Female Discrimination in Healthcare and the Myth of the "Weaker" Sex

Sarai Batallas

Trigger Warning: An Unimaginable Scene

Rushing to the clinic, holding onto the guardrails of her car, and screaming "I'm bleeding, somebody help" could easily be classified as one of the scariest moments of Rose's[1] life. On one early November morning, Rose experienced something that her doctor dubbed a "phantom miscarriage," but in reality was the rupture of a cyst so large that it practically induced her into labor. Upon arrival to the hospital, she underwent a lot of tests and was monitored overnight to determine the cause of the bleeding. At some point during the night, the problem intensified, and Rose began to have contraction-like cramps which required her to virtually be induced into labor, eventually expelling a large lump of almost 10 cm in size, subsequently passing out from the exertion. As her doctor, a middle-aged man who was on shift as OB/GYN, sent the remains of the cyst (which at the time was unrecognizable) to be examined, he continuously reassured her that it was probably "just a bad period."

What followed was an exhausting number of questions such as: "Are you sure you have no possibility of pregnancy?" and, "Give me a timetable of your last sexual encounters." He even went so far as to ask, "Have you been having 'baby fever' lately? Because sometimes you can trigger your own 'phantom pregnancy' because of it," essentially implying she was experiencing fantasies of having a child so strongly that it could trigger such a reaction. While these questions may be good starting points to investigate, none of them were backed up by medical evidence that could provide her with a diagnosis, and the invasive and patronizing tone the doctor took when asking these questions after such a traumatic experience made her feel extremely invalidated and dismissed by the person best equipped to provide aid and relief.

Rose spent five days in the hospital following this incident. Repeatedly, doctors refused to give her higher doses of pain medicine because "it can't be that bad." Her body felt as if it had been torn open, and the intense psychological burden of explaining the situation to various specialists in the following days and weeks as she searched for an answer to the problem took quite a large toll. Following this experience, Rose has dealt with severe problems regarding her reproductive system, some of it being tied back to traumatic experiences of her past. However, women across the world, including Rose, could not tell you the number of times they have felt demeaned or invalidated by a medical professional, or dismissed as a "small teenage girl" whose "pain is maybe intensified by her fragility" (yes, a doctor has actually said this). Facing possible infertility, endless medications and procedures with draining side effects, and a significant emotional burden coupled with making life-altering choices at seventeen are not symptoms that a "weak" person could handle. However, our age, our height, our past, and our gender have all been the factors that have classified us as a "weak and fragile" girls in the eyes of the healthcare system, completely invalidating the strength it has taken women like Rose to simply get this far.

The concept of the “weak and fragile girl” has survived through the ages and permeated academic and social atmospheres alike. In physiological and psychological conversations particularly, the concept of a woman being more emotional and less capable of brain-dominant activities began as early as the ancient civilization and has survived all the way to the twenty-first century. However, there is a conflict in this argument: if women are truly the weaker sex, why are they anatomically wired to endure one of nature’s most painful physical phenomena: the menstrual cycle and childbirth? Furthermore, why is it that when requiring medical aid, women and their pain is dismissed as a tenet of this “emotional” response, rather than being treated as a symptom of their weakness? Perhaps the label placed on women is a result of the misogynistic standards of power and superiority our world has enforced for centuries, or a physiological cause that explains the phenomena of male dominance/female weakness.

Who is “the weaker sex”?

Throughout history, women have been regarded as the weaker sex, stemming from cultural and religious motives, with curiously, not a lot of scientific evidence to back it up (Bergman “Abstract”). Some have developed this theory to explain the disparity in physical exertion and the usage of the argument that women cannot lift or perform physical work to the same level as men to support this theory (Saini). However, Angela Saini of *The Guardian*, an investigative reporter who focuses on science and gender, offers a fresh perspective based on conversations with scientists researching women's strengths from a physiological perspective. Providing a synthetization of evidence from various medical professionals, Saini establishes that women are most likely prone to longevity and resilience from sickness due to the evolution of the female body to endure childbirth and practically every other environmental struggle encountered. This establishes that women, due to the physiological setup of their bodies, are able to face health risks with a higher chance of recovery, already disproving the idea of the “weaker sex” through physiological means. In the days of hunter-gathering, women endured both the physical labor of childbirth and menstrual cycles while contributing to the grunt work of farming and family sustainability (Saini). This does not align with views of misogynistic evolutionary theory which state that the women stayed at home demurely (Bergman) while the men did all of the “hard work.” While it is true that men endured some aspects of grunt physical labor and risk in chopping wood and hunting, one could argue that in such a primitive lifestyle, both genders faced equal amounts of grunt labor and risk in the tasks they performed. Therefore, the belief that women primitively evolved weaker than men is physiologically unprovable, and the idea of gender norms must be relegated to a socio-normative setting.

