

Gender and personality differences in cancerrelated pain severity for geriatric patients

June 11 2015

With 75% of cancer patients in the UK over 60, and the costs of innovative drugs soaring, how to best identify and hopefully manage cancer-related pain in the elderly is a key issue. A new study published in the Journal of Gender Studies looks into this complex matter and, in claiming gender and personality significantly affect the experience of suffering, questions a 'one size fits it all' approach to pain management.

While there is a wealth of literature documenting how gender and temperament impact on our ability to cope with physical discomfort, the way "gender moderates the association between pain and personality" needs to be investigated further, claim the authors of the study. Determined to shed light on this neglected matter, the researchers collected data from a sample of 150 adults (86 women and 64 men above 55 years of age) receiving cancer treatment in Florida (US) in 2011. Their principal objective was to identify gender and character differences – the latter scored against the Five Factor Model of personality – in the reported pain severity amongst participants, as well as establish if psychosocial factors could be predictors of cancer-related pain severity for the group.

After a thorough analysis of the figures collected, significant differences emerged in regards to personality. Females presented significantly higher neuroticism compared to men, and gender was a key 'predictor of pain severity', as well as a moderator in the association between the personality trait of neuroticism and average pain severity. Interestingly, while higher anxiety in women was associated with lower reported pain



severity, differences in neuroticism between genders could be imputable to social stereotypes too, explain the academics. It's not a secret that, traditionally, anxious traits are considered more socially acceptable in women than in men. Low extraversion also appeared to be a significant predictor of greater pain severity in women, but not in men, suggesting social roles – women as dependent and less apt to autonomously cope – may weigh on how pain is managed by women. In addition to gender and character traits, psychosocial factors, such as age for women, and education for men, were also identified as strong predictors of pain severity amongst participants, with social status and power balance being crucial components.

In claiming pain severity may be gender-specific, as well as dependent on personality and social-psychological factors, this study warns of the dangers of a 'one size fits all' approach and calls for a diversification of clinical procedures to cancer-related pain management in the elderly. In doing so, it greatly contributes to our understanding of the pain experience amongst the elderly.

More information: "Gender differences in personality and cancer-related pain among older cancer patients." <u>DOI:</u> 10.1080/09589236.2015.1041463

Provided by Taylor & Francis

Citation: Gender and personality differences in cancer-related pain severity for geriatric patients (2015, June 11) retrieved 25 April 2024 from https://medicalxpress.com/news/2015-06-gender-personality-differences-cancer-related-pain.html

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