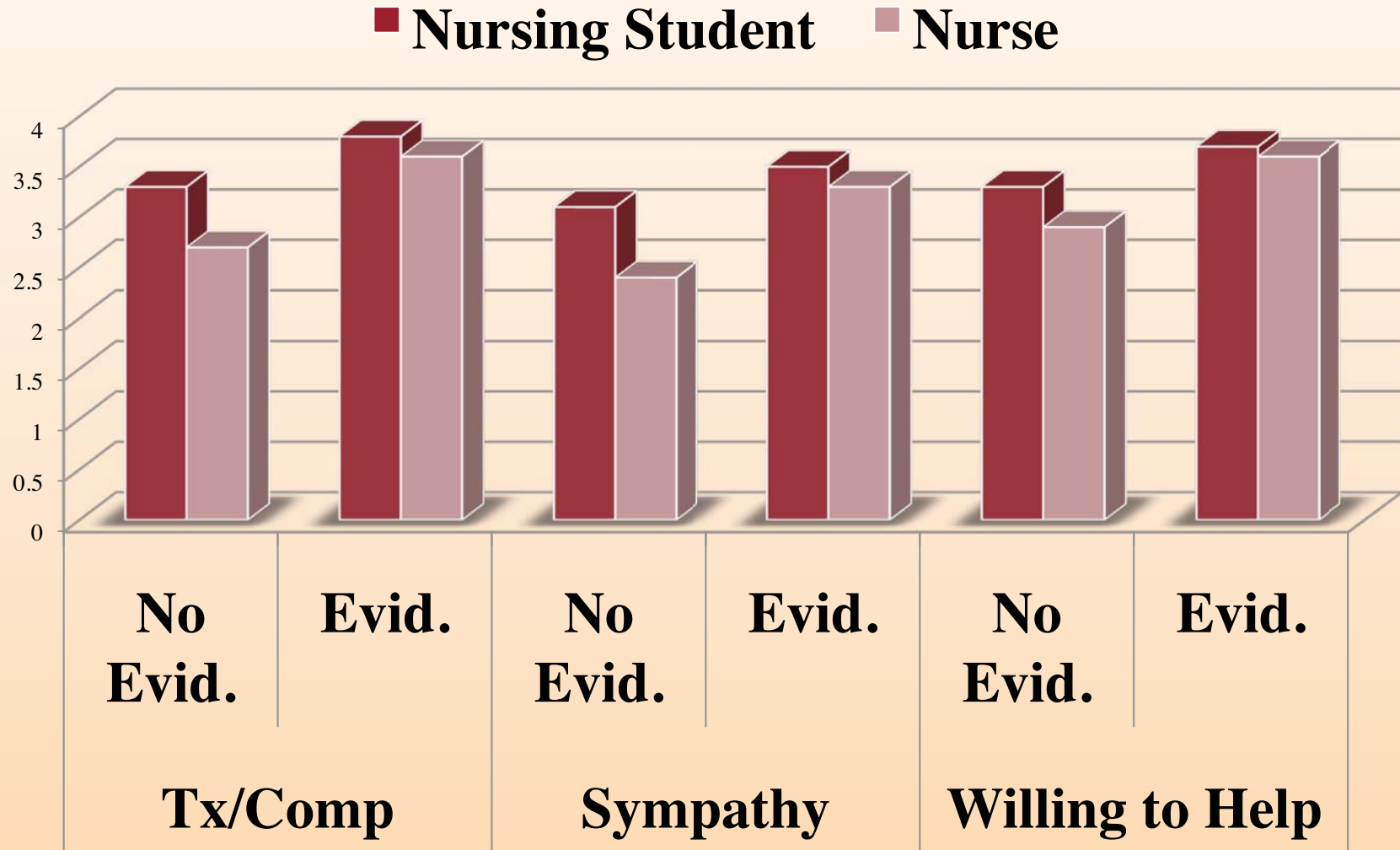
Coping Style x Ambiguity



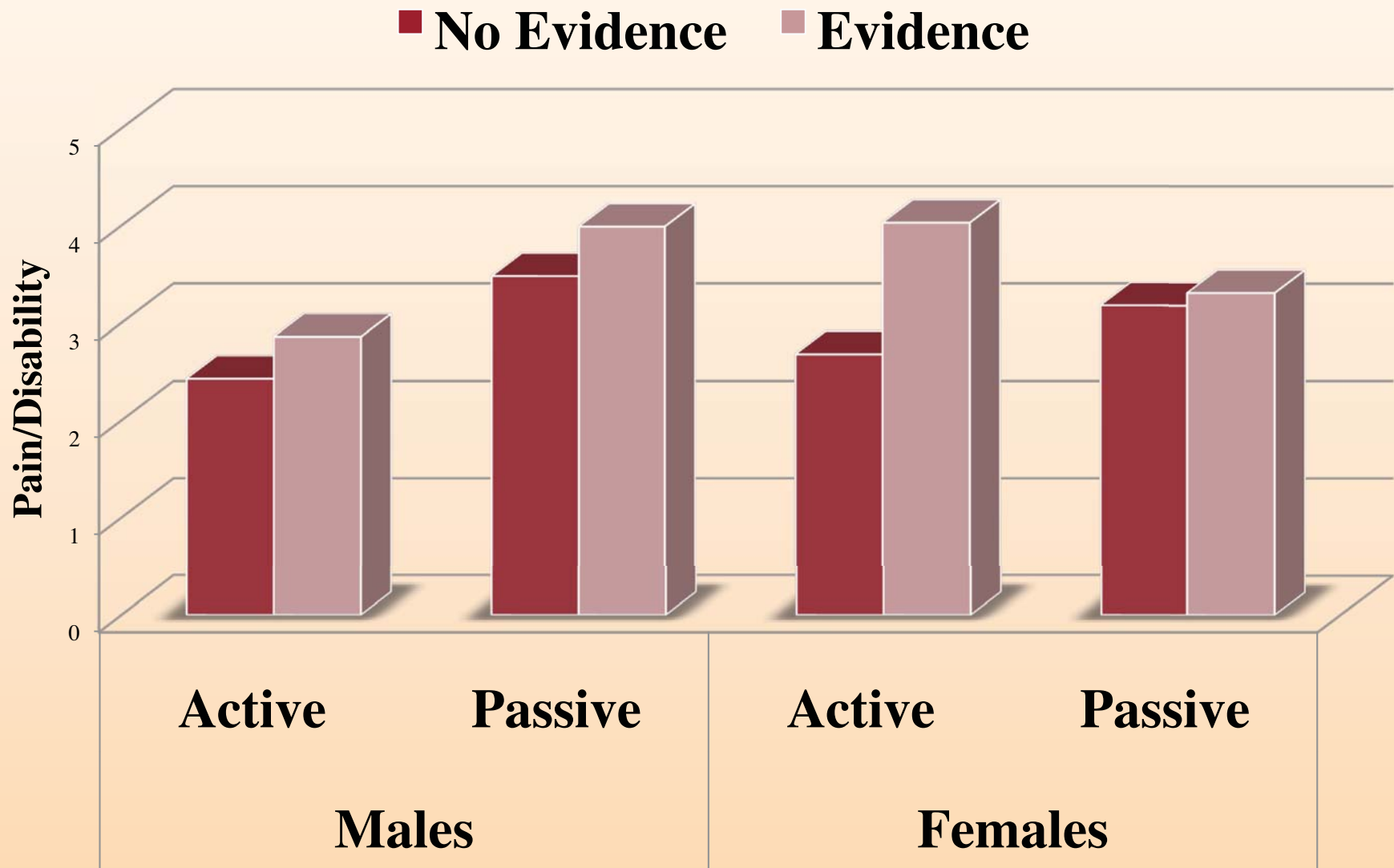
Coping x Experience



Experience x Ambiguity



Coping x Sex x Ambiguity



Summary of Results

- **Patient/Illness factors:**
 - Attractiveness, coping style, sex, visible cues, ambiguity
- **Observer/HCP factors:**
 - Experience (personal/professional)
- **More research needed**

Clinical Implications

- Stereotypes influence observers' reactions to patients, thus influencing:
 - Timely diagnosis/treatment
 - Stigmatization of patients
 - Quality of patient/HCP interaction
- All this in turn impacts that patients:
 - Need to look sick/Self-fulfilling prophecy
 - Validation seeking
 - Slowing acceptance/adjustment

Clinical Implications: Reducing the Impact of Stereotypes

- **Barriers:**
 - Time constraints
 - Lack of pain education
- **Solutions:**
 - Increase awareness of stereotypes
 - Increase training and education
 - Systematic changes
 - Working toward a common goal: HCP/Patient partnership

“...Having lived with chronic, sometimes debilitating, invisible pain...I know all too well the problems involved in actually getting help...because the person I’ve asked for help has decided I don’t look like I need help. I’ve been told I ‘present’ well, which might be advantageous in a job interview, but certainly not in a medical appointment...”