As the world progressed, the idea of gender norms grew alongside civilization through cultural assertions, or values that are reinforced through folklore and popular culture. Boys were taught that they were the “dominant” sex and were given the power of education and heightened opportunities from a young age, as they were considered the keys to the families' advancement. Women were taught to be “demure,” being taught at home or with minimal schooling in order to focus on preparing for their sole roles in life: marriage and motherhood. Society had delegated women into relying on men for their survival, and this reliance came in the form of marriage and ensuring an heir (Lawas). If all or most men were being taught that they were responsible for leading the family into success and the women were to maintain the image, then it is natural that society continued in this way for centuries: it was a means of survival. Naturally, these mentalities

were being passed on for generations, and although there have been major shifts in the views of gender roles in modern society through the industrialization of the 20th century and the rise of the working woman (Lawas), this ideology has prevailed in the form of the "Beta" or feminine woman and the "Alpha" or masculine male.

Gender Roles and the Rise of the Alpha Man

The "Alpha man" we find in social media or online podcasts believes that men are inherently the stronger sex due to their position at "the top of the social hierarchy" (Kaufman). They gain popularity by providing moving speeches on acquiring wealth and becoming successful men, an idea that appeals to young boys and men around the world. Scott Kaufman, a scientific director specializing in psychology at UPenn, explores the possibility of masculinity and femininity as roles that are inherently socio-psychological, stating that men are fed the idea of dominance from an early age, and as they grow older, attributed it to the idea of attractiveness. Therefore, physical strength plays a huge role in men defining masculinity because it is something that can be viewed and measured. With the rise of social media, these men continue to perpetuate these rudimentary gender norms to young boys across the world, gaining fame and recognition for their ability to make these boys have "good self-esteem." One such influencer is the mega-famous Andrew Tate, who was recently indicted on several counts of sex trafficking and rape. However, for the past two years, he would go on his podcast and promote the idea of a wealthy lifestyle if you "play the game right," and reinforcing the idea of physical attractiveness as a form of superior masculinity, stating that "Men complain women only want them for their money or status. Yet men only want women because of how they look" ("30 Best"). By reinforcing such dangerous mindsets to an audience of impressionable children, Tate and other influencers provide them a golden ticket to becoming reinforcers of a toxic cycle that does not listen to women and instead dismisses their problems into a mindset issue or determines their worth on physical traits. As these young boys grow up, their dangerous mindsets translate into whatever profession they choose to enter.

"You're not Listening to Me": Female Discrimination in Healthcare

Exhausted by being undervalued and ignored by the doctor treating her in that hospital, Rose began fighting back against his baseless claims. In a bout of desperation, she screamed, "You're not listening to me!" Apparently, it seems that many male doctors are not listening to women and their concerns. In research presented by *Medical Education* on gender in medicine, statistical evidence suggests that ranking men in the healthcare industry, such as doctors and hospital officials, do not view gender as a pressing issue requiring much attention. Classifying gender as "important…but of low status" (as the title of the article states), these men argue that gender issues are overemphasized in physiology and attribute the intense gender discourse to the idea that it is constantly fed into medical professionals' minds (Risberg, Johansson & Hamberg 613). Why is this dangerous? Because it is impossible to ignore a problem that is happening, in other words, avoiding gender study in the medical field is avoiding addressing the dangerous precedent set by societal gender norms. By rejecting gender theory as an essential aspect within their education, they are refusing to understand a female patient's mind, even if they understand her body. This is an interesting approach to gender theory within the medical conversation: it still provides a socio-psychological lens but does not examine the patients but rather the providers. It

tells us something about the problem within the healthcare system: it's the doctors, not the patients or victims. Assuming that many more doctors (or at least the one that was treating Rose) align their thoughts with the men in this study, believing that gender theory is just "male bashing" and has no scientific basis that only has an impact on treatment when these discussions are encouraged (Risberg, Johansson & Hamberg 613), there is a very dangerous pattern of ignorance within our healthcare providers, one that is simply the cause of the stalwart gender normative society we live in, not scientific proof.

