6. Cultural Responses to Pain *by Mark Zborowski*

The ways that we respond to illness are strongly influenced by cultural patterns. In this classic 1952 article, the anthropologist Mark Zborowski shows that even the physical sensation of pain is often interpreted differently by members of different American ethnic groups who tend to respond to pain in terms of meanings they learned in their own families.

Cultural Differences and Pain

In human societies biological processes necessary for survival are profoundly shaped by long-standing cultural patterns. Food, sex and elimination of waste are physiological phenomena which are universal for all life. But in human groups they become regulated by specific cultural values and social rules. Human beings experience hunger for food and sexual desire, but their families, culture and larger society dictate the kind of food people may eat, the social setting for eating, or the appropriate partner for mating.

The role of cultural and social patterns is so great they may sometimes act against the biological needs of individuals, even to the point of endangering their survival. Only a human being may prefer starvation to the breaking of a religious dietary law. Only a human may abstain from sexual activity because of specific regulations.

Members of different cultures sometimes have very different attitudes about pain. Pain is physiological (involving the body), but it is also psychological and cultural. People of different cultures often react and behave differently to pain experiences. People in some cultures often accept a particular pain or set of pains as natural and unsurprising. For people in other cultures, however, the same kind of pain will produce considerable anxiety and worry. In one culture a pain may signify nothing beyond the physical experience. In another culture, it may be seen as a sign or indicator of something else important or troubling.

The Research Setting

With these understandings in mind, the research project was set up at the Kingsbridge Veterans Hospital, Bronx, New York, where four ethnic or cultural groups were selected for an intensive study, mainly patients from Jewish, Italian, Irish and Anglo American families and heritage. The groups – Jews, Italian, Irish, and Anglo Americans –

were selected because they were described by medical people as manifesting striking differences in their reaction to pain.

The hospital staff described the Italian and Jewish patients as tending to complain and to "exaggerate" their pain. But the Irish and the Anglo Americans were usually depicted as stoical individuals who were able to take a great deal of pain without complaining. (Anglo Americans were defined as white, native-born individuals, usually Protestant, whose grandparents were born in the United States and who did not identify themselves with any foreign group, either nationally, socially or culturally.)

The Kingsbridge Veterans Hospital was chosen because its population represents roughly the ethnic composition of New York City. They were veterans of World War I and II, and the Korean War. In one major respect this hospital was not adequate – all the patients were men and so it did not provide the opportunity to investigate male and female differences in altitudes about and responses to pain.

In setting up this project we were mainly interested in discovering certain regularities in reactions and attitudes toward pain in the four groups. The main research techniques were interviews with patients of the four groups, observation of their behavior when in pain, and discussion of individual cases with doctors, nurses and other people involved in the pain experience of the individual. In addition to the interviews with patients, "healthy" members of the respective groups were interviewed on their attitudes toward pain. In certain cases the researchers interviewed a member of the patient's family to check the report of the patient on his pain experience, and to find out the attitudes and reactions of the family to the patient's experience.

The discussion of the material presented in this paper is based on interviews with 103 respondents, including 87 hospital patients in pain and 16 healthy subjects. According to their ethno-cultural background the respondents are distributed as follows: Anglo Americans, 26; Italian Americans, 24; Jewish Americans, 31; Irish Americans, 11; and others, 11. In addition, there were the interviews and conversations with family members, doctors, nurses and other members of the hospital staff.

Pain Among Patients of Jewish and Italian Origin

The Jews and Italians were selected mainly because interviews with medical staff suggested that they display similar reactions to pain. The Italian and Jewish patients were described as being very emotional in their responses to pain and that this was causing problems for the hospital and medical staff.

<u>This investigation found that both the Italian and Jewish patients feel free to talk about their pain, complain about it, and express their sufferings by groaning, moaning,</u>

crying, etc. They are not ashamed of this expression. They admit willingly that when they are in pain they do complain a great deal, call for help, and expect sympathy and assistance from other members of their immediate social environment, especially from members of their family. When in pain they are reluctant to be alone and prefer the presence and attention of other people.

