How Low Socioeconomic Status is Associated with the Dehumanization of Patients with Chronic Pain

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Dehumanization, or the denial of human characteristics, e.g., competence, reasoning and interpersonal skills, is pervasive in health-care and affects more individuals of low socioeconomic status (SES). Dehumanization is now no longer perceived as a blatant and extreme phenomenon only, related to inter-group aggression, but also as an everyday event expressed in subtle forms, involving un-reflexive attributions to others of traits and capacities that fall below from those that are seen as characterizing human beings. It happens in many contexts including health ones with pain being under-assessed and under-treated in low-SES people. This suggests that shared representations about people with different SES may mediate the way health professionals perceive and deal with people in pain. The psychosocial mechanisms accounting for it, however, remain under investigated, with little evidence about how dehumanization affects the relations between health professionals and their patients. Exploring this is particularly relevant for health contexts and relationships, wherein SES attribution happens in the everyday. This qualitative study aims to analyze whether and how SES recognition may lead to dehumanization of low-SES patients in (interdependent) nurse-patient relations. Specifically, we seek to understand: (1) Is the women’s SES inferred through the attribution of low/medium-SES professions? (2) Are they offered more or less (inferred) dehumanizing characteristics - such as lack of competence – depending on SES? (3) Are different treatments offered to both women?

Fifty nurses watched videos of two chronic-pain women performing pain-inducing movements. Afterwards they described: (1) patient characteristics and profession (free association task); (2) how pain impacts patient’s daily-life; (3) treatment recommendations. Only female nurses and women were included in the study given their higher prevalence in the population. An ethical approval was obtained from institutions/participants. IRAMUTEQ software was used to analyze the free association task and thematic analysis for the remaining data. Data categorization and analysis were carried-out by two researchers and verified by a third one. Disagreements were discussed and resolved by consensus.

The results highlight the ability of nurses to infer woman’s SES, categorizing them in corresponding professions, generating the attribution of distinct personality traits and inferences about the effects of pain on woman’s daily life. The medium-SES woman was mainly presented as proactive, with outlooks for the future, as well as with competence to manage pain, revealing an ascribing humanness to her. Otherwise, the low-SES women was presented with a predominantly negative description, with little agency, surrendered to pain and lacking skills to manage it, with a need for professional support and orientation, more referred to psychoeducation. These descriptions portray the low-SES woman as a victim, lacking rationality and self-control: subtle dehumanization.

The results shed light on the effect of patients’ SES in health contexts, suggesting that it influences the awareness of other’s human qualities, leading to (de)humanization. Hence, it suggests that inferences about others mediate the way how nurses perceive people in pain. This reveals the effect of
dehumanization on self-other relations, contributing to maintain health disparities, undermining the goal of equity on health.

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