The concept of women's pain tolerance and the idea of gender bias continues to be widely debated within the healthcare system, causing controversial conversations regarding the intersection of scientific studies and societal bias. On a purely scientific level, various scientists under the *Journal of Pain* conducted an investigation into women's pain thresholds and their relationship to estrogen levels. Using women undergoing in-vitro fertilization, a gynecological practice that widely affects the estrogen levels of a woman, a study was conducted to measure the pain threshold of these women in comparison to a control group that included both men and women (Stening et al.). The study sought to determine whether the elevated hormones of a woman undergoing in-vitro conception increased or decreased her pain tolerance, and whether there was any validity for the widely spread claim that women's hormonal disorders are to blame for their pain, a tactic used by ignorant parents and medical professionals alike. Results showed that these supposed "hormonal" changes in women did not indicate an increased sensitivity to pain, disproving the theory that women's hormones are the primary factor in their "weakness" (Stening et al.). Using this study alongside the other conversations provided, it can once again be inferred that medical gender bias points towards socio-normative/psychological theory than a physiologically measurable medical weakness.

Medical or Social Issue?

Discussions among medical professionals and their findings have led to the discourse surrounding gender theory in medicine and the biases it may implicate. In a study published in *The Journal of Pain Research*, the conversations surrounding gender bias in pain treatment are heavily explored through studies done on chronic pain patients. Once again, the idea of biological vs. psychosocial factors is put to the test in order to understand the difference in pain tolerance, management, and treatment (Samulowitz et al.). This research, similar to the one mentioned above, would help medical professionals see if there is any basis to the link between "weakness," women, and pain. Their conclusions show a striking deviation from the socio-psychological lens, attributing pain bias to "andronormativity in healthcare" (Samulowitz et al. 11), or the idea that men's problems are considered normal, but women's pain must be highlighted and basically considered "severe enough" to be given attention. Sound familiar? Yes, it was only after the doctor saw her scream and writhe in pain that he allowed Rose's dosage of pain medication to be increased, while it can almost be guaranteed, in light of past examples and observed patterns, that if a man was lying in her place, he would be given a higher dosage and priority treatment almost immediately. Furthermore, the stigma of male dominance and pride vs. a woman's emotional sensitivity and openness to seeking aid is also attributed to the pain bias (Samulowitz et al. 9). The emotional sensitivity that is so often stigmatized as a negative trait of a woman's character may be the thing that is keeping her healthy because it allows her to seek aid at a more rapid pace. However, the linear focus of the healthcare system on these gender norms allows for

treatments to follow this normative culture instead of taking steps tailored to the patient and their physiological journey, stumping the woman who knew to seek aid by ignoring her cries for help. The researchers suggest that this normative culture could still be changed and should be changed in order to provide adequate healthcare for both genders, a sentiment that most women would wholeheartedly agree with.

As the physiological possibility of a “weaker sex” has been significantly disproven, we must once again turn towards the gender-normative society to understand the implications of this dangerous ideology. Various conclusions have attributed a particular social implication to the conversation of the weaker sex: a psychological one, particularly, pride. While women’s bodies may be built to withstand medical trauma to a greater extent, they are also more likely to seek medical aid, as shown by the study on pain bias (Saini). Reading in between the lines, women, knowing the extent of physical pain that one could withstand, are more willing to seek the aid necessary to get through that pain intact. Men, however, particularly those obsessed with the idea of being an “alpha male,” practice dominance fueled by hubristic pride: a “route paved with intimidation, threats, and coercion” (Kaufman). This dominance can sometimes inhibit them from searching for aid, believing that they can get through it with mental or physical strength. Men's health is negatively impacted by the constant physical effort required to uphold the "superficial" level of dominance. Some “alpha” influencers, such as Tate or Liver King, whose content I became familiar with through a classmate recently, push these ideas to the extreme by instilling men with the mentality that adhering to ancient norms or undergoing extreme physical exertion will resolve their health issues. This leads to men indulging in dangerous practices without the aid or supervision of a medical professional.