This behavior, which is expected, accepted and approved by their Italian and Jewish cultures and families, often conflicts with the patterns of behavior expected from patients by Anglo-American or Americanized medical people. The medical professionals, who are not Italian or Jewish, tend to describe the behavior of the Italian and Jewish patients as exaggerated and overemotional. The medical staff tend to minimize the actual pain of the Italian and Jewish patients and describe them as *very sensitive to pain.*

Some of the medical staff stated that, in their opinion, Jews and Italians have a lower threshold of pain than members of other ethnic groups, especially members of Scandinavian and Anglo groups. This reaction indicates a misunderstanding about pain among some of the hospital staff. According to people who have studied pain, for instance Harold Wolff and his associates, the threshold of pain is more or less the same for all human beings regardless of nationality, sex or age.

Although both the Jewish and Italian patients indeed often complained about their pain, even a superficial study of the interviews has revealed that the underlying attitudes toward pain are different among Italian and Jewish patients.

The Italian patients seemed to be mainly concerned with the immediacy of the pain experience and were disturbed by the actual pain sensation. The Italian patients mainly expressed, in their behavior and complaints, the discomfort caused by pain and the unhappy effects of this pain experience.

The Jewish patients, however, expressed primarily their worries and anxieties about the pain as an indication or symptom of threats to their health. The Jewish patients, focused mainly on the symptomatic meaning of pain and on the significance of pain to their health and welfare, and for the well being of their families. It is worth mentioning that one of the Jewish words to describe strong pain is *yessurim*, a word which is also used to describe worries and anxieties.

When in pain, the Italian patients call for pain relief and are mainly concerned with the pain-killing effects of the drugs given them. Once the pain is relieved, the Italian patients often forget their sufferings and seem happy and satisfied.

The Jewish patients, however, often are reluctant to accept the pain-killing drug, and explain this reluctance as concern about the effects of the drug upon their health in general. The Jewish patients are also often apprehensive about the habit-forming aspects of the pain killers. Moreover, they feel that the drug relieves their pain only temporarily

and does not cure the disease which may cause the pain. ***Nurses and doctors have reported cases in which Jewish patients would hide the pills given to them to relieve their pain and would prefer to suffer. These reports were confirmed in the interviews with the patients*****. It was also observed that many Jewish patients, after being relieved from pain, often continued to display the same depressed and worried behavior because they felt that the pain recur as long as the disease was not cured completely.**

From these observations it appears that when one deals with Italian patients it is most important to relieve the actual pain. With Jewish patients, however, it is more important to relieve the anxieties about the *sources* of pain.

Another difference between the Jewish and Italian patients is their respective attitudes toward the doctor. The Italian patients seem to display a most confident attitude toward the doctor which is usually reinforced after the doctor has succeeded in relieving their pain.

The Jewish patients, however, have a skeptical attitude, ***feeling that the fact that the doctor has relieved the pain by some drug does not mean that the doctor is skillful enough to take care of the basic illness.*** **Consequently, even when the pain is relieved, the Jewish patients often wish to check and compare the diagnosis and treatment of one doctor against the opinions of other doctors and specialists in the field.**

Summarizing the difference between the Italian and Jewish attitudes, one can say that the Italian attitude is characterized by a present-oriented apprehension with regard to the actual sensation of pain, and the Jewish attitude tends to manifest a future-oriented anxiety as to the symptoms and meaning of the pain experience.

There are other differences between the Jewish and Italian patients. For instance, the Jewish and Italian patients differ in their behavior at home and in the hospital. The Italian husband tends to avoid verbal complaining at home, considering this more appropriate for women. In the hospital, where he is less focused on his role as a male, he tends to be more verbal and more emotional.

The Jewish patients, on the contrary, seem to be more calm in the hospital than at home. Traditionally the Jewish males do not measure their masculinity by physical strength and do not equate verbal complaints with weakness. Moreover, the Jewish culture allows patients to be demanding and complaining. Therefore, Jewish patients tend more to use their pain in order to control relations within the family. Although using pain to control relationships between members of the family may be present in some other cultures, it seems that in the Jewish culture this is not disapproved while in other cultures it is.

We also distinguished variations in the reaction patterns of Jews and Italians to being in the hospital. Upon admission to the hospital and in the presence of doctors,

Jewish patients tend to complain, ask for help, and be emotional even to the point of crying. However, as soon as they feel that adequate care is given, they become more restrained and accommodating. This suggests that the display of pain reaction serves less as an indication of the amount of pain experienced than as a means to create an atmosphere so that the underlying cause of the pain will be taken care of.

The Italian (and Irish) patients, on the other hand, seem to be less concerned with setting up a favorable situation for treatment in the hospital. They take for granted that adequate care will be given, and in the presence of the doctors they seem to be somewhat calmer than the Jewish patients. ***The mere presence of the doctor reassures the Italian and Irish patients, but not so much for the Jewish patients.***

To summarize: In the Italian case, the family efforts will be focused on relieving the patient's pain sensation. While in the Jewish case the efforts of the family will be mobilized towards a cure.

Pain Among Patients of Anglo American Origin

The hospital staff and our observations and research found that the Anglo American and Irish American patients complained relatively little about pain. Their discussion of their pain can best be described as simply reporting on specifics about pain. In describing pain, Anglo American patients try to find the most appropriate ways of defining the quality of pain, its localization, duration, etc. When examined by the doctor they give the impression of trying to assume the detached role of unemotional observers who give the most efficient description of their state for a correct diagnosis and treatment. The Ango and Irish interviewees repeatedly state that there is no point in complaining, groaning and moaning because "it won't help anybody." However, they readily admit that when pain is unbearable they may react strongly, even to the point of crying; but they tend to do it when they are alone. Withdrawal from society seems to be a frequent reaction to strong pain Among Anglo-American and Irish-American patients.

We found that the anxieties of Anglo American patients, like the Jewish patients, are greatly relieved when they feel that something is being done about their condition in medical treatment. Like the Jewish patients, the Anglo Americans' feelings of security and confidence increase in direct proportion to the number of tests, X-rays, examinations, injections, etc., that are givenim.

Accordingly, Anglo American patients seem to have a positive attitude toward hospitalization, because the hospital is the institution equipped for the necessary treatment. Anglo American patients prefer hospital treatment to home treatment, and neither the patients nor their families seems to be disturbed by hospitalization.

To summarize the attitude of Anglo Americans toward pain, they are disturbed by the symptoms of pain and concerned with its incapacitating aspects, but they tend to view the future in rather optimistic colors, having confidence in the science and skill of the professional people who treat his condition.

Some Sources of Group Variation

In the description of the reaction patterns and attitudes toward pain among patients of the four ethnic and cultural groups certain regularities have been observed for each group despite individual differences and variations. This does not mean that each individual in each group manifests the same reactions and attitudes. Individual variations are often due to specific aspects of pain experience, to the character of the disease which causes the pain, or to elements of the personality of the patient. Factors such as the degree of Americanization of the patients, their socio-economic background, education and religiosity may play an important role in shaping individual variations in the reactions to pain.

The patterns described are seen most consistently among immigrants, while their descendants tend to differ in terms of adopting American forms of behavior and attitudes toward the role of medical experts, institutions and equipment in controlling pain. It is safe to say that the further the individual is from the immigrant generation the more American is his behavior about many things.

But this is less true for attitudes toward pain, which seem to persist to a great extent even among members of the third generation. A Jewish or Italian patient born in this country of American-born parents tends to *behave* like an Anglo American but often *expresses attitudes* similar to those which are expressed by the Jewish or Italian people. They try to appear unemotional and efficient in situations where the immigrant would be excited and disturbed. However, in the process of the interview, if a patient is of Jewish origin he is likely to express attitudes of anxiety as to the meaning of his pain, and if he is an Italian origin he is likely to be rather unconcerned about the significance of his pain for the future.