With men falling trapped to these promises of glory and their own pride, the argument that women generally lead healthier lifestyles may be proven right (for the most part). By developing a survival edge across generations that surges from both the evolutionary changes of a woman’s body and the psychological installment of healthier norms, women have learned to find value in asking for aid (Saini). On the flip side, men’s hubristic pride leads to poor levels of conscientiousness and self-awareness and a barrier to reaching for aid when needed due to their desire to appear dominant or attractive at all times (Kaufman). When speaking about female-to-male ratios of life expectancy, females consistently come out on top (Saini). Although some may consider it a far-fetched idea, perhaps our gender-normative society has a large role to play in understanding the way our bodies and, subsequently, the healthcare system has evolved in understanding gender theory and putting it into practice.

Where Do We Go From Here?

Four months later, Rose was once again in a clinic (a different one this time!). A medical procedure awaited her, one that took careful consideration and decision-making from a doctor who valued her voice and her future. The decision to freeze her eggs as she began undergoing further treatment for her condition was one that was emotionally difficult but yet utterly relieving. The knowledge that she is being treated by a doctor that cares for her well-being, both physically and mentally, and has taken the time to understand the nuances of gender theory in order to round out the treatment in a safe and yet caring manner, puts Rose at tremendous ease.

Undertaking this research topic was a choice that I made deliberately, because I needed to understand this gaping hole in the healthcare system, and I wanted to understand why Rose and many other women and girls like her were not taken seriously by their healthcare providers. By learning that the label placed on women is a result of the misogynistic standards of power and superiority our world has enforced for centuries, I hope to lift a weight off the shoulders of many women who have shared this experience. It is my fondest wish that these women, just like Rose, take the conscious decision to reclaim their power from the doctors and system who took it, and the society that allowed them to do so.

[1]The story of Rose is a true one, but names have been changed to protect the privacy of the individual involved.

Works Cited

"30 Best Andrew Tate Quotes of 370." *The Cite Site*, thecitesite.com/authors/andrew-tate/.

Bergman, Gerald. "The history of the human female inferiority ideas in evolutionary biology." *Rivista di biologia* vol. 95,3 (2002): 379-412.

Kaufman, Scott Barry. "The Myth of the Alpha Male." *Greater Good*, 10 Dec. 2015, https://greatergood.berkeley.edu/article/item/the_myth_of_the_alpha_male.

Lawas, Kenneth Troy. "A Brief History of Events Affecting Gender Roles." *Sutori*, www.sutori.com/en/story/a-brief-history-of-events-affecting-gender-roles--aW9V4wnpHqyEemMknZjXptp5.

Risberg, Gunilla, Eva Johansson, & Katarina Hamberg. "'Important… but of Low Status': Male Education Leaders' Views on Gender in Medicine." *Medical Education*, vol. 45, no. 6, 2011, pp. 613–624, *Wiley Online Library,* https://doi.org/10.1111/j.1365-2923.2010.03920.x.

Saini, Angela. "The Weaker Sex? Science That Shows Women Are Stronger than Men." *The Guardian*, Guardian News and Media, 11 June 2017, https://www.theguardian.com/world/2017/jun/11/the-weaker-sex-science-that-shows-women-are-stronger-than-men.

Samulowitz, Anke, et al. "'Brave Men' and 'Emotional Women': A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain." *Pain Research and Management*, vol. 2018, 2018, pp. 1–14, *Hindawi*, https://doi.org/10.1155/2018/6358624.

Stening, Kent D., et al. "Influence of Estrogen Levels on Thermal Perception, Pain Thresholds, and Pain Tolerance: Studies on Women Undergoing in Vitro Fertilization." *The Journal of Pain*, vol. 13, no. 5, 2012, pp. 459–466, https://doi.org/10.1016/j.jpain.2012.01.446.